

Submitter: Diana Aby-Daniel
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2955

Thank you for taking the time to consider widening the inclusion criteria for cgm coverage in persons with diabetes.

As a clinician who sees a high volume of patients with diabetes, I know that approving the proposed changes will have an overwhelmingly positive impact on the health of those with Diabetes on Medicaid. This opinion is based on 15+ years managing diabetes. I have watched as I counsel folks about the health benefits of dietary changes and physical activity. I also counsel on the need for frequent glucose monitoring when on insulin to avoid low glucose. Folks generally believe me, but counseling alone often results in minimal change. However, once they are wearing a sensor, they see in real time the effects on their glucose! They see the positive impact of physical activity. They see the negative impact on poor quality food choices. They get a heads up before their low glucose.

I have noted the sensor often ends up being like a treatment intervention as so many people make positive lifestyle changes based on the data they see.

Finger sticks are never able to provide folks with this real time feedback. Additionally, most people check glucose levels infrequently with fingerstick method. And who can blame them? It is incredibly painful with each poke. To get a glucose reading you have to stab yourself in a part of your body that has some of the highest concentration of nerve endings!

The cgm is vital for any of my patients who are on any type of insulin. Glucose levels fluctuate, sometimes dramatically from day to night. No day or night is the same. I never feel good when I have to place someone on insulin for their diabetes management without use of CGM. It now feels archaic and it is definitely higher risk. When CGM is not covered, the patient and I have to weigh the risks. Is the short term risk of hypoglycemia greater than the long term risk of uncontrolled Diabetes? It is not a choice medicaid patients should have to make. Or any patients for that matter. This is already a covered benefit for all Medicare patients on ANY medication that has risk of hypoglycemia. It has made all the difference for their health and safety. It has additionally helped improve control and engagement in diabetes management! If you or your parent or aunt or uncle had to take once daily insulin would you want them to have affordable access to cgm? Or would you feel it reasonable to stab their fingers 4 x daily to track the trends of their levels? Fingersticks will not tell them if their blood sugar is heading, up or down.

Given how many individuals in our state have Diabetes, take insulin, and drive on our roads: do you want to rely on them taking fingerstick measurements? Alternatively

they could have a cgm that will auto alarm them when their glucose levels are dropping rapidly and a low is predicted in the near future.

Thank you so very much for your consideration of this issue. I know you have tough financial decisions to make. From a purely medical and safety standpoint there is no question that approving this coverage is the correct choice.

Most Sincerely,
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