A STUDY OF NEW JERSEY ASSEMBLY BILL 4628

REQUIRES HEALTH BENEFITS COVERAGE OF CONTINUOUS GLUCOSE MONITORING SYSTEM FOR TREATMENT OF GLYCOGEN STORAGE DISEASE

Report to the New Jersey Assembly

May 16, 2025

Mandated Health Benefits Advisory Commission

Table of Contents

INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review A4628 (see Appendix I for a copy of the legislation), a bill that requires health insurers to provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by a health care practitioner for the treatment of glycogen storage disease. The bill would apply to health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, individual health coverage plans and small employer health benefits programs, and the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP). The bill does not apply to Medicaid.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 *et seq.*) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

MEDICAL EVIDENCE

The Cleveland Clinic defines Glycogen storage disease (GSD) as a group of inherited metabolic disorders that affect the body's ability to store and break down glycogen, a form of glucose that serves as energy storage.[i] In particular, people with GSD have specific enzyme deficiencies, resulting in an inability to break down glycogen for energy.[ii] GSD is a rare disorder, and symptoms vary depending on the specific type and severity of the enzyme deficiency. Some common symptoms include low blood sugar (hypoglycemia), experiencing fatigue easily during physical activity, enlarged liver, high cholesterol, muscle weakness and cramping, and delayed growth.[iii] According to Johns Hopkins Medicine, other symptoms include acidosis (too much acid in the blood), bruising easily, heat intolerance, and swollen stomach.[iv]

GSD is caused by gene mutations that lead to enzyme deficiencies, resulting in the accumulation of glycogen in different parts of the body, mainly the liver and muscles.[v,vi] GSD is hereditary, and occurs when two parents who carry the abnormal gene each pass it down to their children. There are over 15 known types of GSD, many with subtypes, each characterized by specific enzyme deficiencies. Some common types include:

- **Type I (von Gierke disease):** Deficiency of glucose-6-phosphatase, leading to glycogen accumulation in the liver.[vii]

- **Type III (Cori disease):** Deficiency of debranching enzyme, leading to accumulation of glycogen in the liver and muscle tissues.[viii]

- **Type IV (Andersen disease):** Deficiency of glycogen-branching enzyme, leading to glycogen accumulation in the liver, muscles and other tissues, eventually resulting in cirrhosis in the liver.[ix]

GSD can be diagnosed through genetic testing, blood tests, and liver or muscle biopsies.[x] Additional diagnostic methods include a basic metabolic panel, urinalysis, abdominal ultrasound, and fasting blood sugar test.[xi] GSD is typically diagnosed within the first year of life, though in some cases, the diagnosis may not occur until later in childhood.[xii] Of all cases of GSD, the most common type is Type I, occurring in approximately 1 out of every 100,000 births and representing 25% of all individuals diagnosed with GSD. [xiii,xiv]

There is no cure for GSD, but various treatment options are available to alleviate symptoms. These include starch consumption to prevent hypoglycemia, medications to manage uric acid levels and cholesterol, increased carbohydrate intake, following an antiketogenic diet, and enzyme replacement therapy.[xv,xvi] The prognosis for GSD varies widely depending on the type and severity of the disease. Some types have manageable symptoms while others pose life threatening complications. Early diagnoses and effective management are crucial for individuals with GSD.

A continuous glucose monitor (CGM) is a device that automatically measures blood glucose levels 24 hours per day. A CGM comes in three parts: a sensor, a transmitter, and a software program. The sensor is inserted under the skin and is typically replaced every 7-14 days.[xvii] The transmitter sends blood glucose information to the software program, such as an app on a phone, insulin pump, or a receiver. There are different types of CGMs, which generally vary in how the monitor stores and displays information. The two main types of CGM include:

- Real-time CGM: the monitor measures blood glucose levels continuously and sends and shows information on a phone or receiver automatically.

- Intermittent scan CGM: the monitor measures blood glucose levels continuously but needs to be scanned with a phone or receiver every few hours so data can be stored.[xviii]

Some CGM models can be used for children as young as 2 years of age. The cost of a CGM can range from $2,000-$7,000 per year, depending on the brand.[xix] The average out of pocket cost is about $1,200-$3,600 per year.[xx]

The benefits to using a CGM include access to real time and historical data 24 hours a day, the ability to track glucose levels over time, and alerts to spiking or plunging glucose levels. CGM

data storage enables health care providers to download glucose level data and identify patterns, which can lead to improved personalized care. Some noted limitations to CGMs are that specific medications and supplements such as acetaminophen, hydroxyurea, and vitamin C, can alter the accuracy of certain CGM sensors.[xxi]

Even though CGMs are traditionally used for individuals with diabetes, one study showed that they may also benefit patients with GSD, specifically GSDIa. The study noted that CGMs can be used to set specific glycemic targets and become an additional monitoring tool for individuals with GSDIa.[xxii]

SOCIAL IMPACT

Quality of life for adults with Type I GSD ("GSDI") is mixed.[xxiii] A survey of 38 individuals with GSDI generally reported "impaired" quality of life. Social functioning—defined as the impact of health or emotions on social life—scored low, largely due to the strict and frequent dietary requirements for adults with GSDI that differ from their peers, limiting flexibility and social adaptation.[xxiv] Those with renal complications reported even lower quality of life, especially women with GSDI, Subtype b.[xxv] Another survey noted that managing the disease "poses a burden," particularly due to lifelong dietary restrictions. However, despite these challenges, many individuals expressed a generally positive outlook on their condition.[xxvi]

Having GSDI often leads to costly health complications. An analysis of the PearlDiver Mariner claims database, covering October 2015 to December 2019, and including 2,641 individuals, examined the resource utilization and management costs associated with GSDI, Subtype a ("GSDIa").[xxvii] The analysis revealed that the most common inpatient events were related to GSDIa or renal complications. GSDIa patients incurred an average inpatient cost of $21,977—$14,580 higher than the national average for inpatient occurrences. Similarly, GSDIa is associated with higher numbers of both outpatient and inpatient encounters than occur among the general population. The authors of the study attribute the proportionally high number of GSDIa-related outpatient encounters to the "chronic progressive nature of the disease and high prevalence of complications."[xxix] Across all age groups, 36% of individuals with GSDIa were hospitalized during the three-year survey period, which hospitalizations most commonly resulted from renal or hepatic complications.[xxx] The study suggests that the costs of care for GSDIa-related conditions can be substantially higher than the average national costs for both inpatient and outpatient care.[xxxi] Overall, the study concluded that patients with GSDIa had significantly higher rates of utilization as well as significantly higher costs of care when compared with the general population.

Studies suggest that continuous glucose monitoring (CGM) may be especially beneficial for individuals with GSDI, including Subtypes a. and b. Although symptoms may differ, both subtypes carry the risk of hypoglycemia.[xxxiii] CGMs allow for continuous, automated monitoring

of glucose levels, enabling better glycemic control.[xxxiv] One study found that real time continuous glucose monitors (Rt-CGM) are reliable and effective in detecting asymptomatic hypoglycemia, particularly in individuals with frequent hypoglycemic episodes, including nocturnal hypoglycemia.[xxxv]

For example, in a study of 34 adults with GSDI, 20 reported experiencing nocturnal hypoglycemia within the past six months, and 13 of those had at least one episode per month.[xxxvi] In such cases, studies have found that CGMs are highly effective in detecting asymptomatic nocturnal hypoglycemia, especially in children.[xxxvii] Parents of children with a similar condition, Congenital Hyperinsulinism (CHI), reported finding CGMs helpful, not only in early detection but also as an educational tool to understand glucose trends. Many parents reported being surprised by CGM alerts outside of routine finger-prick testing times, prompting them to make strategic behavioral changes, such as adjusting feeding schedules.[xxxix]

Families participating in the study also expressed certain concerns using the CGM, which complaints revolved around disruption from the alarms, accuracy, sensor insertion, and issues with receiver range. For parents of younger children using a CGM, the parents reported that the CGM alarms initially caused them to feel a panic response, but as they became more comfortable with the devices, the parents reported learning to perform a finger prick test to confirm whether the alarm reflected an issue requiring an acute response.[xl] Specifically, sometimes the CGM alerted to low blood sugar levels, but a finger prick test suggested higher glucose levels than the CGM.[xli] Families with older children disliked the alarms at night and during school. In addition, if the receiver wasn't within 20 feet of the sensor, the alarm would sound. Furthermore, parents with younger children noted difficulty changing the sensor, as it was seen as "somewhat uncomfortable and frightening," and reported occasional issues removing the sensor.[xlii] However, overall, in this study, CGMs reduced stress for parents and increased independence for children by providing a deeper understanding of glucose management.[xliii]

It should be noted that the studies discussed above generally concern the use of CGMs for patients with diabetes and other conditions, and there is limited research on the specific use of CGMs for patients with GSD. However, notwithstanding the lack of direct studies into whether the use of CGMs by people with GSD will have a positive impact on them and on their families, research that has examined CGMs use with other diseases may support a conclusion that CGMs could have comparable effects on medical outcomes, quality of life, disease management, and financial health for people living with GSD.

OTHER STATES

No other states have enacted or introduced legislation similar to A4628, which expands commercial insurance coverage for CGMs for the treatment of GSD. To date, state action on such coverage for CGMs in the rest of the country has focused on Medicaid programs; A4628

does not apply to New Jersey's Medicaid coverage. Guidelines from the Medicaid programs of Massachusetts, Louisiana, and Arkansas are typical of state instructions for such coverage.

2024 Massachusetts Medicaid guidelines specify that "MassHealth considers CGM systems medically necessary.…" if the "member has another non-diabetes-based condition causing disorder of glucose metabolism…."[xliv] In 2022, Louisiana's Medicaid program updated the criteria for qualifying for long-term CGM coverage through its durable medical equipment program. Its guidelines state, "[B]eneficiaries must meet one of the following eligibility criteria…Diagnosis of glycogen storage disease type 1a."[xlv] Louisiana's Medicaid eligibility criteria require prior authorization, a prescription, and documentation of medical necessity. Beneficiaries who receive long-term CGMs are also "required to attend regular follow-up visits with a healthcare provider at a minimum of every six months to assess the on-going benefits."[xlvi]

Arkansas passed SB 521 into law in 2021. SB 521 specified, "The Arkansas Medicaid Program shall provide coverage for a continuous glucose monitor for the treatment of an individual if the individual has….Diagnosis of glycogen storage disease type 1a…."[xlvii] On April 18, 2025, Arkansas law, SB 576, was enacted as Act 623. Act 623 aligns the state's criteria for coverage for CGMs under Medicaid with Medicare criteria, expanding access to CGMs by eliminating a requirement that beneficiaries with diabetes must use insulin more than twice per day to qualify for coverage of CGMs.[xlviii] Act 623 does not change Medicaid policy regarding CGM access for beneficiaries with GSDIa.

In summary, although the Commission identified three other states that expressly extended coverage for CGMs to individuals with a GSD diagnosis or a certain category of GSD diagnosis, the coverage expansions discussed above were limited to the Medicaid programs in those states, and do not appear to apply to commercial insurance carriers. Although it is possible other states mandate coverage for CGMs for a GSD diagnosis in the commercial insurance market, the Commission was unable to identify any such commercial coverage mandate, or legislation that would establish a commercial coverage mandate, in any other state.

DISCUSSION/ FINANCIAL IMPACT

One study of insurance claims found patients with GSDIa required significantly more hospitalizations, were more frequently hospitalized two or more times per year, had significantly longer hospital stays, and had more visits to all care settings, including 4.3 times more visits to emergency departments per year than patients who did not have GSDIa.[xlix] GSDIa patients' average annual total healthcare costs were also significantly higher than the comparison group ($33,910 vs $4,410).[1]

The average cost of CGMs typically falls in a price range of $1,200-$3,600 per year. This includes recurring costs for sensors, which need to be replaced every week or two, and

transmitters, which need to be replaced roughly four times per year.[li] Patients might also need to purchase a monitor reader and pay for doctor's visits if medical insertion is required. Patients' out-of-pockets costs are also potentially affected by coupons, special offers, discounts, patient assistance programs, and their specific insurance coverage, which can present a challenge when attempting to estimate the actual costs of CGMs to patients. Another consideration is the administrative burden to patients of navigating insurance coverage, assistance programs, coupons, discounts, and rebates for devices for which they need to routinely purchase additional supplies of sensors and new transmitters approximately four times per year. An insurance coverage requirement for CGMs for the treatment of GSD could reduce those administrative burdens, although it may not be possible to evaluate the potential value of that reduced burden to individuals or society at large.

In addition, it may be the case that some insurance carriers currently provide specific coverage for continuous glucose monitoring systems for the treatment of glycogen storage disease.[lii] Where this is the case, the mandate that would be established under A4628 would not be expected to result in a cost impact to those carriers.

An additional financial consideration is that the federal Patient Protection and Affordable Care Act requires states to defray the cost of any health insurance benefit mandate enacted after December 31, 2011, that is part of an insurance plan sold on a state exchange that is in addition to the state's essential health benefits (EHBs) and related to specific care, treatment, or services. ((P.L. 111-148 § 1311(d)(3) & 45 CFR 155.170). Defrayment does not apply to the large group market. For more information on State-required benefits, please refer to this CMS FAQ on Defrayal of State Additional Required Benefits.[liii] As part of the HHS Notice of Benefit and Payment Parameters for 2025, for plan years beginning on or after January 1, 2027, CMS is proposing revisions to the standards for state selection of EHB-benchmark plans to address long-standing requests from states to improve, and reduce the burden of, the EHB-benchmark plan update process.[liv] The process of updating the state's EHB-benchmark plan could create a pathway to adding benefits to the benchmark plan that may not trigger defrayal provided certain parameters are met. Thus, although this is a state-by-state analysis and no such analysis has been performed for New Jersey, a mandate for coverage for expenses incurred in the purchase and use of a CGM system, as prescribed by a health care practitioner for the treatment of GSD, may trigger the federal defrayment requirements.

CONCLUSION

GSD is a rare but chronic condition that can significantly affect the lives of patients living with the disease. Those living with GSD experience more inpatient and outpatient encounters, as well as emergency hospitalizations, than the general population, and frequently experience a range of adverse renal and hepatic conditions, as well as issues with hyperglycemia and hypoglycemia.

The resulting healthcare spending is notably higher for people living with GSD than for the general population. In addition, individuals with GSD report experiencing a lifelong impaired quality of life, adverse effects on social functioning, and struggles with strict dietary restrictions.

Although there are limited studies into using CGMs to treat GSD specifically, studies involving the use of CGMs to treat other, similar conditions, such as diabetes, suggests CGMs can help patients to better monitor glucose levels and avoid significant adverse events resulting from significant spikes and drops in glucose levels.

Although no other state appears to have considered or adopted a requirement for commercial carriers to cover CGMs for the treatment of GSD, three other states have legislatively expanded their Medicaid programs to cover CGMs for the treatment of non-diabetes conditions, with two of those states, Arkansas and Louisiana, expressly extending coverage to include the treatment of GSD.

Because insurance coverage is variable, the out-of-pocket costs for patients to access CGMs can vary. While a variety of available coupons, patient assistance programs, and discount programs can help reduce patients' out-of-pocket costs for CGMs, accessing those coupons and programs can represent an added burden for patients, particularly given the need to routinely purchase additional CGM components (*i.e.*, sensors and monitors) throughout the year. Because CGMs are primarily used and discussed in connection with diabetes, there is also a question as to whether carriers currently provide coverage for the devices for the treatment of GSD, and whether carriers apply any special documentation or diagnosis requirements or additional procedural requirements as a condition of accessing that coverage. In some cases, such requirements for CGM coverage have been applied to individuals with type 2 diabetes, prediabetes, or dangerously low blood sugar.[lv]

A coverage mandate for CGMs for the treatment of GSD could potentially facilitate access to CGMs to treat GSD and reduce the out-of-pocket costs patients currently incur, while reducing patient reliance on discount, coupon and assistance programs. Although this could result in increased costs for insurance carriers, the relative rarity of GSD is likely to limit that cost, as is the fact that carriers are likely already covering other glucose monitoring supplies for this same population and appear to cover CGMs in other treatment contexts. Any added cost may be additionally offset by improvements in patients' ability to manage their glucose levels, which may in turn result in reduced utilization of more complex medical interventions for complications resulting from GSD, including inpatient care, outpatient care, and emergency interventions.

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ASSEMBLY, No. 4628

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED JUNE 25, 2024

Sponsored by:
Assemblyman DAN HUTCHISON
District 4 (Atlantic, Camden and Gloucester)

SYNOPSIS

Requires health benefits coverage of continuous glucose monitoring system for treatment of glycogen storage disease.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning health benefits coverage and continuous glucose monitoring systems and supplementing various parts of the statutory law.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. a. A hospital service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

2. a. A medical service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

c. This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

3. a. A health service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

c. This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

4. a. An individual health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the policy.

c. This section shall apply to those individual health insurance policies in which the insurer has reserved the right to change the premium.

5. a. A group health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the policy.

c. This section shall apply to those group health insurance policies in which the insurer has reserved the right to change the premium.

6. a. An individual health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the plan.

c. This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

7. a. A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the plan.

c. This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

8. a. A health maintenance organization contract for health care services that is delivered, issued, executed, or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

c. This section shall apply to those contracts for health care services under which the health maintenance organization has reserved the right to change the schedule of charges for enrollee coverage.

9. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital and medical expense benefits shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

10. a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital and medical expense benefits shall provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

b. The benefits shall be provided to the same extent as for any other medical condition under the contract.

11. This act shall take effect on the first day of the seventh month next following enactment and shall apply to all health benefits plans that are delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act.

STATEMENT

This bill requires health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage for expenses incurred in the purchase and use of a continuous glucose monitoring system, as prescribed by health care practitioner for the treatment of glycogen storage disease.

Appendix II

NEW JERSEY GENERAL ASSEMBLY

ROY FREIMAN

ASSEMBLYMAN

16TH DISTRICT

390 AMWELL ROAD, SUITE 301
HILLSBOROUGH, NJ 08844
EMAIL: asmfreiman@njleg.org
PHONE: (908) 829-4191
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COMMITTEES
CHAIR, FINANCIAL INSTITUTIONS AND INSURANCE
VICE CHAIR, OVERSIGHT, REFORM AND FEDERAL RELATIONS
BUDGET

February 28, 2025

NJ Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625

Dear Members of the Commission:

As the Chairman of the Assembly Financial Institutions and Insurance Committee, I respectfully request the Commission review and prepare a written report of A4628, which requires health benefits coverage of continuous glucose monitoring system for treatment of glycogen storage disease.

If you have any questions, please do not hesitate to contact Mark Iaconelli, Jr., Esq., Deputy General Counsel, at 609-847-3500.

Thank you for your immediate attention to this matter.

Sincerely,

CC: Mark Iaconelli, Jr., Esq.
Deputy General Counsel
Assembly Majority Office