

Kevin Martian, PharmD

HB 1288: Medicaid Coverage for Continuous Glucose Monitors (CGM)

Senate Human Services Committee

Monday, March 8, 2021

Madam Chair and committee members, my name is Kevin Martian and I am a pharmacist from Bismarck, ND. I am testifying in support of HB1288. I am the owner of Mayo Pharmacy in Bismarck and we have specialized in providing CGMs for the last 2 years to patients throughout the state. Since January of 2019, we have provided CGMs for nearly 800 patients. We have billed a wide range of insurance companies and navigated a vast array of medical policies. I am here to testify that I strongly believe CGM coverage is well worth the state's investment. I have seen firsthand how patients' lives can be dramatically improved with continuous glucose monitoring and their risk of complications, including hospitalization and death, drastically reduced. There have been great advances in insulin therapy, with both injectable options and with sophisticated insulin pumps. Continuous glucose monitoring is often the key to maximize and improve the effectiveness of these therapies and allow patients to reduce high blood sugars without increasing low blood sugars. These technologies improve outcomes and lower cost of care by reducing complications, ER visits, and hospitalizations that result from high or low blood sugars.

Given my role in supplying CGMs to patients, I see what they or their parents are willing to pay out of pocket on an ongoing basis for CGM supplies. Insurance coverage varies greatly, and the prevalence of high deductible plans mean commercially insured patients often see the full cost of supplies initially each year. Patients from many walks of life spend over \$500 monthly out of their own pockets for CGM supplies, that is if they have the means to do so. I point this out because if CGM therapy did not provide real value to patients they would not spend this kind of money, nor would I see the great sacrifice so many make to pay for their own or their child's CGM supplies. That brings me to a misconception that I often hear about from the public, that CGM use is for convenience, simply to avoid poking one's finger. This is far from reality. For example, it is a common practice for parents with young children to wake at 2 AM to check the child's blood sugar. Though this is helpful, periodic checking cannot replicate the ability to continuously monitor the child's blood sugar throughout the night that a CGM offers. A finger stick value is static, you do not know if it is rising or falling. Given it is impossible to know what time a low blood sugar may occur, it becomes apparent that a CGM serves a real medical use rather than simply a convenience.

I have provided a real example for you to review. This is Dexcom G6 data from a well controlled 24-year-old with type 1 diabetes who lost her CGM coverage when going on Medicaid last year. CGMs provide a wealth of real time data and this is just a snippet. On the top you will see a day labeled Thursday. This is what I would call perfectly controlled blood sugars, staying between 70 and 180 and getting no alerts. The following two days demonstrates how difficult this disease state is to manage day to day. Unlike many other conditions, type 1 diabetes must be actively managed continuously. The day labeled Friday she experienced two severe low blood sugars, one being 55 and the second dropping all the way to 39 which is dangerously low. The next day she rebounded resulting in high blood sugars in the 200's. The bottom of the page shows

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you what the current expectation is for her, to test and log blood sugars four or more times a day. Notice her perfect day looks the worst and the other two days look good. Most importantly, finger sticks do not provide any context about where your blood sugar is going or how fast. A real-time CGM such as Dexcom G6 transmits blood glucose values via Bluetooth and has algorithms for predicting blood sugars on the receiving device. In addition, patients have the option to have these values sent directly to a mobile device which can then provide real-time alerts to caregivers remotely. To suggest that using a CGM is a convenient way to get the same result as finger sticks is clearly not accurate.

This technology is very sophisticated, but I thought it is important for everyone to understand it is relatively simple to use and since it may be a foreign concept to many of you, I brought a demonstration kit as a visual aid.

I feel it is also important for me to speak directly to the cost of CGM therapy. Comparatively speaking, CGM supplies cost far less than some covered therapies for the treatment of diabetes. For example, Victoza is a drug commonly used in the treatment of type 2 diabetes which is over \$900 per month and is covered by Medicaid. By contrast Freestyle Libre sensors cost approximately \$140 per month and Dexcom G6 is approximately \$450 per month. I understand Medicaid gets rebates on products like Victoza but I believe that is also the case with CGMs. It seems to make sense that if Medicaid would cover expensive therapies for type 2 diabetes like Victoza, they would cover the less expensive option of CGM therapy for people with type 1 diabetes, which is notably an unpreventable condition. In addition, I fully expect the cost of CGM therapy to significantly decrease over the coming year or two.

If a CGM is connected to an insulin pump, automated adjustments may occur with no user input, such as suspending insulin while sleeping when a low is predicted and resuming insulin when appropriate. I currently supply Tandem T:Slm insulin pumps for patients with ND Medicaid. This pump can integrate with Dexcom G6 and form what is known as a hybrid close-loop system, continuously receiving data from the sensor, and correcting both high and low blood sugars. ND Medicaid is currently purchasing refurbished pumps for \$4,566.70, but they do not cover the CGM components. Thus, this technology goes unused and benefits unrealized. Fortunately for some children with Medicaid, they have been able to acquire CGM coverage through Children's Special Health Services. What is unfortunate, is that due to limited funding, the program had to restrict coverage to only those in most need. This means only children who have had complications, for example hospitalization due to DKA or hypoglycemic seizures, qualify for CGM coverage. I currently provide CGMs for 21 children through Children's Special Health Services which means that these 21 children had to experience complications before receiving coverage. Without this legislation some of these children will age out of the program and lose their CGM coverage.

I have seen firsthand how CGMs can improve a patient's blood sugar control and subsequently improve their quality of life and reduce their risk of complications. I urge you to consider amending this bill to its original form covering all patient with type 1 diabetes without age restriction.

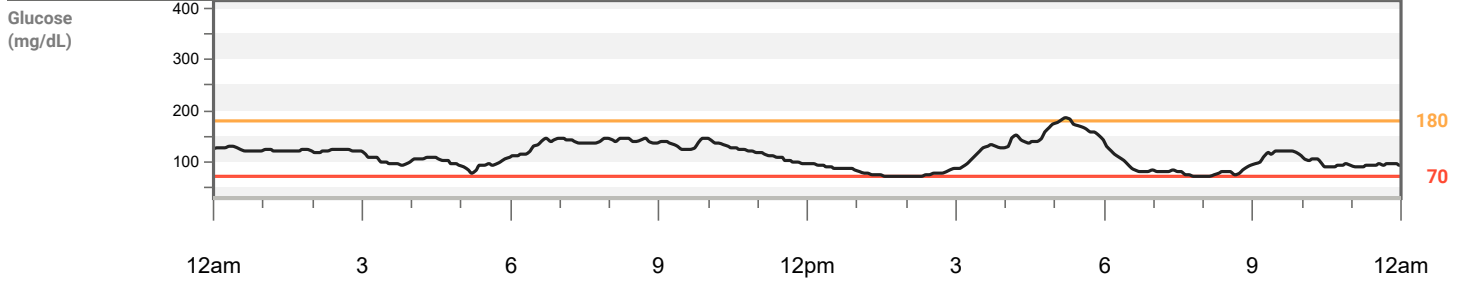
Thank you for your consideration and I welcome any questions.

Daily

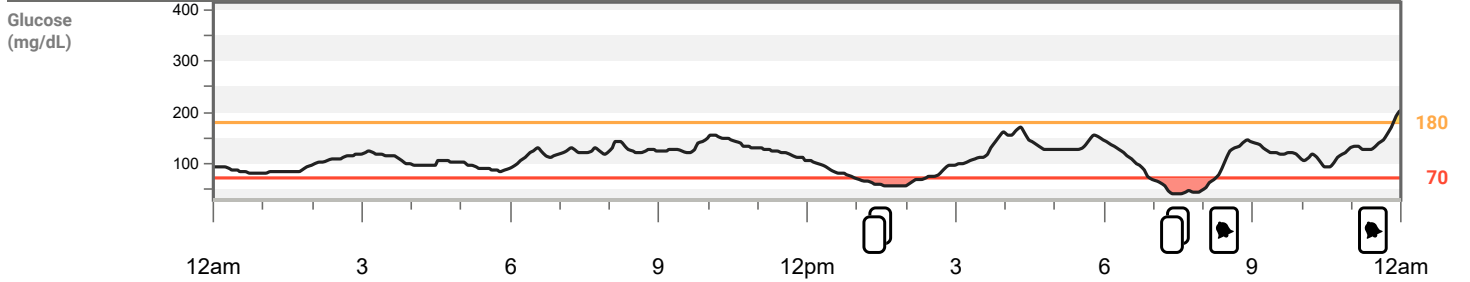
Legend

- CALIBRATIONS
- CARBS
- MULTIPLE EVENTS
- HEALTH
- EXERCISE
- FAST-ACTING INSULIN / INSULIN
- LONG-ACTING INSULIN
- ALERTS

Thu

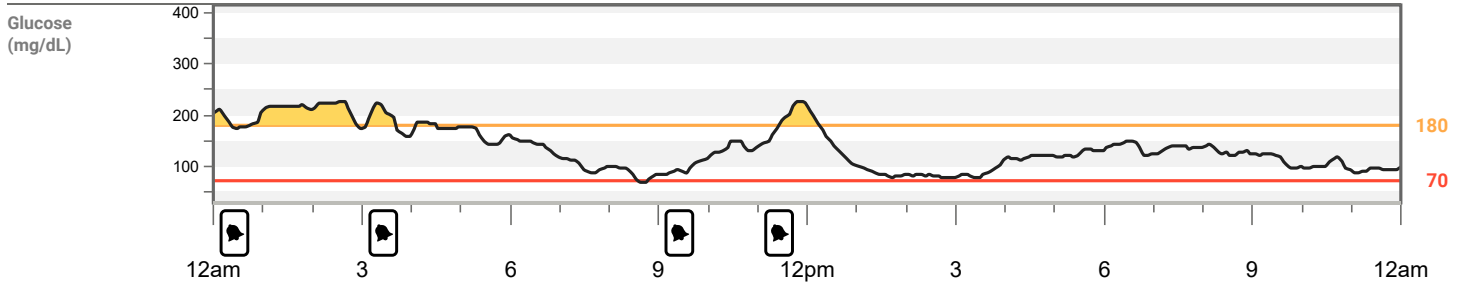


Fri



- ▶ 1:08 PM
Low
 - ▶ 1:33 PM
Urgent Low
 - ▶ 1:43 PM
Low
 - ▶ 7:03 PM
Low
 - ▶ 7:13 PM
Urgent Low
 - ▶ 8:08 PM
Low
- ▶ 11:58 PM
High

Sat



- ▶ 12:58 AM
High
- ▶ 3:13 AM
High
- ▶ 9:16 AM
Signal Loss
- ▶ 11:38 AM
High

Week of:	BREAKFAST		LUNCH		DINNER		NIGHTTIME SNACK (IF NEEDED)	
	BEFORE	2 HOURS AFTER	BEFORE	2 HOURS AFTER	BEFORE	2 HOURS AFTER	BEDTIME	MIDDLE OF NIGHT
Thursday	143		94		166		79	
Friday	119		106		130		125	
Saturday	100		130		129		119	