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March 8, 2021

North Dakota Legislative Assembly  
Senate Standing Committee on Human Services  
Re: Dexcom support of ND HB1288

Chairwoman Lee and Members of the Senate Standing Committee on Human Services:

Dexcom is pleased to support ND HB1288, which requires medical assistance coverage, including Medicaid Expansion, to include coverage of a continuous glucose monitoring (CGM) device for a covered individual under the age of eighteen and to continue to cover the device for such individual after reaching eighteen years of age as long as the individual satisfies the eligibility requirements of this chapter. While Dexcom applauds the efforts of the House to include continuity of care for such individuals, we strongly encourage the Senate to consider amendment of the bill to include all patients with Type 1 diabetes.

Founded in 1999 and based in San Diego, Dexcom, Inc. is the market leader in transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes<sup>1</sup>. CGM technologies allow individuals with diabetes to track their glucose levels at regular intervals throughout the day and night and help patients with diabetes more accurately dose insulin. According to the American Diabetes Association, CGMs are today's recognized Standard of Medical Care for effective diabetes treatment for those patients on insulin therapy.

Patients with better management of their diabetes have better outcomes, a higher quality of life and cost significantly less to the state. Without proper care, diabetes patients are at increased risk of blindness, limb amputation, kidney failure and heart disease. These complications lead to a significant impact on healthcare utilization and costs. Real time CGM systems have been proven to improve glucose control through reductions in HbA1c and time spent in hypoglycemia. These improvements have been demonstrated for patients on insulin therapy regardless of one's education level, income, age or math ability<sup>2</sup>. The alerts, alarms and share feature of real-time therapeutic CGM systems help address hypoglycemia and are extremely important in saving lives and saving money with reduced hospitalizations.

Now more than ever, in the midst of the COVID-19 pandemic, it is critical to keep diabetes patients healthy and out of the hospital. Unfortunately, there is a strong correlation between diabetes and COVID-19. According to the Center for Disease Control, diabetes is a significant underlying medical condition that increases the risk of serious COVID-19 complications. Currently, diabetes-related coronavirus complications account for 30% of hospitalizations and diabetes is the second leading cause of death for COVID-19 patients.

Managing diabetes with the appropriate products and devices, improving HbA1C for patients with diabetes, and reducing hospitalizations results in significant savings.

- \$8,539 cost per hospitalization from diabetes ketoacidosis<sup>3</sup>
- \$3,836 cost per hospitalization from hypoglycemia<sup>4</sup>
- \$1,076 to \$1,492 cost savings per 1 percent reduction in HbA1C<sup>5</sup>

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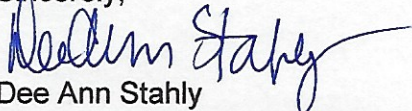
Studies indicate that CGMs decrease diabetes-related hospital admissions by up to 76 percent<sup>6</sup> and lead to improved glycemic control<sup>2</sup>.

Most commercial plans cover CGM and Medicare beneficiaries with Type 1 or Type 2 diabetes on insulin therapy are eligible for therapeutic CGM coverage (Ruling No.: CMS-1682-R). Additionally, over two-thirds of state Medicaid programs offer some type of CGM coverage for their enrollees. The costs of CGM systems continue to decrease and many states have chosen to pursue rebates for the most cost-effective solution for offering CGM coverage for their enrollees.

With the proven improvements in patient health outcomes associated with CGMs and the corresponding financial savings opportunities, Dexcom supports ND HB1288 and strongly encourages the Committee to consider an amendment to require coverage of CGMs for all individuals with Type 1 diabetes.

Thank you for consideration, and please do not hesitate to contact me directly with any questions. I can be reached at [dee.stahly@dexcom.com](mailto:dee.stahly@dexcom.com) or 317-750-2465.

Sincerely,



Dee Ann Stahly  
Director, Government Affairs  
Dexcom, Inc.

## References

1. See <https://www.dexcom.com/about-dexcom>
2. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. *Jama*. 2017;317(4):371-378.
3. Tieder, JS, McLeod L, Keren R, et al. Variation in Resource Use and Readmission for Diabetic Ketoacidosis in Children's Hospitals. *Pediatrics*. 2013;132(2):229-236.
4. Liu J, Wang R, Ganz ML, Paprocki Y, Schneider D, Weatherall J. The burden of severe hypoglycemia in type 1 diabetes. *Current medical research and opinion*. 2018;34(1):171-177.
5. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. *Jama*. 2001;285(2):182-189.
6. Charleer S, Mathieu C, Nobels F, et al. Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study. *The Journal of clinical endocrinology and metabolism*. 2018;103(3):1224-1232.