

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

**Senate Human Services Committee – Monday, March 8, 2021
Rep. Karla Rose Hanson**

Madam Chair and members of the Senate Human Services Committee. My name is Representative 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 patients under the age of 18. It also includes a legacy provision so those young people can continue to have their CGM covered after turning 18 as long as they continue to qualify for Medicaid or Medicaid Expansion.

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.

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

Diabetes Overview

CGMs are most commonly used by people with diabetes, and the majority of children who have diabetes have Type 1 diabetes. People with Type 1 diabetes (which used to be called juvenile diabetes) produce little or no insulin – which is required to survive. People with Type 2 diabetes (which used to be called adult onset diabetes) typically don't use insulin as well as they should.

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. Speaking of coaches – 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.

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

CGMs can have significant cost savings

This bill proposes coverage of 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 while they are covered by Medicaid or Medicaid Expansion. This legacy provision is helpful for the young person who turns 18 during their senior year of high school for example.

Currently, about 100 pediatric patients in ND use blood glucose test strips and may have the potential of using a CGM. DHS estimated the cost for the scope of HB1288 to be \$219,676 for the 2021-2023 biennium, of which \$102,150 is from the general fund.

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.ⁱ*
 - *Research has found 73% reduction in overall hospitalization rates due to severe hypoglycemia, and 80% reduction in overall hospitalization rates due to diabetic ketoacidosis.ⁱⁱ*
- Reducing emergency medical treatment.
 - *Research has found 86% reduction in incidents of emergency medical treatment for patients using CGM.ⁱⁱⁱ*
- Nearly eliminating testing strips – reducing from 6-10 per day to occasional use to calibrate.

While the scope of HB 1288 is pediatric patients, I will highlight another population group that could realize a significant benefit from Medicaid coverage of CGMs: 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. The committee could certainly consider amending the bill to include a broader scope beyond youth under age 18.

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

Thank you, Madam Chair and Committee members, for considering HB 1288. Because this bill will have an incredibly significant impact in the lives of North Dakotans who have diabetes, I urge a do-pass recommendation and I'll stand for questions.

ⁱ 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>

ⁱⁱ 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>

ⁱⁱⁱ 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>

^{iv} Modelling Potential Cost Savings From Use of RT-CGM in Pregnant Women with Type 1 diabetes (CONCEPT Trial) Diabetic Medicine. June 2019

<https://doi.org/10.1111/dme.14046>