

My name is Dr. Brenda Thurlow. I am a pediatric diabetes physician from Fargo. I am in favor of this bill because it addresses a huge inequity in the level of care we can provide patients with diabetes in this state. My partner and I follow and provide care for the majority of pediatric and young adult patients with diabetes in ND, including outreach clinics in Bismarck and in Minot several days every month. In addition to 18 years of practice serving children and young adults with diabetes, my interest in this topic is deeply personal. I live with type 1 diabetes myself, and I'm also a diabetes mom - our 16-year-old daughter was diagnosed at the age of 13 months.

I could tell many stories of how this technology benefits my patients every single day. I would like to briefly share just one: I met this patient when she was diagnosed with type 1 diabetes last spring, shortly after her second birthday. She and her family live in Minnesota, and she is covered by MN Medicaid, which covers CGM without restrictions. Because of this coverage, she left the hospital using CGM immediately after she was diagnosed. 2 weeks later, my cell phone rang just after midnight. It was the mother of my new patient. Her CGM alerted and woke her parents due to a low blood sugar. Her blood sugar was 45, which is dangerously low. Without CGM, her parents would have kept sleeping, and she may very well have gone on to have a seizure as a result of that low blood sugar. And frankly, she might have died. But because her parents were alerted, they were able to feed her and prevent these serious consequences of a low blood sugar. *They were able to take care of her at home that night **because she had access to CGM technology.***

In the House, the original language of the bill was changed from inclusion of all patients with type 1 diabetes who have Medicaid coverage to any patient with diabetes (regardless of type) up to age 18, with legacy coverage after age 18 if they continue to qualify for Medicaid. I would like to strongly encourage this committee to amend the bill to include coverage for patients over the age of 18 with type 1 diabetes. Patients who have Medicaid coverage will not generally have access to commercial insurance once they turn 18. I care for many young adults with type 1 diabetes who currently do not have access to this standard of care treatment tool simply because they rely on Medicaid for insurance coverage. If age limits must be applied, I would request consideration of including coverage for women with type 1 diabetes during pregnancy, during which time it is critical to have very tight control of glucose levels for optimal outcomes for both mothers and babies.

On behalf of my patients, their families, and all of my colleagues, thank you for allowing me the opportunity to speak in favor of this bill.