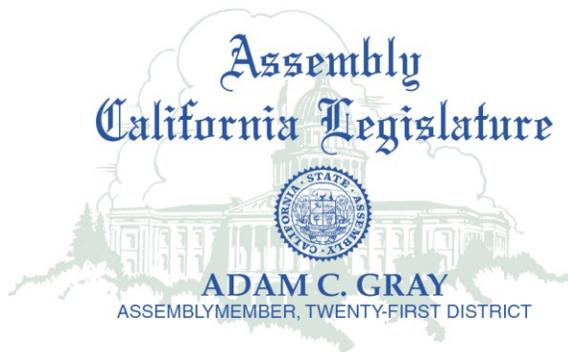


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JOINT LEGISLATIVE COMMITTEE ON  
EMERGENCY MANAGEMENT

CHAIR: SELECT COMMITTEE ON HEALTH  
ACCESS IN RURAL COMMUNITIES

July 23, 2020

The Honorable Gavin Newsom  
Governor, State of California  
Sacramento, CA 95814

**RE: COVID-19 and Continuous Glucose Monitors for Medi-Cal Patients**

Governor Newsom,

Our state faces unprecedented challenges in the near term. The demands on health care grow each year, yet state revenue is uncertain. This means we need to do more with less. My fellow legislators and I would like to work with you on a proposal to reduce the immediate COVID-19 risks that also generates tangible General Fund savings in the budget year that continue into the out-years. Even more, the proposal would advance the Administration's shared objective of expanding minority health care access.

Last year, unanimously supported legislation (AB 848) to extend Medi-Cal coverage of Continuous Glucose Monitors (CGMs) for diabetes patients was vetoed, with direction to seek enactment through the budget process. Much has changed since then. Diabetes-related COVID-19 complications currently account for 30 percent of hospitalizations. It is the second leading cause of coronavirus deaths. Next year another 250,000 Californians will be diagnosed with diabetes. And annual Medi-Cal treatment for adults with diabetes costs approximately \$3.6 billion, but is anticipated to increase due to coronavirus infections.

How do we balance next year's growing needs with constrained resources? CGMs pay for themselves and more.

When compared to fingerstick glucose tests, CGMs are more effective at managing diabetes complications and proven to reduce pre-pandemic hospitalization rates by as much as 76 percent. A UCLA study indicates that diabetes-related hospitalizations cost nearly \$2,200 more per occurrence than non-diabetes stays, with approximately 80 percent of those costs paid for by public funds. In contrast, the cost differential for CGM coverage is only \$400 to \$600 per patient-year. That's why two-thirds of the states' Medicaid programs have approved CGMs coverage, with more states in the approval process.

Beyond the fiscal benefits, CGMs afford minorities (who comprise a large percentage of Medi-Cal enrollees) equal access to the current medical standard for diabetes care. COVID-19 exposes

the real-life impacts of health care disparities. Black and brown Californians should not be dying at double the percentage of the general population because they are relegated to lower standards of health care.

The Legislature stands ready to work with you throughout this legislative session on a Medi-Cal coverage solution for CGMs. California's strength lies in our people and our innovation. In times of crisis, we've protected our people and looked to innovation for answers. Thanks to medical technology first pioneered in California, we can do both. We can protect our most vulnerable. We can resourcefully improve health outcomes. And despite the mounting challenges, we can advance a California for All.

Sincerely,



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Assemblymember Adam Gray  
21<sup>st</sup> Assembly District



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Assemblymember Joaquin Arambula  
31<sup>st</sup> Assembly District



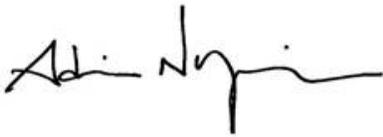
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Assemblymember Cecilia Aguiar-Curry  
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Assemblymember Blanca Rubio  
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Assemblymember Adrin Nazarian  
46<sup>th</sup> Assembly District



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Assemblymember Brian Maienschein  
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Assemblymember Jim Patterson  
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