2021 HOUSE HUMAN SERVICES

HB 1288

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1288
1/20/2021

Relating to Medicaid coverage of continuous glucose monitoring devices

Chairman Weisz opened the hearing at 9:18 a.m.

Representatives	Roll Call
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Continuous Glucose Monitors (CGM's)
- Medical Assistance Coverage
- Integrated CGMs

Rep. Karla Rose Hanson, District 44 (9:19) introduced the bill, testified in favor, and submitted testimony #1857 and #1859.

Brenda Thurlow, Pediatrician Sanford Health Fargo (9:31) testified in favor and submitted testimony #1911.

Kevin Martian, Pharmacist and Owner Mayo Pharmacy (9:35) testified in favor and submitted testimony #1820.

Brianne Tranr (9:46) testified in favor.

Katynka Morrissette, Mother of GSD children Bismarck (9:51) testified in favor and submitted testimony #1819.

Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services Department (9:55) testified in opposition and submitted testimony #1776.

Additional written testimony: #1179, #1433, #1513, #1707, #1755, #1780, #1783, #1812, #1829

Chairman Weisz adjourned at 10:18 a.m.

Tamara Krause, Committee Clerk

December 4, 2020

Members of the Appropriations and Human Services Committees
ND Legislative Assembly
North Dakota State Legislature
Bismarck, ND 58505

Dear Legislator:

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. The Medicaid Medical Advisory Committee (MMAC) must include board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care; members of consumers' groups, including Medicaid beneficiaries, and consumer organizations.

This year, North Dakota's MMAC created a Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of seven different codes and services. That committee consisted of eleven members from the MMAC. The MMAC codes and services sub-committee met five times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues, and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally whether the service is covered by other insurance or organizations.

All the items scored closely, however; the order of the items was:

1. Family Adaptive Behavior Treatment;
1. Metabolic Supplements (Tied for First);
2. Interpretive Services;
3. Continuous Glucose Monitors;
4. Dental Screening and Assessment;
5. Dental Case Management and
6. Asynchronous Teledentistry

This letter is being submitted to you for your review to determine whether you would like to introduce a bill for the 2021 ND Legislative Session.

The committee recommended the following codes/services be approved:

1. **Family Adaptive Behavior Treatment and Guidance (CPT code 97156)**

Family Adaptive Behavior Treatment and Guidance is an essential component of the Applied Behavioral Analysis (ABA) which primarily serves children with Autism. The Family Adaptive Behavioral code allows providers to educate parents and caregivers to continue to carry out plans and recommendations of ABA providers are currently working on. Without this code it makes it difficult to meet with parents without the child present to review and educate parents and caregivers on the current programing. Parent involvement is a vital part of the ABA program which is directly related to our outcomes for our children with Autism. This code would be utilized one to two times per month for approximately two hours per visit. Currently Medicaid does cover all other codes related to ABA programing including the Assessment, Supervision, Program Modification and Direct Service. CPT code 97156 is covered by all other private insurance.

1. **Metabolic Supplements**

Currently, due to unavailability of New Drug Application numbers (NDAs) for certain supplements, Medicaid does not cover the hydroxycobalamin (vitamin B12) injection product necessary to treat infants/children with methylmalonic acidemia, a metabolic disease in which some subtypes are treated by injections of vitamin B12. Failure to treat can result in a buildup of toxic substances in the body that result in a decompensation event. Note that hydroxycobalamin injection must be compounded to be dosed correctly in infants and children. This means that currently Medicaid will pay for this medication when infants and children are hospitalized but will NOT pay for infants and children to receive this daily medication when outside of the hospital. Additional examples of metabolic supplements without NDAs that are not covered by Medicaid but are necessary to treat particular metabolic diseases include: biotin (vitamin B7) for biotinidase deficiency (given orally to prevent intellectual disability, seizures, vision and hearing loss, hair loss, and skin disease), riboflavin (vitamin B2) for diseases affecting metabolism of fat, protein and carbohydrates (given orally to prevent cardiac problems, seizures and other nerve disease, coma, and even death), thiamine (vitamin 1) for Maple Syrup Urine Disease (to prevent encephalopathy, seizures, coma, and death), and ADEK, a vitamin supplement that provides higher doses of the fat soluble vitamins A, D, E, and K for patients with a variety of malabsorption conditions, including cystic fibrosis. The cost of these supplements is relatively insignificant compared with the cost of formula and other medications necessary for disease management- many of which *are* covered by Medicaid-and certainly *much* less expensive than emergency department visits and hospitalizations associated with suboptimal treatment of any/all of these diseases. Therefore, the subcommittee recommends that Medicaid cover metabolic supplements without NDAs in cases where metabolic supplements are part of standard recommendations for treatment but no suitable product with a NDA number is available for use.

2. Interpretation Services

This service is essential to the safety, health and wellbeing of services in North Dakota for our citizens that do not speak English or have hearing impairments. Although professional providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care is severely compromised in our state. Currently, several private insurance companies do offer a "complexity code (CPT 90785)" that attempts to offsets the cost for this service. ND Medicaid also recognizes this code; however, it is reimbursed significantly lower thus often costing health providers between $25-45 dollars/hour beyond the reimbursement rate. Not only does the provider receive no reimbursement, but it also costs them to see Medicaid patients that require interpretation services. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service, would expand access to care and improve the efficacy of current services in all health domains.

3. Continuous Glucose Monitoring

The subcommittee has recommended that this monitoring (CGM) system be considered eligible durable medical equipment for patients with type 1 diabetes as well as metabolic conditions that result in hypoglycemia (low blood sugar). Continuous glucose monitoring enables patients with diabetes to follow their blood sugars more closely, as well as be alerted when the sensor detects blood sugar that is too low, too high, or changing too fast, which enables patients to optimize blood sugar control. In the short term, utilization of this technology has the potential to prevent hospitalizations from diabetic ketoacidosis as well as severe hypoglycemia. In the long term, improved glycemic control correlates with reduced and/or delayed chronic complications of diabetes. Benefits of CGM correlate with adherence to monitoring. Currently, most private pay insurers consider CGM to be an eligible benefit for some/all patients with Type 1 diabetes.

4. Dental Screening and Assessment of a Patient

Reimbursement for D0190 & D191 have been discussed by stakeholders for years as a strategy to identify individuals needs for additional assessment, diagnostic, and treatment services. D0190 is defined as the screening of a patient (screening, including state or federally mandated screenings) to determine an individual's need to be seen by a dentist for a diagnosis and D0191 includes assessment of a patient (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury) and the potential need for referral for diagnosis and treatment. The dental office could send in a hygienist to perform preventive services such as; screen/assess, clean, apply sealants, and refer to a dental office the residence/children identified needing diagnosis/oral health treatment from a dentist. The

screening and assessment in our communities is how a Dentist effectively incorporates more ND Medicaid patients into their practice, they must obtain reimbursement in their practices for the scale of their services provided.

5. **Dental Case Management D9991-D9994**

Access to dental care is critical for maintenance of optimal oral health for special populations, including elderly, special needs, medically-fragile, and children. Case management has been accepted as an effective preventive service for a variety of health services for many years. In dentistry, barriers to care can be breached by case management, which is a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options that has been shown to be a cost-effective tool to increase oral health in the Medicaid population. Currently, 7 state Medicaid programs reimburse for dental case management. Motivational interviewing, a key component of case management, has proven to be effective in not only improving dental outcomes, but also improving dental literacy with linkage to a dental home. Case management targets the 20% of the indigent population that does not have a dental home, and who have the highest risk for dental disease. The process prevents costly dental treatment by linking high-risk patients to care where prevention is maximized.

6. **Teledentistry (Asynchronous) D9996**

Asynchronous teledentistry, also known as “store and forward” teledentistry, refers to patient/provider interactions that do not occur in real time. A common use of asynchronous interactions is when a health care provider reviews health information or records that have previously been gathered by another professional or allied professional at an earlier time and at a different place than where the records are reviewed. Records, including radiographs and photographs, can be captured directly to the cloud (internet-based servers) and accessed by individuals in multiple locations. Teledentistry can reduce barriers to dental care through outreach programs that connect patients in nursing homes, schools, and other public health locations to dental homes. It can also integrate oral health into general health care settings to identify and refer treatment needs. The establishment of the asynchronous teledentistry code will remove barriers to dental care for those dental patients that have the highest need but currently lowest utilization of dental services.

Sincerely,

North Dakota Medicaid Medical Advisory Committee
Codes/Services Subcommittee
Judy Bahe, Nancy Kopp, Sara Stallman, Brenda Bergsrud, Donene Feist, Elizabeth Larson-Steckler, Jessica Gilbertson, Joan Connell, MD, William Sherwin, Stephen Olson, and Courtney Koebele (chair).

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

House Human Services Committee - Jan. 20, 2021
Rep. Karla Rose Hanson

Mr. Chairman and members of the House 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.

With this bill, Medicaid would cover Continuous Glucose Monitors (CGMs) for patients with Type 1 diabetes. 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.

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.

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 your 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.

While these features help everyone with T1D, I wanted to highlight two population groups:

The first is 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. Also, youth are often in the care of others including teachers, daycare providers and coaches so 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 second population group 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

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.

This bill proposes coverage for Type 1 diabetes patients of all ages; DHS's cost estimate encompasses all diabetes patients (T1 & T2). As you evaluate the value of this policy for North Dakotans, your committee or the appropriations committee could pull various levers to adjust the costs – limiting coverage to T1 as the bill proposes – or limiting coverage to pediatric patients (~$100,000), or both pediatric patients and pregnant patients. You have flexibility.

Thank you, Mr. Chairman 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] 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] Budge 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

HB 1288

Mr. chairman and members of the committee. My name is Brenda Thurlow. I am a pediatric diabetes physician from Fargo. I am in favor of this bill because it addresses a huge inequity in the level of care we can provide patients with diabetes in this state. My partner and I follow and provide care for the majority of pediatric patients with diabetes in ND, including outreach clinics here in Bismarck and in Minot several days every month. In addition to 18 years of practice serving children and young adults with diabetes, I live with type 1 diabetes myself, and I'm also a diabetes mom - our 16-year-old daughter was diagnosed at age 13 months old.

Representative Hanson presented a very good background summary of CGM technology and its benefits. I would like to emphasize that in addition to improved patient health outcomes, it will save the state of ND money by preventing emergency medical care and hospitalizations.

I could tell many stories of how this technology benefits my patients every single day. I would like to briefly share just one: I met this patient when she was diagnosed with type 1 diabetes last spring, shortly after her second birthday. She and her family live in Minnesota, and she is covered by MN Medicaid, which covers CGM without restrictions. Because of this coverage, she left the hospital using CGM immediately after she was diagnosed. 2 weeks later, my cell phone rang just after midnight. It was the mother of my new patient. Her CGM alerted and woke her parents due to a low blood sugar. Her blood sugar was 45, which is dangerously low. Without CGM, her parents would have kept sleeping, and she may very well have gone on to have a seizure as a result of that low blood sugar. And frankly, she might have died. But because her parents were alerted, they were able to feed her and prevent these serious consequences of a low blood sugar. They were able to take care of her at home that night because she had access to CGM technology.

Without getting into a significant level of detail regarding the various CGM systems, I would like to suggest a change in the wording of the bill: there are several different systems with different features, and we use the various systems depending on the needs of individual patients. Insulin pumps are now integrating CGM technology to precisely deliver insulin based on real time glucose levels and individual patient needs. In order to deliver the most appropriate care for our patients, it is important for our patients to have access to technology with this capability. Therefore I would suggest amending the bill to state:

Medical assistance coverage, including Medicaid Expansion, must include coverage of continuous glucose monitoring devices, including those with the capability of integration with an insulin pump, for a covered individual with type 1 diabetes.

Thank you for allowing me the opportunity to speak in favor of this bill.

Kevin Martian, PharmD

HB 1288

House Human Services Committee

Pioneer Room

01/20/2021—9:15 AM

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, approximately 500 patients receiving the CGM Dexcom G6 and the remaining receiving Freestyle Libre. 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 these expensive but effective 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 and I feel other providers can testify extensively to the true medical necessity of CGM use in Type 1 diabetes. 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 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. 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.

There are a few differences in available CGM devices that you should be aware of. It is important to note that Freestyle Libre is a flash reader CGM, meaning the patient's device downloads the glucose values only when placed next to the sensor. Newer versions of this include low and high glucose alerts on the device that is nearby without scanning but does not transmit values. Dexcom G6 is a real-time CGM that transmits blood glucose values via Bluetooth and has algorithms for predicting blood sugars on the receiving device. Patient's also have the option to have these values sent directly to a mobile device which can then provide real-time alerts to caregivers remotely.

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:Slim 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 20 children through Children's Special Health Services which means that these 20 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 further clarify what type CGMs ought to be covered. I feel flash readers such as Freestyle Libre would be sufficient for some, but I think they would fall short for many, particularly children and those with compatible insulin pumps. Given Medicaid currently covers insulin pumps with the hybrid closed-loop technology I would recommend amending the bill to ensure that coverage is included for integrated CGMs.

Thank you for your consideration and I welcome any questions.

January 20th, 2021

Testimony in Support of HB 1288

Human Services Committee

Chairman Weisz and members of the House Human Services Committee,

My name is Katynka Morrissette and I am here to request that HB 1288 regarding Medicaid coverage of Continuous Glucose monitoring devices pass, with a few minor changes. I have 3 young children with a rare metabolic disorder known as Glycogen Storage Disease or GSD. While diabetics also have severe hypoglycemic episodes, people with GSD have sudden and unpredictable drops in their glucose levels sometimes many times a day. These rapid fluctuations in their glucose levels can turn a typical afternoon into a medical emergency without warning. I am in favor of HB1288 being passed with an amendment to include the rare families in North Dakota like mine, because we have seen firsthand how life saving a continuous glucose monitoring device can be.

Our children wear Dexcom sensors and we have been alerted many times in the middle of the night to a hypoglycemic event and have been able to administer glucose and nutrition to keep our children safe and out of the hospital. Before our children wore these devices, they received 10 finger sticks per day for glucose checks, and we have gone to check their glucose in the morning to find them unresponsive. This type of event requires a multiple day hospital admission and costs anywhere between $12,000 and $35,000, and can be easily avoided with a CGM. If these devices can prevent even one hospitalization for a diabetic or patient with a metabolic disorder, they have more than paid for themselves for that year. If you have ever seen a child or even an adult have a hypoglycemic seizure or become unconscious, you know how absolutely vital these devices are in managing these conditions and how greatly they can improve the health and wellbeing of the wearer.

I am here today asking you to pass this bill so that diabetic patients as well as patients suffering from rare and complex disorders that require around the clock glucose monitoring, have the ability to live more safely and manage their diseases better. Chairman Weisz and other committee members, I would like to propose that the verbiage used in HB1288 includes an amendment as follows: “Medical assistance coverage, including Medicaid Expansion, must include coverage of a continuous glucose monitoring device for a covered individual with type I diabetes, or other metabolic condition that requires continuous glucose monitoring as ordered by a physician as medically necessary for the patient.” Thank you for your time and consideration in passing this bill to have positive impact on families like mine.

Katynka Morrissette

Testimony
House Bill 1288 - Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman

January 20, 2021

Chairman Weisz and members of the Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services (Department). I appear today to provide testimony on House Bill 1288.

The Department currently manages the coverage of diabetic testing supplies by covering blood glucose test strips and very rarely continuous glucose monitors (CGM). The Department follows American Diabetes Association (ADA) guidelines for coverage of test strips. If the Department is required to open up coverage of continuous glucose monitors, we would do the same as we do for blood glucose test strips, which is to follow ADA guidelines. This would require an amendment to House Bill 1288 to no longer specify type 1 diabetes.

The Department currently has 1,683 recipients receiving blood glucose test strips. The current net cost per year is $170,000 (total dollars) per year. Roughly 53.5% of the volume is Medicaid Expansion, so $90,950 ($81,855 federal / $9,095 state). The remaining $79,050 is at the traditional Medicaid match rate.

If all recipients moved to continuous glucose monitors and all were compliant with the monitoring and process, the increased costs (net of rebates received through the multi-state pool in which the Department participates) would be $1,777,470 (total dollars) per 12 months. For the purposes of the fiscal note, we assumed only 40% of recipients would switch to continuous glucose monitors during the first fiscal year, and 60% of all recipients for the second fiscal year.

There are 104 recipients 18 years of age or less receiving blood glucose test strips, and only 16 of those testing 5 or more times per day. Also, relative net costs for the

Department is one continuous glucose monitors per year is equal in cost to 3 years and 2 months of high-volume blood glucose strip use.

This concludes my testimony, and I am happy to answer any questions you may have.

House Bill 1288- In Support
Human Services Committee
67th Legislative Assembly of North Dakota
January 20, 2021

Chairman Weisz and members of the House Human Services Committee Members

My name is Donene Feist and I am the Executive Director for Family Voices of North Dakota. As the Director of Family Voices we have assisted many families who have a child or youth with diabetes.

I am also a member of the Medicaid Medical Advisory Committee and Services/Codes subcommittee which reviewed and evaluated requests of the CGM.

I stand to support House Bill 1288, which would provide coverage for continuous glucose monitors (CGM) for eligible Medicaid patients with Type 1 diabetes. A CGM provides continuous insight into glucose levels throughout the day and night. The device displays information about glucose speed and direction providing users additional information to help better manage their diabetes. A CGM automatically checks your glucose levels every 5 minutes and can display your glucose numbers in real-time on a compatible smart device or receiver.

A CGM has proven to be the best outpatient glycemic management system for reducing A1C Type 1 diabetes. Not only can CGM reduce A1C, numerous studies have shown it can also decrease time spent in hypoglycemia. It has been proven to be medically necessary as it tremendously increases the management of diabetes. For children and youth who are not always with a family member this is vital to decrease emergencies, lost school days, reduces the number of times a child/youth has to do blood glucose checks and the ability for children and youth to participate in self-care increases. The CGM increased sense of safety with children who cannot recognize or express symptoms of hypo- or hyperglycemia.

Many of the families who have spoken with us have children and youth who have diabetes that is difficult to control. A CGM would assist in the control of diabetes, alerting the child/youth early that their blood sugars changing and to act.

Let there be no mistake, this is a lifesaving device for children and youth who have diabetes. We should encourage this to be covered for those children and youth who receive Medicaid.

Thank you for your time.

Donene Feist
Family Voices of ND
PO Box 163
Edgeley, ND 58433
701-493-2634

January 18, 2021

#1433

Hello Chairman and members of the committee.

My name is Cathy Job and I'm a resident in Bismarck. I am in favor of this bill for a number of reasons. I am a single mom of two; both of which have health issues. My daughter (Sierra), now age 17, was diagnosed with Type 1 diabetes in 2015. Her blood glucose/sugar is all over, like a roller coaster ride, on a daily basis. She goes from extreme highs to extreme lows on any given day.

A couple of years ago, she was on the Healthy Steps program through Blue Cross Blue Shield. She had the CGM, Dexcom and it was truly a lifesaver many times. Then Healthy Steps went away and everyone was switched to Medicaid. Along with the switch she lost Dexcom and had to go back to poking her finger {upto} 12 times a day.

In December 2019 she was hospitalized overnight due to high and uncontrollable blood sugar. (Part of that was because Medicaid wouldn't cover the long term insulin she was on at the time either, Tresiba). In January 2020 she was in/out of consciousness at school due to low blood sugar that she couldn't get to come up. She called me and 911; paramedics came to the school. Sierra was laying in the corner on the floor between levels of the stairway between the second and third floors at Bismarck High School. The recommendation was to take her to the ER because we couldn't get her blood sugar to come up to a normal level. If Sierra would've had Dexcom, I don't think this would have happened. She would have been able to see where her blood sugar was heading and taken care of it without calling 911 or going to the ER.

In talking to the doctors, both her regular and the ER; it was mentioned to me that the only way she could get a CGM was if she was basically on her death bed with highs/lows, seizing and/or unconsciousness regularly. After seeing her endocrinologist in Fargo and discussing at length with her what had happened, she wrote a letter about the situation. The only way it could possibly be approved is if Children's Special Health Services would help. Thankfully after jumping through many hoops, she was approved for Dexcom. I can't tell you how much of a lifesaver Dexcom is for Sierra. It also helps take a little worry and anxiety off of mom too.

I appreciate your time and effort in helping this bill pass for the health of our loved ones.

Thank you,

Cathy Job

Cathy Job
701-426-0553
cathyjob@icloud.com

#1513

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 7th 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

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 lmurdock@diabetes.org 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

Mr. Chairman and Members of this Committee,

My name is Bruce Shockman and I am from LaMoure, ND and I am in support of this bill HR 1288. I am the father of Colten Shockman, who is 25 years old, has autism, and was diagnosed with type 1 diabetes in 2008. This letter concerns our continued efforts to help Colten manage his diabetes.

Colten presently is living on his own in Jamestown ND. Triumph, Inc, a social services group, has helped Colten with employment , his social life, and learning to living on his own. Over the past few years, Colten went hypoglycemic during the night several times, and these incidents were life threatening situations for him. Working with Triumph, we decided Colten should have 24 hour care as the only way to be sure of protecting him from another serious event like this. We also began to seriously consider some new technology opportunities to help Colten with his diabetes. With the help of Mayo Pharmacy in Bismarck, we were able to provide Colten with a Tandem smart insulin pump. Medicaid covered this pump. The pump works with a continuous glycemic monitor or CGM to continually monitor Colten's blood sugar. It also works with a smart phone application, so Colten's blood sugar could be continually monitored by anyone sharing the app. As of February, Colten will no longer need a staff person 24 hours a day for safety because of the CGM system.

The Tandem pump works with the Dexcom CGM. One with out the other is like having a car without a steering wheel. The Dexcom CGM cost Colten about $400.00 per month. We are thankful that Medicaid covered the cost of the Tandem pump, and it would only make sense to include the CGM also. We have managed to cover these costs out of our pocket, but in many cases, this may not be an option. For Colten, this would put the burden back on the social services at great cost for 24 hour care again.

I ask that this legislator would please consider passing HR bill 1288. It would not only give my son and others life saving help, but would save social service a lot of funding for full time staffing for my son. Thank you very much for taking the time to consider this for Colten and many others like him.

Sincerely,

Bruce Shockman

dexcom

#1755

Dexcom, Inc. I Corporate Headquarters
6340 Sequence Drive
San Diego, CA 92121
888.738.3646
dexcom.com

January 19, 2021

North Dakota Legislative Assembly
House Standing Committee on Human Services
Re: Dexcom support of ND HB1288

Chairman Weisz and Members of the House Standing Committee on Human Services:

Dexcom is pleased to support ND HB1288, which requires medical assistance coverage, including Medicaid Expansion, to include coverage of a continuous glucose monitoring (CGM) device for a covered individual with type I diabetes.

Founded in 1999 and based in San Diego, Dexcom, Inc. is the market leader in transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes[1]. CGM technologies allow individuals with diabetes to track their glucose levels at regular intervals throughout the day and night and help patients with diabetes more accurately dose insulin. According to the American Diabetes Association, CGMs are today's recognized Standard of Medical Care for effective diabetes treatment for those patients on insulin therapy.

Patients with better management of their diabetes have better outcomes, a higher quality of life and cost significantly less to the state. Without proper care, diabetes patients are at increased risk of blindness, limb amputation, kidney failure and heart disease. These complications lead to a significant impact on healthcare utilization and costs. Real time CGM systems have been proven to improve glucose control through reductions in HbA1c and time spent in hypoglycemia. These improvements have been demonstrated for patients on insulin therapy regardless of one's education level, income, age or math ability[2]. The alerts, alarms and share feature of real-time therapeutic CGM systems help address hypoglycemia and are extremely important in saving lives and saving money with reduced hospitalizations.

Now more than ever, in the midst of the COVID-19 pandemic, it is critical to keep diabetes patients healthy and out of the hospital. Unfortunately, there is a strong correlation between diabetes and COVID-19. According to the Center for Disease Control, diabetes is a significant underlying medical condition that increases the risk of serious COVID-19 complications. Currently, diabetes-related coronavirus complications account for 30% of hospitalizations and diabetes is the second leading cause of death for COVID-19 patients.

Managing diabetes with the appropriate products and devices, improving HbA1C for patients with diabetes, and reducing hospitalizations results in significant savings.

- $8,539 cost per hospitalization from diabetes ketoacidosis[3]
- $3,836 cost per hospitalization from hypoglycemia[4]
- $1,076 to $1,492 cost savings per 1 percent reduction in HbA1C[5]

Studies indicate that CGMs decrease diabetes-related hospital admissions by up to 76 percent[6] and lead to improved glycemic control[2].

Dexcom

Dexcom, Inc. | Corporate Headquarters
6340 Sequence Drive
San Diego, CA 92121
888.738.3646
dexcom.com

Most commercial plans cover CGM and Medicare beneficiaries with Type 1 or Type 2 diabetes on insulin therapy are eligible for therapeutic CGM coverage (Ruling No.: CMS-1682-R). Additionally, over two-thirds of state Medicaid programs offer some type of CGM coverage for their enrollees.

With the proven improvements in patient health outcomes associated with CGMs and the corresponding financial savings opportunities, Dexcom strongly supports ND HB1288 and the measure's required coverage of CGMs for individuals with type I diabetes.

Thank you for consideration, and please do not hesitate to contact me directly with any questions. I can be reached at dee.stahly@dexcom.com or 317-750-2465.

Sincerely,

Dee Ann Stahly
Director, Government Affairs
Dexcom, Inc.

References

1. See https://www.dexcom.com/about-dexcom
2. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. Jama. 2017;317(4):371-378.
3. Tieder, JS, McLeod L, Keren R, et al. Variation in Resource Use and Readmission for Diabetic Ketoacidosis in Children's Hospitals. Pediatrics. 2013;132(2):229-236.
4. Liu J, Wang R, Ganz ML, Paprocki Y, Schneider D, Weatherall J. The burden of severe hypoglycemia in type 1 diabetes. Current medical research and opinion. 2018;34(1):171-177.
5. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. Jama. 2001;285(2):182-189.
6. Charleer S, Mathieu C, Nobels F, et al. Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study. The Journal of clinical endocrinology and metabolism. 2018;103(3):1224-1232.

House Human Services Committee
HB 1288
January 20, 2021

Chairman Weisz and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports SB 1288 and the provision of continuous glucose monitoring (CGM) to Medicaid patients.

CGM helps patients monitor their blood sugar more closely by simplifying day-to-day management of Type 1 diabetes and reducing the number of blood glucose self-checks. CGM significantly reduces hemoglobin A1C, as well helps protect patients from having blood sugar become dangerously low. Better management of blood glucose monitoring through the use of CGMs is likely to significantly decrease Medicaid expenditures by reducing preventable hospitalizations.

As chair of the Services/Codes subcommittee of the Medicaid Medical Advisory Committee, we were directed to evaluate requests for a number of currently ineligible Medicaid services, including CGM. To do this, we created a rubric which gives a score for each condition. The score reflected the number of people affected, importance in outcome/treatment of the disease, cost, as well as other considerations.

While the CGM request is more costly; thus, lowering its overall score - the subcommittee rated it higher in other areas, resulting in a score that led to the recommendation that Medicaid provide coverage of this device.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

House Bill 1288- In Support
Human Services Committee
67th Legislative Assembly of North Dakota
January 20, 2021

Good morning Chairman Weisz , Vice Chair Rohr, and House Human Services Committee Members,

My name is Joan Connell. As a pediatrician who cares for children with diabetes and as a member of the Medicaid Medical Advisory Committee, I would like to support House Bill 1288, which would provide coverage for continuous glucose monitors (CGM) for eligible Medicaid patients with Type 1 diabetes. Continuous glucose monitors, when utilized appropriately, significantly reduce hemoglobin A1C (the amount of blood sugar that is attached to hemoglobin, reflective of a person's blood sugar control) https://jamanetwork.com/journals/jama/article-abstract/2598770 as well as to help protect patients from developing diabetic ketoacidosis https://care.diabetesjournals.org/content/43/3/e40 or blood sugar that is dangerously low https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6330631/ . This results in fewer complications of diabetes and, hopefully, a longer healthier life. I support this bill for the following reasons:

1. Patients with Type 1 diabetes with private insurance who meet criteria for these devices have access to them. Increasingly, continuous glucose monitoring is seen as the standard of care for diabetic patients, yet currently, Medicaid patients have almost no chance for Medicaid coverage of this service when it is recommended by the patient's diabetologist.
2. Because of the lack of Medicaid coverage discussed in point 1, many of these pediatric diabetic patients pursue coverage for CGM through North Dakota Department of Health's Special Health Services division, which has been flat funded for the last several years. Special Health Service approval of CGM for this subset of patients requires time spent by the division's medical director and claims specialist. This seems to be suboptimal and somewhat redundant utilization of state resources for this Medicaid population who is already having claims reviewed and assessed by the Medicaid division of DHS.
3. The Services/Codes subcommittee of the Medicaid Medical Advisory Committee, of which I am a member, was charged with evaluating requests for a number of currently ineligible Medicaid services, including CGM. To do this, we created a rubric which would give a score for each condition. The score reflected number of people affected, importance in outcome/treatment of the disease, cost, as well as some other considerations. While the CGM request was more expensive than some of the other requests (lowering its overall score), the subcommittee rated it highly in other areas of the rubric, resulting in a score that led to recommendation that Medicaid provide coverage of this device.
4. CGM can simplify day-to-day management of Type 1 diabetes by significantly reducing the number of blood glucose self-checks, as well as alarming when blood sugars are too high, too low, or changing too fast. Some of Medicaid families invest a significant amount of time each day working on the challenges of meeting their daily needs for

food, clothing, and shelter for themselves and their families, finding transportation to go to doctor's appointments, work etc. Withholding this device, that can save time and simplify care, from this particular patient population who may actually benefit the most from it, seems wrong to me. When we support this patient population in ways that make it more possible for them to take care of themselves and their chronic disease of Type 1 diabetes, we invest not only in their future, but also in a process that will likely lead to significant decreases in Medicaid expenditures for preventable hospitalizations. Hence, everyone wins.

Thank you so much for consideration of my testimony. Please do not hesitate to reach out to me with any questions you may have.

Joan Connell, MD MPH FAAP
Pediatrician

#1812

1/19/2021

TO: House Human Services Committee
DATE: 1/20/2021
RE: HB 1288

I am writing this letter of support for House Bill No 1288, relating to Medicaid coverage of continuous glucose monitoring devices.

My name is Sara Wiedrich and I am a family nurse practitioner who specializes in diabetes management. I provide care for patients with type 1 and type 2 diabetes all day, every day. I am strongly supporting this bill to provide access to and coverage for continuous glucose monitor (CGM) systems for patients with ND Medicaid coverage. My colleagues Amy Samples, PAc and Dr Eric Johnson also support the statements included in this letter as well as the passing of HB 1288.

I feel strongly that CGM systems are medically necessary for patients with both type 1 and type 2 diabetes who utilize insulin therapy, especially those that have hypoglycemia unawareness. CGM therapy has been proven to reduce incidence of and even prevent severe or life-threatening hypoglycemia. By limiting hypoglycemia, CGM systems can reduce ambulance calls, visits to emergency rooms and hospital admissions. In addition, use of CGM system with reduction in hypoglycemia can prevent falls with fractures, head injuries, motor vehicle accidents, etc, also leading to costly treatment and care and increased number of insurance claims.

Prevention and reduction of hyperglycemic events due to CGM use has been associated with limiting the development of long-term complications related to uncontrolled diabetes, including but not limited to retinopathy, nephropathy and neuropathy. This significantly reduces the cost of caring for and insuring patients with diabetes due to reduced frequency of office visits for diabetes management, reduced visits to emergency rooms or hospital admissions for hyperglycemia or diabetic ketoacidosis (DKA).

Patients with diabetes, who use insulin therapy, who have a CGM system are significantly less likely to acquire additional treatment costs due to hypoglycemia or prolonged hyperglycemia and will require fewer resources in the long-term, which associates with less cost to the system. In addition to reducing health complications, patients who use CGM therapy are more likely to report a higher quality of life and also have less work absenteeism.

Additionally, having access to a CGM system that integrates with an insulin pump provides life-changing therapeutic benefits by changing insulin delivery based on CGM readings, leading to significantly less hypoglycemia and hyperglycemia. Once again, more time spent in goal glycemic range limits complications and overall cost of caring for and insuring patients with diabetes.

We feel that patients should have a choice when it comes to utilizing technology to improve their diabetes control and would like to continue a conversation on how we can provide better coverage and access for CGM technology. Due to the importance of pump and CGM integration

for some patients, I would like to request an addendum to this bill to include the language "coverage of a continuous glucose monitoring device that has the capability to integrate with an insulin pump at the patient and providers discretion."

Lastly, having state Medicaid coverage for CGM devices is not new. As of December 2019, approximately 36 states have CGM coverage under their Medicaid programs with 13 states providing coverage for patients with both type 1 and type 2 diabetes. Minnesota and South Dakota are surrounding states with CGM coverage by Medicaid programs. Additionally, patients with Medicare are also able to access CGM coverage.

Thank you for your time and consideration of this testimony. Please feel free to reach out with any questions or comments.

Respectfully,

Sara Wiedrich, FNP-C, CDE
Diabetes Management Specialist
CHI St. Alexius Heart and Lung Clinic
310 N 10th Street, Bismarck, ND 58502
P 701.530.7500 I F 701.530.7435
slwiedrich@primecare.org

Amy Samples, PAc
Diabetes Management Specialist
CHI St. Alexius Heart and Lung Clinic
310 N 10th Street, Bismarck, ND 58502
P 701.530.7500 I F 701.530.7435
alsamples@primecare.org

Eric Johnson, MD
Family Medicine Physician; Diabetes Specialist
Altru Family Medicine Center
1380 S Columbia Rd, Grand Forks, ND 58201
P 701.795.2000 I F 701.795.2260
eric.l.johnson@UND.edu

Alison Blank

Type 1 Diabetic

701-425-4206
Aliblank25@gmail.com2q

January 19, 2021

Dear Chairman and Committee members,

I am Alison Blank, 32 years old. I am a mother of six children ages five months to ten years. My health is my life, in a very literal sense managing diabetes at full capacity makes me the best mother I can be.

I am writing to explain why I support continuous glucose monitors (CGM's). I once had a Dexcom CGM when I was covered under Medicaid Expansion, when our income fell below expansion guidelines due to pregnancy, I was switched to Medicaid and my coverage for Dexcom was dropped. I was terrified as it is very common for me to drop to extreme lows at the beginning of the night, it would scare me to think 'what if I die in my sleep' was/still is a phobia that causes anxiety or insomnia. I sleep about 4-5 hours each night because, most nights I'm up checking my blood glucose every 30 mins. It consumes me, and it has to in order for me to make sure I am healthy. The things that most people's bodies do in the background that they never have to worry about, is what I must always be treating every second of the day to survive. In the early hours of morning I worry of extreme unexplained highs. That is a condition called dawn phenomenon, it is the term used to describe an abnormal early-morning increase in blood sugar, usually between 2 am- 8am. When a woman is pregnant, high numbers are not good, it is vital for an unborn child to develop in the womb with a mothers healthy blood glucose levels. The alert on of a CGM is a life saver in so many aspects for a mother, baby, and family.

I have been working towards receiving a Tslim insulin pump. I am told it talks back and forth with Dexcom only, it will suspend insulin or give appropriate doses of insulin automatically in my sleep. This partnership of the two devices will greatly reduce issues of highs and lows happening unexpectedly. I feel this is amazing and so helpful but, I can not afford it and as of now it is not offered under medicaid.

In closing I believe if Medicaid would add coverage for all CGM's that it would benefit in overall diabetic health management, help diabetics to be more aware of their bodies glucose patterns, ease the stress, phobias, and anxiety, significantly reduce dead in bed syndrome, and decrease hospitalization or death due to Diabetic ketoacidosis.

Thank you all so much for your time and understanding, it truly means a lot for the diabetic community that you are addressing this important topic.

Sincerely,

Alison Blank

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1288
2/2/2021

Relating to Medicaid coverage of continuous glucose monitoring devices

Chairman Weisz opened the committee meeting at 10:53.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	A
Representative Mary Schneider	A
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Pediatric patients
- Type 1 diabetes

Rep. Karen Rohr (10:54) proposed an amendment and made a motion stating medical assistance coverage must include coverage of a continuous glucose monitoring device for a covered individual under the age of 18.

Rep. Kathy Skroch (10:55) second.

Voice vote – Motion Carried.

Rep. Todd Porter (11:08) proposed and amendment and made a motion stating an individual previously covered under this provision has continuous coverage going forward as long as they are eligible.

Rep. Karen Rohr (11:10) second

Voice Vote – Motion Carried

Rep. Karen Rohr (11:12) made motion **Do Pass As Amended Rerefer to Appropriations (Amendment 21.0407.01001)**

Rep. Kathy Skroch (11:12) second.

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	A
Representative Mary Schneider	A
Representative Kathy Skroch	Y
Representative Bill Tveit	Y
Representative Greg Westlind	Y

Motion Carried Do Pass As Amended Rerefer to Appropriations 12-0-2

Bill Carrier: Rep. Clayton Fegley

Chairman Weisz adjourned at 11:14 a.m.

Tamara Krause, Committee Clerk

21.0407.01001
Title.02000

Adopted by the Human Services Committee

DD 2/2/2
1 of 1

February 2, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1288

Page 1, line 8, replace "with type I diabetes" with "under the age of eighteen. An individual for whom a continuous glucose monitoring device was covered under this section before reaching eighteen years of age maintains coverage of the device after reaching eighteen years of age as long as the individual satisfies the eligibility requirements of this chapter"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1288: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1288 was placed on the Sixth order on the calendar.

Page 1, line 8, replace "with type I diabetes" with "under the age of eighteen. An individual for whom a continuous glucose monitoring device was covered under this section before reaching eighteen years of age maintains coverage of the device after reaching eighteen years of age as long as the individual satisfies the eligibility requirements of this chapter"

Renumber accordingly

2021 HOUSE APPROPRIATIONS

HB 1288

2021 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

HB 1288
2/12/2021

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to Medicaid coverage of continuous glucose monitoring devices.

8:36 Chairman Delzer- Called the meeting to order for HB 1288

Representatives	P/A
Representative Jeff Delzer	P
Representative Keith Kempenich	A
Representative Bert Anderson	P
Representative Larry Bellew	P
Representative Tracy Boe	P
Representative Mike Brandenburg	P
Representative Michael Howe	P
Representative Gary Kreidt	A
Representative Bob Martinson	P
Representative Lisa Meier	P
Representative Alisa Mitskog	P
Representative Corey Mock	P
Representative David Monson	P
Representative Mike Nathe	P
Representative Jon O. Nelson	P
Representative Mark Sanford	P
Representative Mike Schatz	P
Representative Jim Schmidt	P
Representative Randy A. Schobinger	P
Representative Michelle Strinden	P
Representative Don Vigesaa	P

Discussion Topics:

- Continuous Glucose Monitoring Devises
- Medicare and Medicaid Expansion

8:37 Representative Weisz- Introduces the bill and testifies in favor of HB 1288

8:52 Chairman Delzer- Closed the hearing for HB 1288

8:52 Representative Jon O. Nelson- Make a motion for a Do Pass

Representative Monson Second

8:52 Roll call vote was taken;

Representatives	Vote
Representative Jeff Delzer	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	N
Representative Tracy Boe	Y
Representative Mike Brandenburg	Y
Representative Michael Howe	Y
Representative Gary Kreidt	A
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Mark Sanford	Y
Representative Mike Schatz	Y
Representative Jim Schmidt	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y
Representative Don Vigesaa	Y

Motion Carries 18-1-2

Representative Fegley will carry the bill

8:53 Chairman Delzer Closes the meeting for HB 1288

Risa Berube, House Appropriation Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1288, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **DO PASS** (18 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). Engrossed HB 1288 was placed on the Eleventh order on the calendar.

2021 SENATE HUMAN SERVICES

HB 1288

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

HB 1288
3/8/2021

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to Medicaid coverage of continuous glucose monitoring devices.

Madam Chair Lee opened the hearing on HB 1288 at 9:27 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Cost reduction tracking
- Type 1 V.S. Type 2 Diabetes
- Medicaid and Medicaid Expansion coverage
- Children special health services program

[9:27] Representative Karla Rose Hanson, District 44. Introduced HB 1288 and provided testimony #7648 in favor.

[9:37] Brendan Joyce, Administrator, Pharmacy Services, DHS. Provided neutral testimony #7724.

[9:53] Dr. Brenda Thurlow, Pediatric Diabetes Physician. Provided testimony #7571 in favor.

[9:58] Kevin Martian, Owner, Mayo Pharmacy. Provided testimony #7772 in favor.

[10:11] Angela Kritzberger, Hillsboro Resident. Provided testimony #7767 in favor.

[10:21] Sara Weidrich, FNP-C, CDE, Diabetes Management Specialists. Provided testimony #7765 in favor.

[10:28] Katynka Morrissette, Bismarck Resident. Provided testimony #7766 in favor.

[10:32] Donene Feist, Executive Director, Family Voice of ND. Provided testimony #7658 in favor.

[10:00] Courtney Koebele, Director, ND Medical Association. Provided testimony #7668 in favor.

Additional written testimony: (4)

Joan Connell, Pediatrician. Provided written testimony #7556 in favor.

Dee Ann Stahly, Director, Government Affairs, Dexcom Inc. Provided written testimony #7655 in favor.

Katherine Walvante, Fargo Resident. Provided written testimony #7749 in favor.

Paula Moch FNP-BC, Legislative Liason, The ND Nurse Practitioner Association. Provided written testimony #7756 in favor.

Kimberly Hruby, Director, Special Health Services Division, DHS. Provided written neutral testimony #7774.

Vice Chair K. Roers closed the hearing on HB 1288 at 10:38 a.m.

Justin Velez, Committee Clerk

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] Budge 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 (CONCEPTT Trial) Diabetic Medicine. June 2019
https://doi.org/10.1111/dme.14046

Testimony
Engrossed House Bill 1288 - Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chair

March 8, 2021

Chairman Lee and members of the Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services (Department). I appear today to provide testimony on Engrossed House Bill 1288.

The Department currently covers blood glucose test strips and very rarely continuous glucose monitors (CGM). The Department follows American Diabetes Association (ADA) guidelines for coverage of test strips.

The Department currently has 1,683 recipients receiving blood glucose test strips. The current net cost per year is $170,000 (total dollars) per year. Roughly 53.5% of the volume is Medicaid Expansion, so $90,950 ($81,855 federal / $9,095 state). The remaining $79,050 is at the traditional Medicaid match rate.

If all recipients moved to continuous glucose monitors and all were compliant with the monitoring and process, the increased costs (net of rebates received through the multi-state pool in which the Department participates) would be $1,777,470 (total dollars) per 12 months. For comparison purposes, one patient using a continuous glucose monitor for one year is equal in cost to another patient using blood glucose test strips for 3 years and 2 months.

For the purposes of the original fiscal note, we assumed only 40% of recipients would switch to continuous glucose monitors during the first fiscal year, and 60% of all recipients for the second fiscal year.

There are 104 recipients 18 years of age or less receiving blood glucose test strips, and only 16 of those testing 5 or more times per day. For the purposes of the updated fiscal note, we simply changed the original fiscal note by the proportion of recipients 18 years of age or under (104/1683 or 6.18%).

The following are statements for the record as any variance from below would require significant changes to the current fiscal note:

- Just like blood glucose test strips, preferred products will be selected yearly through the multistate rebate pool of which ND Medicaid is a member.
- Just like all other payers in North Dakota, there will be criteria for coverage of continuous glucose monitors based on national diabetes guidelines.
- The continuous glucose monitors will only be allowed through pharmacies as that is the only way to obtain the rebates.
- The Department will not pay for additional features or enhancements to continuous glucose monitors such as cell phones or other connected devices, nor will the Department be limited in its selection of continuous glucose monitors by different clinics' selection of insulin pump manufacturers.

This concludes my testimony, and I am happy to answer any questions you may have.

My name is Dr. Brenda Thurlow. I am a pediatric diabetes physician from Fargo. I am in favor of this bill because it addresses a huge inequity in the level of care we can provide patients with diabetes in this state. My partner and I follow and provide care for the majority of pediatric and young adult patients with diabetes in ND, including outreach clinics in Bismarck and in Minot several days every month. In addition to 18 years of practice serving children and young adults with diabetes, my interest in this topic is deeply personal. I live with type 1 diabetes myself, and I'm also a diabetes mom - our 16-year-old daughter was diagnosed at the age of 13 months.

I could tell many stories of how this technology benefits my patients every single day. I would like to briefly share just one: I met this patient when she was diagnosed with type 1 diabetes last spring, shortly after her second birthday. She and her family live in Minnesota, and she is covered by MN Medicaid, which covers CGM without restrictions. Because of this coverage, she left the hospital using CGM immediately after she was diagnosed. 2 weeks later, my cell phone rang just after midnight. It was the mother of my new patient. Her CGM alerted and woke her parents due to a low blood sugar. Her blood sugar was 45, which is dangerously low. Without CGM, her parents would have kept sleeping, and she may very well have gone on to have a seizure as a result of that low blood sugar. And frankly, she might have died. But because her parents were alerted, they were able to feed her and prevent these serious consequences of a low blood sugar. *They were able to take care of her at home that night* ***because she had access to CGM technology.***

In the House, the original language of the bill was changed from inclusion of all patients with type 1 diabetes who have Medicaid coverage to any patient with diabetes (regardless of type) up to age 18, with legacy coverage after age 18 if they continue to qualify for Medicaid. I would like to strongly encourage this committee to amend the bill to include coverage for patients over the age of 18 with type 1 diabetes. Patients who have Medicaid coverage will not generally have access to commercial insurance once they turn 18. I care for many young adults with type 1 diabetes who currently do not have access to this standard of care treatment tool simply because they rely on Medicaid for insurance coverage. If age limits must be applied, I would request consideration of including coverage for women with type 1 diabetes during pregnancy, during which time it is critical to have very tight control of glucose levels for optimal outcomes for both mothers and babies.

On behalf of my patients, their families, and all of my colleagues, thank you for allowing me the opportunity to speak in favor of this bill.

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

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:Slim 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.

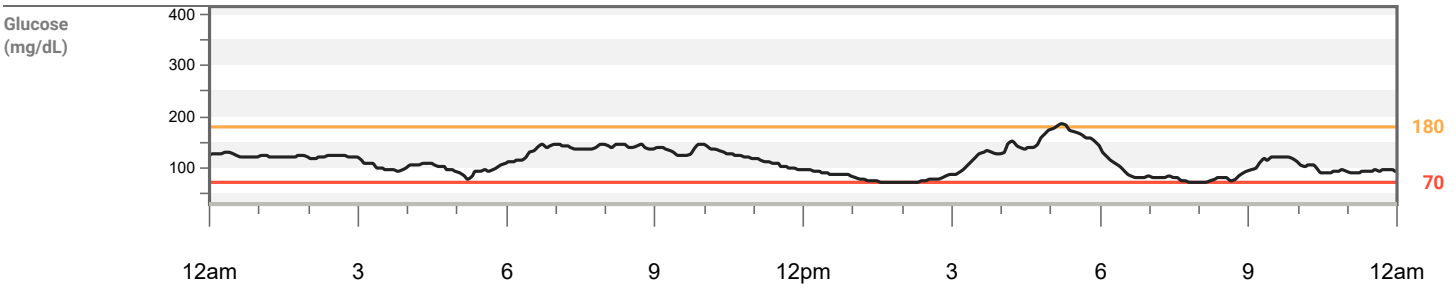
Daily

dexcom CLARITY

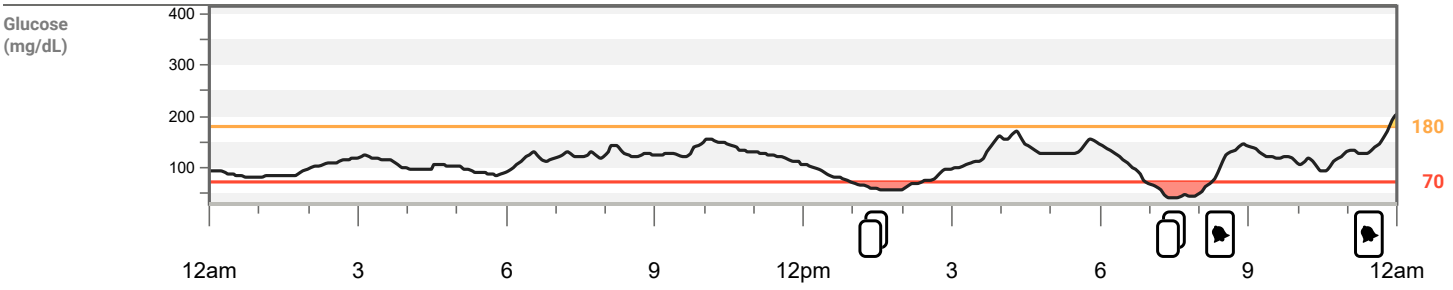
Legend

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

Thu

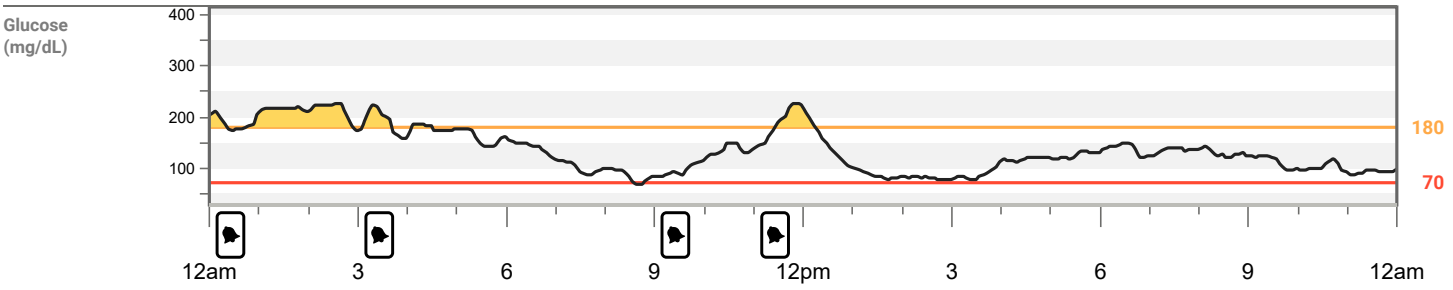


Fri



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	

Ms. Chairperson and members of the Senate Human Services committee, my name is Angela Kritzberger and I am from Hillsboro. I am a mother to Nina, who, at the age of 7, nearly 5 years ago, was diagnosed with Type 1 Diabetes. I would like to speak to you regarding the importance of supporting HB1288 which provides coverage for Continuous Glucose Monitors and why they should be a standard of care for all insulin dependent diabetics regardless of their age.

When a child/person is first diagnosed with T1D, you are sent home with a prescription for insulin and basic diabetes supplies as well as a protocol for care. You learn how to give multiple daily injections of insulin, which is always done after you have confirmed what the current Blood Glucose is by a finger stick and a drop of blood which is placed on a test strip and placed into a Glucose Meter. Many do not know, but when a person is first diagnosed with T1D, no one can know for certain if the pancreas has been completely depleted of its insulin production because Type 1 is an auto-immune disease where the body attacks the insulin producing beta cells. They call this the "honeymoon" period. It is far from anything that the word would imply and eventually the body will become entirely dependent on a person's very closely monitored prediction of what their insulin needs truly are while and after the cells in the pancreas have become unable to produce it.

We are fortunate to have our private insurance plan cover a CGM (after we have met our deductible and pay co-insurance), but not until **after** we had proved that Nina had reached deadly levels of low blood sugars, or hypoglycemia, which can lead to unconsciousness or even death. I slept close to Nina and did finger sticks 24 hours a day, every two to three hours for 60 straight days. If you are wondering why a person would do this – children and many adults are hypoglycemic unaware – which means that while Nina sleeps and her blood sugars drop dangerously low, she does not have a physical reaction that would cause her body to wake up. I remember one such instance early on in our journey where Nina lay limp on the floor, her eyes barely open with a blood glucose in the 20s, feeding her juice to bring up her BG and her whispering "let me go mom I can't do this anymore." Remember – she was only 7 years old at this time and is something that is etched in my memory. On the other end of the spectrum is hyperglycemia, or high blood glucose levels, which can lead to diabetic ketoacidosis (DKA) which can be fatal and typically requires medical intervention. There was an instance where we ordered a meal with a diet soda for Nina only to realize after she had been drinking it that the server had made a grave error and had given her a regular soda. Drinking a regular soda which contains over 50 grams of sugar uncovered, or without dosing for insulin, could cause her blood glucose to raise to dangerous levels over 500. It often feels like you are balancing between life and death and for many who do not have access to a CGM to monitor current BG levels more closely -it is just that. A CGM provides access to real-time blood sugars without the need to stick your finger and draw a drop of blood. To give you an idea of what Nina's insulin needs are for a young, growing, maturing female, she can only eat a piece of cheese or a hand full of nuts without the need to check her blood sugar and cover the carbs with insulin.

I have been told that our neighboring states (Montana, South Dakota, Minnesota) all provide CGM's to diabetics who have been diagnosed with needing short acting insulin. I have also been told that there are some 35 other states who also offer this benefit to newly diagnosed insulin dependent diabetics. North Dakota needs to join this effort in providing CGMs.

Think of the infrastructure that is offered to a person who was born blind: signs that are in braille, vertical clearances, right of ways, recessed objects, sound activated crosswalks, assistive technologies. Shouldn't the same standard of care be applied to someone who cannot "see" their blood glucose with the parallel possibility of death or loss of life?

I would like to take a moment to tell you how important a CGM is to my family. We do not have a nurse at our school. You would be shocked to know how very little support a diabetic child receives when you truly understand how very complicated this disease is. Nina is the only student fighting this invisible disease in our school grades K-12. Because of the CGM and utilizing it to its fullest potential through software integration, we are able to build a remote support system that can follow her blood glucose levels. Parameters can be set so that if her blood sugar drops below a certain number, it will alarm. Parameters can be set so that if her blood sugar rises above a certain number, it will alarm. Her care plan allows her to have a cell phone so that we can communicate with one another how to assess a situation so that she can continue learning in a continuous and undisturbed environment, as well as remaining active in physical activities and sports.

In conclusion, I would like to offer you one final example of why I feel so passionately about access to a CGM with HB1288. Prior to my uncles passing at the young of 59, I was hopeful that he would have had access to a CGM. He did not have health insurance and lived a delicate balance of maintaining a job while trying to maintain his health. His body had suffered for years with inconsistent blood glucose levels which lead to severe neuropathy of his hands, feet and internal organs. He was a happy soul who never wanted to burden others with his health issues. Sadly, he slipped into a diabetic a coma and suffered a massive heart attack to which he was not able to fully recover from. There are so many people fighting this disease every day. A CGM should be the new standard of care for all diabetics who are insulin dependent.

Thank you for your time. I look forward to answering any questions that you might have.

TO: Senate Human Services Committee
DATE: 3/8/2021
RE: HB 1288, ND Medicaid Coverage of Continuous Glucose Monitoring Devices

Madam Chair and members of the Senate Human Services Committee. My name is Sara Wiedrich and I am a family nurse practitioner who specializes in diabetes management. I am writing this letter of support for House Bill No 1288, relating to Medicaid coverage of continuous glucose monitoring (CGM) devices.

As stated above, I am a NP who provides care for patients, with type 1 and type 2 diabetes all day, every day. I see some adolescents in my practice but mostly focus on adult diabetes management. I am strongly supporting this bill to provide ND Medicaid coverage for CGM systems, and would stress the important of coverage for all those with type 1 diabetes, not just persons under 18 years of age. Type 1 diabetes is very different from type 2 diabetes. Persons with type 1 diabetes have significant, if not total, loss of pancreatic beta cell function. This means that they require insulin to survive. In addition, persons with type 1 diabetes also have some level of dysfunction in their production and regulation of glucagon, the life-saving sugar that our bodies use to regulate glucose values and prevent severe hypoglycemia. Due to these defects, persons with type 1 diabetes are more likely to experience significant shifts and fluctuations in glucose values, especially with activity, exercise, stress, illness, etc. Sometimes these fluctuations are not predicted or expected and can cause significant distress to the individual, both in the form of severe hypoglycemia or significant hyperglycemia. In addition, persons with type 1 diabetes who have had the condition for a number of years, tend to lose their ability to recognize hypoglycemia, a condition called hypoglycemia unawareness. This happens when the autonomic nervous system does not recognize or respond to dropping glucose values as it maybe once did. This is a significant concern for almost every adult with type 1 diabetes and therefore consideration for CGM coverage for these individuals would be greatly appreciated.

I would like to share with you one quick patient story to demonstrate the importance of CGM therapy for an adult with type 1 diabetes:

Imagine you are 40 years old and you have type 1 diabetes. You care for yourself, your elderly grandfather who lives with you, and your 2 children. Furthermore, you have ND Medicaid as your primary insurance coverage because you cannot work due to complications from type 1 diabetes.

This may seem like a far-out scenario, but it is not. This is a patient of mine, who would benefit significantly from CGM therapy. This particular patient has no autonomic symptoms or awareness of hypoglycemia or hyperglycemia, meaning she cannot tell when her glucose values are dropping, when they are low or when they are normal to high. Due to the many demands on her day, she makes sure that her glucose levels stay elevated, in order to prevent hypoglycemia, especially when she is driving her grandfather to clinic visits, or when she is taking her kids to school or picking them up. She currently checks her glucose values anywhere from 7-12 times per day with her glucose meter, however because of the nature of her type 1 diabetes, her glucose values can fluctuate so fast and so significantly, that she can go from a glucose of 200 mg/dL to 40 mg/dL within 30-40 minutes. Due to this sensitivity, she makes sure her glucose values run

elevated, at the expense of her eyesight, her kidney function, her nervous system, etc. She cannot afford to have a hypoglycemic episode and she is well aware of the dangers of prolonged hyperglycemia in the long run, but a hypoglycemic episode today could have the potential to be disastrous, even life ending.

This is just one story. I have many but we don't have time for them all even though they are all equally important because they are all members of our ND family. The point of this example and this testimony is that some, if not most, adults with type 1 diabetes cannot tell if glucose levels are dropping or if they are elevated for a prolonged period of time. These individuals would benefit significantly from CGM therapy.

In general, I believe that the number of patients with type 1 diabetes, who utilize ND Medicaid, is likely very small compared to the general population of persons with type 1 diabetes in ND. In our office, we have approximately 8 patients with type 1 diabetes, who use ND Medicaid and would benefit from CGM therapy. In contrast we have approximately 1200 total patients in our practice, with about 50% having type 1 diabetes. In addition, we serve patients from an area comprised of the Montana/ND border to the Jamestown river valley and from the Canadian border to the SD border. To me, this indicates that patients with type 1 diabetes who are on ND Medicaid make up a very small portion of patients with type 1 diabetes in ND. One final point that I would like to make is that not all of these patients would be on ND Medicaid if they could manage their condition better and prevent both hypoglycemia/hyperglycemia. Many of these patients could likely rejoin the workforce with access to this life-changing CGM therapy.

Lastly, having state Medicaid coverage for CGM devices is not new. As of December 2019, approximately 36 states have CGM coverage under their Medicaid programs with 13 states providing coverage for patients with both type 1 and type 2 diabetes. Minnesota and South Dakota are surrounding states with CGM coverage by Medicaid programs. Additionally, almost every single commercial plan and even Medicare covers CGM therapy for patients with type 1 diabetes. It is time for us to step up and positively impact the lives of ND residents with type 1 diabetes.

Thank you, Madam Chair and Committee members, for your time and consideration of this testimony for HB 1288. I am urging you to provide a favorable recommendation. Please feel free to reach out with any questions or comments.

Sincerely,

Sara Wiedrich, FNP-C, CDE
Diabetes Management Specialist

CHI St. Alexius Heart and Lung Clinic
310 N 10th Street, Bismarck, ND 58502
P 701.530.7500 I F 701.530.7435
slwiedrich@primecare.org

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

Senate Human Services Committee

Monday, March 8, 2021

Katynka Morrissette

Chairman Lee and members of the Senate Human Services Committee, my name is Katynka Morrissette and I am here to speak to you in favor of HB 1288. I am a mother of 3 young children who are affected by a metabolic condition called Glycogen Storage Disease who rely on Continuous Glucose Monitoring devices, or CGMs to help manage their disease.

My children have severe and sudden hypoglycemia due to their condition, and they wear a CGM device called a Dexcom to provide alerts to any changes in their glucose levels. The alarms have woken us up to a dangerously low glucose level at all hours of the night, so that my husband and I could respond quickly and get them corrected. Without their Dexcom, we have gone to get them from bed in the morning to find them unresponsive. Not only is this traumatic for our entire family, it is very costly to have anywhere from a 3-10-day hospital admission. We have been able to avoid many ER trips and admissions thanks to the life saving technology that gives us continuous and immediate readings of their blood sugar.

Patients with metabolic conditions or diabetes, particularly pediatric ones, often have what is called hypoglycemia unawareness. Our children for example, may have a sudden drop in blood sugar while playing on the swing set or riding their bike, and they are not aware that they are going into acidosis. Without a Dexcom, we would go to check their blood sugar a few hours later and find them in an already critical state needing medical intervention. With our Dexcom, they can run and play like typical kids and not be worried about being poked every few minutes for a finger stick. We can watch the trends and give them a snack before they are hypoglycemic or possibly even unconscious. These devices are truly life saving and medically necessary to protect growing kids from dangerous low or high blood sugar levels. They prevent costly hospital admissions due to glucose instability and are a necessary tool in properly managing glucose levels in patients who require daily monitoring.

Chairman Lee and members of the Senate Human Services Committee I ask you today to pass HB 1288 and provide CGMs to pediatric patients on Medicaid, so that the necessary lifesaving technology is in the hands of families like ours and not one parent has to find their child unresponsive when it was preventable with this device. Thank you for your time and consideration in moving forward with this bill.

House Bill 1288- In Support
Human Services Committee
67th Legislative Assembly of North Dakota
March 8, 2021

Chairman Lee and members of the Senate Human Services Committee Members

My name is Donene Feist and I am the Executive Director for Family Voices of North Dakota. As the Director of Family Voices we have assisted many families who have a child or youth with diabetes.

I am also a member of the Medicaid Medical Advisory Committee and Services/Codes subcommittee which reviewed and evaluated requests of the CGM.

I stand to support House Bill 1288, which would provide coverage for continuous glucose monitors (CGM) for eligible Medicaid patients with Type 1 diabetes. A CGM provides continuous insight into glucose levels throughout the day and night. The device displays information about glucose speed and direction providing users additional information to help better manage their diabetes. A CGM automatically checks your glucose levels every 5 minutes and can display your glucose numbers in real-time on a compatible smart device or receiver.

A CGM has proven to be the best outpatient glycemic management system for reducing A1C Type 1 diabetes. Not only can CGM reduce A1C, numerous studies have shown it can also decrease time spent in hypoglycemia. It has been proven to be medically necessary as it tremendously increases the management of diabetes. For children and youth who are not always with a family member this is vital to decrease emergencies, lost school days, reduces the number of times a child/youth has to do blood glucose checks and the ability for children and youth to participate in self-care increases. The CGM increased sense of safety with children who cannot recognize or express symptoms of hypo- or hyperglycemia.

Many of the families who have spoken with us have children and youth who have diabetes that is difficult to control. A CGM would assist in the control of diabetes, alerting the child/youth early that their blood sugars changing and to act.

Let there be no mistake, this is a lifesaving device for children and youth who have diabetes. We should encourage this to be covered for those children and youth who receive Medicaid.

Thank you for your time.

Donene Feist
Family Voices of ND
PO Box 163
Edgeley, ND 58433
701-493-2634

Senate Human Services Committee
HB 1288
March 8, 2021

Chair Lee and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports SB 1288 and the provision of continuous glucose monitoring (CGM) to Medicaid patients.

CGM helps patients monitor their blood sugar more closely by simplifying day-to-day management of Type 1 diabetes and reducing the number of blood glucose self-checks. CGM significantly reduces hemoglobin A1C, as well helps protect patients from having blood sugar become dangerously low. Better management of blood glucose monitoring through the use of CGMs is likely to significantly decrease Medicaid expenditures by reducing preventable hospitalizations.

As chair of the Services/Codes subcommittee of the Medicaid Medical Advisory Committee, we were directed to evaluate requests for a number of currently ineligible Medicaid services, including CGM. To do this, we created a rubric which gives a score for each condition. The score reflected the number of people affected, importance in outcome/treatment of the disease, cost, as well as other considerations.

While the CGM request is more costly; thus, lowering its overall score - the subcommittee rated it higher in other areas, resulting in a score that led to the recommendation that Medicaid provide coverage of this device.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

House Bill 1288- In Support
Human Services Committee
67th Legislative Assembly of North Dakota
March 8, 2021

Good morning Chairman Lee , Vice Chair Roers, and Senate Human Services Committee Members,

My name is Joan Connell. As a pediatrician who cares for children with diabetes and as a member of the Medicaid Medical Advisory Committee, I would like to support House Bill 1288, which would provide coverage for continuous glucose monitors (CGM) for eligible Medicaid patients with Type 1 diabetes. Continuous glucose monitors, when utilized appropriately, significantly reduce hemoglobin A1C (the amount of blood sugar that is attached to hemoglobin, reflective of a person's blood sugar control) https://jamanetwork.com/journals/jama/article-abstract/2598770 as well as to help protect patients from developing diabetic ketoacidosis https://care.diabetesjournals.org/content/43/3/e40 or blood sugar that is dangerously low https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6330631/ . This results in fewer complications of diabetes and, hopefully, a longer healthier life. I support this bill for the following reasons:

1. Patients with Type 1 diabetes with private insurance who meet criteria for these devices have access to them. Increasingly, continuous glucose monitoring is seen as the standard of care for diabetic patients, yet currently, Medicaid patients have almost no chance for Medicaid coverage of this service when it is recommended by the patient's diabetologist.
2. Because of the lack of Medicaid coverage discussed in point 1, many of these pediatric diabetic patients pursue coverage for CGM through North Dakota Department of Health's Special Health Services division, which has been flat funded for the last several years. Special Health Service approval of CGM for this subset of patients requires time spent by the division's medical director and claims specialist. This seems to be suboptimal and somewhat redundant utilization of state resources for this Medicaid population who is already having claims reviewed and assessed by the Medicaid division of DHS.
3. The Services/Codes subcommittee of the Medicaid Medical Advisory Committee, of which I am a member, was charged with evaluating requests for a number of currently ineligible Medicaid services, including CGM. To do this, we created a rubric which would give a score for each condition. The score reflected number of people affected, importance in outcome/treatment of the disease, cost, as well as some other considerations. While the CGM request was more expensive than some of the other requests (lowering its overall score), the subcommittee rated it highly in other areas of the rubric, resulting in a score that led to recommendation that Medicaid provide coverage of this device.
4. CGM can simplify day-to-day management of Type 1 diabetes by significantly reducing the number of blood glucose self-checks, as well as alarming when blood sugars are too high, too low, or changing too fast. Some of Medicaid families invest a significant amount of time each day working on the challenges of meeting their daily needs for

food, clothing, and shelter for themselves and their families, finding transportation to go to doctor's appointments, work etc. Withholding this device, that can save time and simplify care, from this particular patient population who may actually benefit the most from it, seems wrong to me. When we support this patient population in ways that make it more possible for them to take care of themselves and their chronic disease of Type 1 diabetes, we invest not only in their future, but also in a process that will likely lead to significant decreases in Medicaid expenditures for preventable hospitalizations. Hence, everyone wins.

Thank you so much for consideration of my testimony. Please do not hesitate to reach out to me with any questions you may have.

Joan Connell, MD MPH FAAP
Pediatrician

dexcom

#7655

Dexcom, Inc. I Corporate Headquarters
6340 Sequence Drive
San Diego, CA 92121
888.738.3646
dexcom.com

March 8, 2021

North Dakota Legislative Assembly
Senate Standing Committee on Human Services
Re: Dexcom support of ND HB1288

Chairwoman Lee and Members of the Senate Standing Committee on Human Services:

Dexcom is pleased to support ND HB1288, which requires medical assistance coverage, including Medicaid Expansion, to include coverage of a continuous glucose monitoring (CGM) device for a covered individual under the age of eighteen and to continue to cover the device for such individual after reaching eighteen years of age as long as the individual satisfies the eligibility requirements of this chapter. While Dexcom applauds the efforts of the House to include continuity of care for such individuals, we strongly encourage the Senate to consider amendment of the bill to include all patients with Type 1 diabetes.

Founded in 1999 and based in San Diego, Dexcom, Inc. is the market leader in transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes[1]. CGM technologies allow individuals with diabetes to track their glucose levels at regular intervals throughout the day and night and help patients with diabetes more accurately dose insulin. According to the American Diabetes Association, CGMs are today's recognized Standard of Medical Care for effective diabetes treatment for those patients on insulin therapy.

Patients with better management of their diabetes have better outcomes, a higher quality of life and cost significantly less to the state. Without proper care, diabetes patients are at increased risk of blindness, limb amputation, kidney failure and heart disease. These complications lead to a significant impact on healthcare utilization and costs. Real time CGM systems have been proven to improve glucose control through reductions in HbA1c and time spent in hypoglycemia. These improvements have been demonstrated for patients on insulin therapy regardless of one's education level, income, age or math ability[2]. The alerts, alarms and share feature of real-time therapeutic CGM systems help address hypoglycemia and are extremely important in saving lives and saving money with reduced hospitalizations.

Now more than ever, in the midst of the COVID-19 pandemic, it is critical to keep diabetes patients healthy and out of the hospital. Unfortunately, there is a strong correlation between diabetes and COVID-19. According to the Center for Disease Control, diabetes is a significant underlying medical condition that increases the risk of serious COVID-19 complications. Currently, diabetes-related coronavirus complications account for 30% of hospitalizations and diabetes is the second leading cause of death for COVID-19 patients.

Managing diabetes with the appropriate products and devices, improving HbA1C for patients with diabetes, and reducing hospitalizations results in significant savings.

- $8,539 cost per hospitalization from diabetes ketoacidosis[3]
- $3,836 cost per hospitalization from hypoglycemia[4]
- $1,076 to $1,492 cost savings per 1 percent reduction in HbA1C[5]

Dexcom

Dexcom, Inc. | Corporate Headquarters
6340 Sequence Drive
San Diego, CA 92121
888.738.3646
dexcom.com

Studies indicate that CGMs decrease diabetes-related hospital admissions by up to 76 percent[6] and lead to improved glycemic control[2].

Most commercial plans cover CGM and Medicare beneficiaries with Type 1 or Type 2 diabetes on insulin therapy are eligible for therapeutic CGM coverage (Ruling No.: CMS-1682-R). Additionally, over two-thirds of state Medicaid programs offer some type of CGM coverage for their enrollees. The costs of CGM systems continue to decrease and many states have chosen to pursue rebates for the most cost-effective solution for offering CGM coverage for their enrollees.

With the proven improvements in patient health outcomes associated with CGMs and the corresponding financial savings opportunities, Dexcom supports ND HB1288 and strongly encourages the Committee to consider an amendment to require coverage of CGMs for all individuals with Type I diabetes.

Thank you for consideration, and please do not hesitate to contact me directly with any questions. I can be reached at dee.stahly@dexcom.com or 317-750-2465.

Sincerely,

Dee Ann Stahly
Director, Government Affairs
Dexcom, Inc.

References

1. See https://www.dexcom.com/about-dexcom
2. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. Jama. 2017;317(4):371-378.
3. Tieder, JS, McLeod L, Keren R, et al. Variation in Resource Use and Readmission for Diabetic Ketoacidosis in Children's Hospitals. Pediatrics. 2013;132(2):229-236.
4. Liu J, Wang R, Ganz ML, Paprocki Y, Schneider D, Weatherall J. The burden of severe hypoglycemia in type 1 diabetes. Current medical research and opinion. 2018;34(1):171-177.
5. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. Jama. 2001;285(2):182-189.
6. Charleer S, Mathieu C, Nobels F, et al. Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study. The Journal of clinical endocrinology and metabolism. 2018;103(3):1224-1232.

March 7, 2021

Dear, Chairman and Committee members

My name is Katherine Walvatne and I would very much like to express my favor for this bill. I myself am I Type 1 Diabetic and can say with absolute certainty that CGMs are both life saving and life changing. I was diagnosed in 1999 at the age of five. After having the CGM myself it has both saved my life many times and helped me to understand my disease more than ever before.

Thinking too, if I would have had this growing up it would have helped me to learn and grow with the disease more than I did. I was a terrified child when it came to low blood sugars and led me to be comfortable with too high of blood sugars. Which, in turn, led to high A1Cs and some health issues.

If children had more reliable and affordable access to this device it can help not only save lives and teach that person how to control their disease at a young age, but would help continue into adulthood. Helping to deter future medical problems. Having this device can help with short-term and long-term problems and as a whole is a tremendous help to anyone with Diabetes.

I would also like to add that with CGMs, especially for children and young adults, that not only does it help with physical problems short and long-term but also with someone's mental health. As I said before, I was terrified as a child of my disease and if I would have had this growing up I would have a much healthier life both physically and mentally with this disease. No child would ever choose to have Diabetes. So, with the technology we have today, everyone, children and adults with Diabetes, should have access to this because of its many life saving benefits.

NDNPA
NORTH DAKOTA
Nurse Practitioner Association

#7756

Written testimony to:

67th Legislative Assembly
Senate Human Services Committee

HB 1288

Senate Human Services Committee
Chairman Senator Judy Lee and Committee Members

The North Dakota Nurse Practitioner Association would like to support HB1288. While we wish this bill covered those of all ages, Type 1 and 2 diabetics, we will support this bill as written.

HB 1288 relates to ND Medicaid coverage of continuous glucose monitoring (CGM) devices. Many of our members provide care to those with diabetes who have ND Medicaid coverage. Not having access to CGM therapy has made life extremely difficult for those with this condition and coverage. They are currently being treated to a lower standard of care than those with coverage for CGM therapy.

Briefly, CGM therapy has been shown to reduce incidence of and even prevent severe or life-threatening hypoglycemia. By limiting hypoglycemia, CGM systems can reduce ambulance calls, visits to emergency rooms and hospital admissions. In addition, use of CGM system with reduction in hypoglycemia can prevent falls with fractures, head injuries, motor vehicle accidents, etc, also leading to costly treatment and care and increased number of insurance claims.

In addition, prevention and reduction of hyperglycemic events due to CGM use has been associated with limiting the development of long-term complications related to uncontrolled diabetes, including but not limited to retinopathy, nephropathy and neuropathy. This significantly reduces the cost of caring for and insuring patients with diabetes due to reduced frequency of office visits for diabetes management, reduced visits to emergency rooms or hospital admissions for hyperglycemia or diabetic ketoacidosis (DKA).

Patients with diabetes, who use insulin therapy, who have a CGM system are significantly less likely to acquire additional treatment costs due to hypoglycemia or prolonged hyperglycemia and will require fewer resources in the long-term, which associates with less cost to the system. In addition to reducing health complications, patients who use CGM therapy are more likely to report a higher quality of life and also have less work absenteeism.

Lastly, having state Medicaid coverage for CGM devices is not new. As of December 2019, approximately 36 states have CGM coverage under their Medicaid programs with 13 states providing coverage for patients with both type 1 and type 2 diabetes. Minnesota and South Dakota are surrounding states with CGM coverage by Medicaid programs. Additionally, patients with Medicare are also able to access CGM coverage.

Thank you for your time and consideration of this testimony. Please feel free to reach out with any questions or comments.

Respectfully,

Paula Moch FNP-BC, Legislative Liaison
Sarah Weidrich FNP-C, Certified Diabetic Educator
The North Dakota Nurse Practitioner Association
ndnpalegislative@gmail.com

NORTH Dakota | Health
Be Legendary.™

House Bill 1288
Senate Human Services Committee
March 8, 2021, 9:30 a.m.

Good morning Madam Chair Lee and members of the Senate Human Services Committee. My name is Kimberly Hruby and I am the Director for the Division of Special Health Services in the North Dakota Department of Health. I do not have testimony for House Bill 1288, relating to medical assistance coverage of continuous glucose monitoring devices, but want to let you know I am available virtually to answer questions, if needed. Thank you.

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

HB 1288
3/16/2021

A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to Medicaid coverage of continuous glucose monitoring devices.

Madam Chair Lee opened the discussion on HB 1288 at 2:15 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Age cap
- Metabolic disorder
- Qualified conditions
- Fiscal impact

[2:19] Leann Thiel, Medical Services Division, DHS. Provided clarification on "qualified individual" language.

Senator K. Roers moves to **ADOPT AMENDMENT** strike on line 8 starting with "under" and strike lines 9,10, and 11.
Senator Hogan seconded.

Voice Vote – Motion passed

Senator K. Roers moves **DO PASS, AS AMENDED and REREFER TO APPROPRIATIONS.**
Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 5-1-0
Senator K. Roers will carry HB 1288.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on HB 1288 at 2:27 p.m.

Justin Velez, Committee Clerk

3/16
1 of 1

21.0407.02001
Title.03000

Adopted by the Senate Human Services Committee

March 16, 2021

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1288

Page 1, line 8, remove "under the age of eighteen. An"

Page 1, remove lines 9 and 10

Page 1, line 11, remove "years of age as long as the individual satisfies the eligibility requirements of this chapter"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1288, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed HB 1288 was placed on the Sixth order on the calendar.

Page 1, line 8, remove "under the age of eighteen. An"

Page 1, remove lines 9 and 10

Page 1, line 11, remove "years of age as long as the individual satisfies the eligibility requirements of this chapter"

Renumber accordingly

2021 SENATE APPROPRIATIONS

HB 1288

2021 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1288
4/5/2021
Senate Appropriations Committee

Relating to Medicaid coverage of continuous glucose monitoring devices.

Senator Holmberg opened the hearing at 3:36 PM.

Senators present: **Holmberg, Krebsbach, Wanzek, Bekkedahl, Poolman, Erbele, Dever, Oehlke, Rust, Davison, Hogue, Sorvaag, Mathern, and Heckaman.**

Discussion Topics:

- Continuous Glucose Monitors (CGM)
- House action on the bill
- Medicaid Expansion coverage

Representative Karla Rose Hanson, District 44, Bill Sponsor – introduced bill and submitted testimony #11353.

Kevin Martian, Pharmacist, Mayo Pharmacy, Bismarck, ND – testified in favor and submitted testimony #11368.

Courtney Koebele, Medicaid Advisory Committee – testified in favor.

Brendan Joyce, Administrator, Pharmacy Services – testified in favor and submitted testimony #11351.

Additional written testimony: #11327.

Senator Dever moved Do Pass on HB 1288
Senator Mathern second.

Senators			***Senators***	
Senator Holmberg	Y		*Senator Hogue*	Y
Senator Krebsbach	Y		*Senator Oehlke*	Y
Senator Wanzek	Y		*Senator Poolman*	Y
Senator Bekkedahl	Y		*Senator Rust*	Y
Senator Davison	Y		*Senator Sorvaag*	Y
Senator Dever	Y		*Senator Heckaman*	Y
Senator Erbele	Y		*Senator Mathern*	Y

Roll Call vote 14-0-0 Motion passed.

Senator Holmberg closed the hearing at 4:11.
Rose Laning, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1288, as engrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1288, as amended, was placed on the Fourteenth order on the calendar.

11353

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] Budge 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

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

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.

11351

Testimony
Engrossed House Bill 1288 - Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chair
March 8, 2021

Chairman Lee and members of the Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services (Department). I appear today to provide testimony on Engrossed House Bill 1288.

The Department currently covers blood glucose test strips and very rarely continuous glucose monitors (CGM). The Department follows American Diabetes Association (ADA) guidelines for coverage of test strips.

The Department currently has 1,683 recipients receiving blood glucose test strips. The current net cost per year is $170,000 (total dollars) per year. Roughly 53.5% of the volume is Medicaid Expansion, so $90,950 ($81,855 federal / $9,095 state). The remaining $79,050 is at the traditional Medicaid match rate.

If all recipients moved to continuous glucose monitors and all were compliant with the monitoring and process, the increased costs (net of rebates received through the multi-state pool in which the Department participates) would be $1,777,470 (total dollars) per 12 months. For comparison purposes, one patient using a continuous glucose monitor for one year is equal in cost to another patient using blood glucose test strips for 3 years and 2 months.

For the purposes of the original fiscal note, we assumed only 40% of recipients would switch to continuous glucose monitors during the first fiscal year, and 60% of all recipients for the second fiscal year.

There are 104 recipients 18 years of age or less receiving blood glucose test strips, and only 16 of those testing 5 or more times per day. For the purposes of the updated fiscal note, we simply changed the original fiscal note by the proportion of recipients 18 years of age or under (104/1683 or 6.18%).

The following are statements for the record as any variance from below would require significant changes to the current fiscal note:

- Just like blood glucose test strips, preferred products will be selected yearly through the multistate rebate pool of which ND Medicaid is a member.
- Just like all other payers in North Dakota, there will be criteria for coverage of continuous glucose monitors based on national diabetes guidelines.
- The continuous glucose monitors will only be allowed through pharmacies as that is the only way to obtain the rebates.
- The Department will not pay for additional features or enhancements to continuous glucose monitors such as cell phones or other connected devices, nor will the Department be limited in its selection of continuous glucose monitors by different clinics' selection of insulin pump manufacturers.

This concludes my testimony, and I am happy to answer any questions you may have.

11327

Senator,

Please vote yes on this bill.

No medical should be denied to any person with diabetes!

A monitor can save lives and that should be the focus of the medical industry and insurance industry!

On a side note the AG of ND should not be able to deny out of state treatment for those on medicaid or medicare!

No treatment should be denied by any insurance company operating in ND if they cannot show peer review research that it does not work!

Thank you,

--
Mitchell S. Sanderson