

Kevin Martian, PharmD

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

Senate Appropriations Committee

Monday, April 5, 2021

Mr. Chairman 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. I have detailed my support for this bill in past testimony so for this committee I wish to speak directly to the fiscal note.

Based on my experience starting new patients on CMGs, I believe that the assumptions made within the fiscal note overestimate the CGM adoption rate for those patients who may qualify. The fiscal note is based on 1,683 patients currently receiving glucose test strips. The criteria to receive test strips through Medicaid is related to potential risk of hypoglycemia, thus patients qualify to receive glucose test strips by the use of some oral medications or by using basal insulin alone. Many of these patients on test strips that are included in these assumptions would not utilize CGM therapy. Medicare guidelines for CGM use require intensive insulin therapy requiring multiple injections of insulin daily or the use of an insulin pump, among other criteria. Including these criteria would lower the 1,683 eligible patients substantially. I do not believe Medicaid had access to enough data to draw these specific numbers out. I believe a better indication of adoption would be the number of patients on rapid insulin if Medicaid were able to pull that data.

Next, the assumption that 40% of the eligible patients would switch to CGM year 1 and 60% year 2 is substantially higher than my experience. Data from the national Type 1 Diabetes registry of some 22,000 patients suggests the national average to be 30% CGM use total among patients with Type 1 diabetes. Numbers range by age group, higher among young children and lower amount among other groups.

Patients and providers tend to move toward CGM use much more frequently when treating Type 1 diabetes due to several physiological differences between Type 1 and Type 2. I do not have data specifically for Type 2 diabetes, but it is generally agreed upon that CGM use is less frequent in this patient population.

I feel it is also very important to consider the high likelihood that CGM cost will be decreasing substantially over the coming year or two. Dexcom G7 is estimated to be released late 2021 or early 2022. Of the CGM variations that would be covered by this bill, Dexcom is currently the more expensive option. The expectation with the release of G7 is that it will be competitively priced against the cheaper Freestyle Libre. This would significantly bring down the costs associated with covering CGM therapy for the Medicaid population within the next two to four years. Additionally, manufacturing cost for CGM systems are only continuing to decrease.

Lastly, I understand its difficult to estimate cost savings from added coverage, but data suggests decreased hospitalizations by approximately 70%. Given the advanced alerts and

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integration with other technology, along with my experience, I would expect a significant decrease in ER visits and hospitalizations in patients using intensive insulin therapy.

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 appropriating adequate funds to provide this to Medicaid patients living with diabetes.

Thank you for your consideration and I welcome any questions.