

Good morning, Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee. My name is Christel Marchand Aprigliano and I am speaking with you today as CEO of the Diabetes Patient Advocacy Coalition and as a person with diabetes. I am delighted to be here to talk to you about and urge you to enact H.R. 3271.

Today, more than 29 million Americans are known to have diabetes, with an estimated 86 million diagnosed with prediabetes. According to CDC calculations, 1 in 3 Americans will have diabetes by 2050. We are on the cusp of a severe health crisis.

The costs of the disease are well known. Debilitating complications, including heart disease, blindness, nerve damage, kidney disease, and amputations – are common among people with mismanaged diabetes, and are associated with extraordinary consumption of health services and lost productivity. The Medicare program bears much of this financial burden.

It is also well known that tight blood glucose control can reduce the risk of developing complications. Medicare's Competitive Bidding Program, while saving money on diabetes testing products, may be hindering the ability to achieve this important tight blood glucose control and causing problems that lead to higher costs elsewhere within the program.

Diabetes testing supplies – blood glucose monitors, test strips, and lancets, etc. – were included in the first rounds of the CBP. Before the CBP, Medicare paid between \$34 and \$38 for a box of 50 test strips. Today, Medicare pays \$8.32 for a box of 50 strips. For beneficiaries, this remarkable savings makes it easier to afford supplies. I applaud you for that.

But...while the lower price yields substantial immediate savings, it comes at a **cost** for beneficiaries, and for the program elsewhere. Since implementation of the National Mail Order CBP in 2013, Congress has seen reports indicating that beneficiary access to diabetes testing supplies has dropped significantly. Recent studies by the IG for the Department of Health and Human Services show that the most common prescribed testing systems before implementation of the National Mail Order Competitive Bidding Program are now no longer available via mail order.

Why? Under the CBP, suppliers are paid the same amount by Medicare for diabetes testing supplies regardless of which brand they offer. Medicare is incentivizing suppliers to offer only the least costly supplies obtainable.

I've heard from beneficiaries who report suppliers trying to switch the patient to new BG systems, presumably because those systems are cheaper for the supplier, and the beneficiary is switched to an unfamiliar BG meter, despite anti-switching protections. These are not the meters they have been recommended and trained on by their medical professionals. When a patient, particularly an older patient is given an unfamiliar technology, too often they are not nimble enough to make the transition. Much like a parent who has difficulty learning to navigate a new smart phone, when a patient is unfamiliar with a new meter, they can get frustrated and stop testing. If that testing system is of inferior quality, as they too often are, the threat to regular and accurate testing is even greater.

A recent study by the Diabetes Technology Society brings to light the consequences of this incentive. The data shows that more than 60 percent of the strips furnished to beneficiaries

between October and December 2016 failed the study's accuracy standards - which align with FDA's accuracy standards. In other words, more than half of the systems paid for by the Medicare program during the last quarter of 2016 cannot be relied on to produce accurate and consistent blood glucose readings according to the study's standard.

Insulin and oral medications are life-saving, but they also can be harmful, even fatal, when mis-dosed. Inaccurate blood glucose readings can cause overdoses and underdoses of insulin or oral medications, sending Medicare beneficiaries to ERs and lengthy hospitalization stays. If the majority of test systems furnished to beneficiaries cannot be relied on to produce accurate results, we are no longer on the cusp of a public health crisis. We are in the midst of it and Medicare will bear the financial brunt.. .

I am not here today advocating for Congress to eliminate the CBP. The policy behind the Medicare Competitive Bidding Program is sound, and should not be abandoned. I do, however, believe that it can and should be improved to ensure the safety of people with diabetes.

There are a number of steps Congress should take to address these concerns. H.R. 3271, is a step in the right direction. Congress and CMS established beneficiary protections, like the 50-percent and Anti-Switching Rules, to prevent this shift in product access and deterioration in product quality. Nonetheless, the protections clearly are not properly implemented and also not sufficient. H.R. 3271 would strengthen these existing patient protections, and establish new ones to better protect Medicare beneficiaries.

As a person living with diabetes since 1983, I rely on access to accurate blood glucose testing systems to mitigate both short- and long-term complications. For the more than 8 million Medicare beneficiaries in my diabetes community, I respectfully urge you to enact H.R. 3271 to ensure access to these blood glucose monitoring systems.

Thank you for the honor and opportunity to speak with you. I would be delighted to answer any questions.