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To whom it may concern:


I am writing this letter to strongly support the need for the option of CMS coverage for continuous glucose monitoring (CGM) in patients on Medicare.

I am an endocrinologist at the University of California, San Diego and VA medical center. I also run the type 1 diabetes educational component of the not-for-profit organization Taking Control of Your Diabetes (TCOYD.org). With this organization I put on 10-12 well attended conferences across the country dedicated toward educating patients directly living with disease. Through these conferences as well as my clinical experience as an endocrinologist with my own patients, it has become very clear to me that continuous glucose monitoring should be available to ALL patients living with type 1 diabetes. This point is in line with current society guidelines such as the American Diabetes Association.

Specific to the patient population over 65 years of age, we know from epidemiological data such as that provided by the type 1 diabetes exchange registry that rates of hypoglycemia increase with age, and thus put this patient population at increased risk for hypoglycemia and its myriad of associated complications including death. CGM devices have the ability of alerting patients about hypoglycemia they may not otherwise detect, react appropriately, and avoid complications. This technology is becoming more and more accurate with research continuing to show its benefits. With this in mind, CGM is available to most patients on private insurance as well as the veterans I care for at the VA. The time has come to extend this life saving technology to those on Medicare.

As an example of the current clinical situation, allow me to tell you about one case that I think exemplifies the underlying need. I recently had a patient, let's call her Sue, that was on private insurance and thus was able to acquire a CGM device. However, she recently turned 65 and changed her insurance to Medicare and could no longer afford the technology. Roughly 2 weeks after stopping her CGM, her husband was awoken in the middle of the night to his wife having a seizure in bed next to him. He called 911, the paramedics arrived, and were fortunately able to revive her with IV glucose. However, she is now terrified of hypoglycemia, lives with constant fear of not waking up at night, and her diabetes control has deteriorated drastically. However, the most striking change is the decline in her quality of life. There are many patients just like Sue, and all of this can be prevented by allowing our patients the benefit of a technology that is widely viewed as the standard of care and simply the right thing to do.

Sincerely,

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4/13/2015

Jeremy Pettus MD