January 19, 2021

I am writing on behalf of the American Diabetes Association in support of your legislation, HB1288, authoring Medicaid to cover continuous glucose monitors (CGM) for beneficiaries with type 1 diabetes. More than 51,000 North Dakotans, or 9% of the state's population, have diabetes which is the  $7_{\rm th}$  leading cause of death in the U.S. In addition to the disease's terrible personal toll, diabetes carries a tremendous financial burden, costing \$660 million annually in North Dakota alone.

Individuals with diabetes who use insulin must diligently monitor their blood glucose to give themselves the best chance of avoiding long and short-term complications. Long term complications caused by high blood glucose levels include blindness, amputation, heart disease, stroke, and kidney failure. But in the short term, both high and low blood glucose levels are dangerous. CGMs monitor blood glucose frequently and alert individuals with an alarm when their blood glucose reaches dangerously high or low levels in a way that traditional, finger stick measurement cannot because it only shows a snapshot of blood glucose at that moment, but does not warn of rapidly rising or falling levels.

Those who use insulin experience disproportionately high rates of emergency room use, instances of hospitalization, and mortality. I The Centers for Disease Control and Prevention report 282,000 emergency room visits for adults experiencing hypoglycemia in 2011 alone. I A study published in the *American Journal of Managed Care* found "the mean costs for hypoglycemia visits were \$17,564 for an inpatient admission, \$1,387 for an [emergency department] visit, and \$394 for an outpatient visit." iii CGM can reduce short-term costs by reducing severe hypoglycemic events in high-risk populations., as well as long-term costs by helping people with diabetes avoid costly complications. Currently, most private health plans cover continuous glucose monitors (CGM), as well as Medicare, state exchanges, and small group plans.

We strongly support North Dakota Medicaid to offer this benefit to the thousands of people living with diabetes in the state, to assure that people living with diabetes can avoid both short and long-term complications and live healthier lives, which will also inevitably save the state money.

Thank you for your time and consideration.

Sincerely,

Christine Fallabel, MPH

Director, State Government Affairs The American Diabetes Association



i Virnig BA, Shippee ND, O'Donnell B, et al. Use of and access to health care by Medicare beneficiaries with diabetes: impact of diabetes type and insulin use, 2007-2011: Data Points # 18. 2014 Jan 29. In: Data Points Publication Series [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011-. from: http://www.ncbi.nlm.nih.gov/books/NBK202115/.
ii National Diabetes Statistics Report, 2014. (n.d.). Retrieved July 21, 2016, from

https://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf iii Quilliam, B. J., PhD, Simeone, J. C., PhD, Ozbay, A. B., PhD, & Kogut, S. J., PhD. (2011, October 10). The Incidence and Costs of Hypoglycemia in Type 2 Diabetes. *The American Journal of Managed Care*, 17(10), 673-680. Retrieved July 21, 2016, from http://www.ajmc.com/journals/issue/2011/2011-10-vol17-n10/ajmc\_11oct\_quilliam\_673to680.

iv Bronstone, A., & Graham, C. (2016, July 15). The Potential Cost Implications of Averting Severe Hypoglycemic Events Requiring Hospitalization in High-Risk Adults With Type 1 Diabetes Using Real-Time Continuous Glucose Monitoring. *Journal* of Diabetes Science and Technology, 10(4), 905-913. doi:10.1177/1932296816633233. from http://www.ncbi.nlm.nih.gov/pubmed/26880392. Most states' Medicaid programs cover CGM because it improves diabetes control and prevents greater costs from hospitalizations and treatment of complications. The Association appreciates your leadership in bringing this important technology that can enable those with diabetes on Medi-Cal to live safer and healthier lives.

Please feel free to contact me at <u>lmurdock@diabetes.org</u> or at (800) 676-4065 ext. 7415 if you have any questions or if the Association can be of any assistance.

Sincerely,

Lisa Murdock Vice President, State Government Affairs

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