

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

Senate Appropriations Committee – Monday, April 5, 2021
Rep. Karla Rose Hanson

Mr. Chairman and members of the Senate Appropriations Committee. My name is Rep. Karla Rose Hanson and I represent District 44.

HB 1288 is a short bill, but it would have a significant impact to many North Dakota families. This bill requires Medicaid and Medicaid Expansion to cover Continuous Glucose Monitors (CGMs) for a covered individual.

CGMs are the standard of care in diabetes management because they improve health outcomes and prevent expensive in-patient and emergency services. Many families say that their child's CGM has been life-changing and life-saving.

It is also important to note that today, CGMs are covered by ND's commercial insurance payors, Medicare and IHS. With this bill, you are filling the last mile in coverage and ensuring equity.

Because of this coverage gap and because its benefits are significant, the North Dakota Medicaid Medical Advisory Committee recommended that Medicaid cover CGMs.

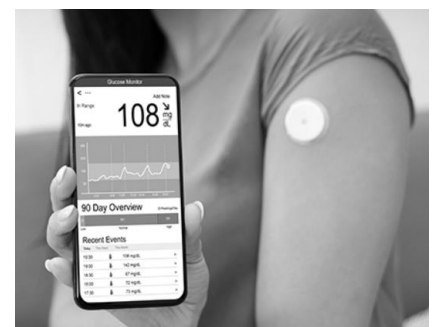
Diabetes Overview

CGMs are most commonly used by people with diabetes although they could also be used by the few North Dakotans who have the rare condition of Glycogen Storage Disease (GSD).

- People with Type 1 diabetes (which used to be called juvenile diabetes) produce little or no insulin through no fault of their own; insulin is required to survive.
- People with Type 2 diabetes (which used to be called adult onset diabetes) don't use insulin as well as they should. Some can control the disease with medication, diet & exercise.

What is a CGM and how does it work?

A CGM is medical equipment that monitors glucose levels. People with diabetes use it to get real-time information about the impact of medication, food, and exercise on blood glucose levels. This allows users to quickly catch potential hyperglycemia (too-high blood sugar) and hypoglycemia (too-low blood sugar) and respond appropriately to avoid dangerous consequences.



A sensor is inserted into the skin and held in place with an adhesive patch. Glucose readings are done every 5 minutes, continuously. A transmitter wirelessly sends readings to a device that displays blood glucose data. CGM systems use a dedicated monitor or a smartphone app.

CGMs improve health outcomes

Because blood sugar levels can vary significantly based on time of day, exercise, diet, illness, stress and other factors, real-time glucose readings from CGMs are superior to occasional finger prick tests. A CGM tells you trends - if your blood sugars are changing too quickly so you can adjust your insulin, food or activity. It can also send alerts when blood sugar levels get too high or too low – so you can treat those concerns and prevent emergencies.

CGMs are particularly helpful for pediatric patients. Some CGM systems enable “followers” to get alerts – so parents can get information about their child’s blood sugar levels sent to their phone. Kids often can’t recognize the symptoms of changing blood glucose levels and may not be able to communicate that to their caregiver, so the continual monitoring and the alerts are especially important for them. Because youth are often in the care of others – including teachers, daycare providers and coaches – a CGM gives parents some peace of mind while they are apart. Additionally, exercise can cause blood sugar levels to change rapidly, so kids with a CGM can participate in sports with more freedom – with less worry about medical emergencies.

Another population group that can realize a significant benefit is pregnant women. Because women with diabetes need to have very tight glucose control during their pregnancy, a CGM can lead to better health outcomes for both mom and baby – and avoid tragedies.

- *Research has found 50% reduction in NICU costs related to use of CGM during pregnancy with type 1 diabetes and subsequent better pregnancy outcomes.ⁱ*

The North Dakota Chapter of the American Academy of Pediatrics (NDAAP) supports this bill.

CGMs can have significant cost savings

DHS estimated that HB1288 would require \$479,585 from the General Fund for the 2021-2023 biennium. Costs for the device vary on the brand but on average are estimated to be ~\$1K / yr.

While there is a cost for CGMs, the state will likely realize cost savings in the overall system by:

- Reducing hospitalizations for hypoglycemia and life-threatening diabetic ketoacidosis.
 - *Research has found up to 10x cost savings related to hospitalizations for US Medicaid enrollees with type 1 diabetes who utilize CGM.ⁱⁱ*
 - *Research has found 73% reduction in overall hospitalization rates due to severe hypoglycemia, and 80% reduction in overall hospitalization rates due to diabetic ketoacidosis.ⁱⁱⁱ*
- Reducing emergency medical treatment.
 - *Research has found 86% reduction in incidents of emergency medical treatment for patients using CGM.^{iv}*
- Nearly eliminating testing strips – reducing from 6-10 per day to occasional use to calibrate.

History of Changes

The original version of HB 1288 required coverage for all Type 1 diabetics. The House Human Services policy committee amended the bill to cover CGMs for pediatric patients under age 18 as well as a legacy provision to allow those individuals to continue to receive coverage after turning 18 as they continue to qualify for medical assistance. The House Appropriations Committee approved it and the House passed HB 1288.

The Senate Human Services policy committee further amended the bill to cover CGMs for any covered individual. It's my understanding that the earlier limitations may have had a concerning impact on rebates.

In conclusion

Thank you, Mr. Chairman and Committee members, for considering HB 1288. Because this bill will have a life-changing and life-saving impact to North Dakotans who live with diabetes, I urge a do-pass recommendation and I'll stand for questions.

ⁱ Modelling Potential Cost Savings From Use of RT-CGM in Pregnant Women with Type 1 diabetes (CONCEPTT Trial)
Diabetic Medicine. June 2019
<https://doi.org/10.1111/dme.14046>

ⁱⁱ Budget Impact Analysis Comparing RT-CGM with SMBG for all U.S. Medicaid Enrollees with T1D
ADA 2020
<https://doi.org/10.2337/db20-174-OR>

ⁱⁱⁱ Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study Journal of Clinical Endocrinology & Metabolism. Jan 2018
<https://doi.org/10.1210/jc.2017-02498>

^{iv} Impact of Frequent and Persistent Use of CGM on Hypoglycemia Fear, Frequency of Emergency Medical Treatment, and SMBG Frequency After One Year
Journal of Diabetes Science & Technology. March 2016
<https://dx.doi.org/10.1177%2F1932296815604633>