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The Honorable Orrin Hatch
Chairman, U.S. Senate Finance Committee
104 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, U.S. Senate Finance Committee
221 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Johnny Isakson
U.S. Senate Finance Committee
131 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Mark R. Warner
U.S. Senate Finance Committee
475 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden and Senators Isakson and Warner,

We applaud the creation of the Chronic Care Working Group which seeks to provide policy recommendations and solutions for Medicare beneficiaries. Although therapy innovation is moving forward at a rapid pace for those living with chronic conditions, including those with insulin-dependent diabetes, there is a catch: Technology that allows older Americans to better manage their diabetes care stops once they become Medicare eligible. This is devastating for those who have been successfully using the therapy to manage their disease. Terminating access to this technology puts seniors at undue risk and creates additional economic burdens for the health care system.

Diabetes therapies, including integrated insulin pump and continuous glucose monitoring (CGM) technologies, are progressing toward closed-loop “artificial pancreas” systems. These systems will enable people with insulin-dependent diabetes to automatically and better control their blood glucose levels. CGM is a key component to the artificial pancreas and has been on the market for nearly a decade. With these technology advancements, thankfully, most children with type 1 diabetes will be Medicare beneficiaries one day, something that could not have been said with such certainty even 20 years ago. While thousands of people with insulin-dependent diabetes benefit from advanced diabetes technologies, including CGM, Medicare beneficiaries do not. According to CMS, the technology of CGM does not fit into a statutorily defined benefit category.

All leading diabetes professional societies recognize the value of CGM technology and recommend the use of CGMs in their diabetes clinical guidelines. In addition, private sector health insurers have extensive experience in using disease management and care coordination tools to effectively target and better engage patients that have chronic conditions and over 95% of private insurers cover CGM. CGMs detect and display blood glucose readings every five minutes, and provide trending data and alerts to warn of impending dangerous high or low blood glucose levels. Some CGM technologies incorporate remote monitoring features that enable blood glucose trending information to be displayed on smartphones and PDAs and to be transmitted to health care providers and family members, a feature that is of particular value to seniors living alone or in rural areas. The use of CGMs would enable Medicare patients to achieve good day-to-day blood glucose control and minimize the risk of developing diabetes-related complications. For every percentage point drop in A1c (a benchmark

for diabetes control), the risk of microvascular complications (including eye, kidney, and nerve diseases) is reduced by 40%.

Numerous studies, including a publication from AHRQ, have demonstrated conclusively that use of CGMs improves glucose control, enabling better patient care, *thereby improving patient health*. Studies have also shown that use of CGM devices reduce severe hypoglycemic (low blood sugar) events, which particularly impact elderly patients and can lead to falls, fractures and other complications. Severe low blood sugar causes seizures or episodes of unconsciousness in 16% of older Americans with type 1 diabetes each year and the average cost of an inpatient hypoglycemic admission is over \$17,000.

In general, we believe it would be highly useful and productive for the working group to explore ways to ensure that Medicare benefit, coverage, and reimbursement decisions keep pace with innovation and support the goals of chronic care. More specifically, the undersigned organizations strongly support legislation that would remedy the disparity in access to diabetes technologies, *the Medicare CGM Access Act (S. 804)*, and would encourage the working group to look at the role that CGM can provide to improve seniors' health, help them manage their chronic disease, and bring the Medicare program in line with currently recommended strategies available to those in the commercial market, including the Federal Employee Health Benefit Program.

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