

SB24-168

Remote Monitoring Services for Medicaid Members

SB24-168 Bill Sponsors: Senators Roberts and Simpson, Speaker McCluskie and Representative Martinez

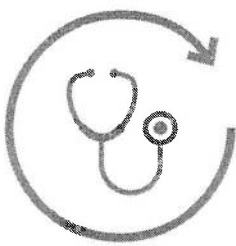
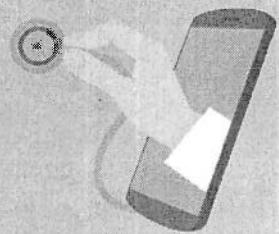
Remote Patient Monitoring Saves Lives and Money

SB24-168 will expand access to Remote Patient Monitoring (RPM) for Medicaid members across Colorado healthcare settings and provide resources for healthcare practices that serve rural and underserved populations to obtain RPM equipment.

SB24-168 will also increase access to continuous glucose monitoring (CGM) devices for Colorado Medicaid members.

What is Remote Patient Monitoring?

Remote patient monitoring (RPM) is a type of telehealth that enables healthcare providers to monitor patients outside the traditional care setting using digital medical devices. Examples of devices include weight scales, blood pressure monitors, pulse oximeters, and blood glucose meters. RPM connects patients to their local provider via telehealth, leveraging technology while maintaining continuity of care.



RPM enables healthcare providers to gain real-time insights into patients' health status, facilitating timely interventions and early detection of deteriorating conditions. This proactive approach improves patient outcomes and reduces hospitalizations and emergency visits.

RPM in Rural Colorado

Rural Health Clinics (RHCs) are eligible RPM providers for Medicare members and some private payers. In Colorado, a few clinics have tried to start RPM programs as a component of chronic care management but these programs are limited in their reach and sustainability by not being able to provide RPM to Medicaid members.

How does SB24-168 increase access to RPM?

SB24-168 will expand access to RPM for Medicaid patients across Colorado healthcare settings. Currently in Colorado, only home health providers are eligible to provide RPM services to Medicaid patients. This bill will expand eligibility to providers across the state, including Rural Health Clinics (RHCs). The bill will also provide resources for healthcare practices that serve rural and underserved populations to obtain RPM equipment.

SB24-168



- SB24-168 expands access to RPM services and CGM devices for Colorado Medicaid members.



- SB24-168 provides resources for rural and underserved healthcare providers to obtain RPM equipment.

How does SB24-168 benefit patients?

RPM improves health outcomes, eliminates communication barriers, facilitates faster access to providers, reduces hospital readmissions, shortens hospital stays, and enhances patient education.

RPM technologies present a particular benefit for patients with chronic conditions to receive the care they need without constant visits to their physician's physical practice. Patients with chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease often require ongoing monitoring and management. RPM can help these patients better manage their conditions by providing regular monitoring, alerts, and support.

Senate bill 168 would expand access to CGMs for all people with diabetes who use insulin who are on Colorado Medicaid, aligning with Medicare coverage and the majority of state Medicaid programs in the country.

Studies show that continuous glucose monitor (CGM) use improves blood sugar and A1C levels without increasing rates of hypoglycemia in patients, along with improving quality of life for people with diabetes. Additionally, use of CGM by patients with diabetes is associated with lower health care costs, fewer hospital admissions, and better glycemic control. CGM use can prevent expensive short- and long-term health complications of diabetes, which lead to healthcare savings.

How does SB24-168 reduce healthcare spending?

Multiple studies indicate RPM offers patients a clear return on investment over time, with an estimated range of \$1,390 to upward of \$7,000 per individual depending on health care needs. This extends beyond initial healthcare savings to include money associated with transportation, time, and energy to visit a provider, prescriptions, laboratory, imaging costs, and hard and soft expenses if a hospital stay or emergency department visit is required.

When compared to patients not using CGM technology, studies have shown savings of over \$4,000 over nine months per patient when the technology was utilized. CGMs help prevent unnecessary low and high blood sugar levels, emergency room visits, hospital admissions, and help patients recover from illness and infection faster, preventing loss of productivity in the school and the workplace.

How does SB24-168 increase health equity in Colorado?

Expanding access to RPM for patients is crucial to achieving health equity in Colorado. According to the Centers for Disease Control and Prevention (CDC), rural residents are more likely to die prematurely from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

Investments in Remote Patient Monitoring can improve health outcomes for Colorado's rural residents, reducing the health disparity that exists between urban and rural populations.

Many people with diabetes do not have access to these critical devices, including many people on Colorado Medicaid. Colorado Medicaid currently has restrictive eligibility criteria to access a CGM, and SB24-168 would make it easier for people with diabetes to access the tools and technology they need to be healthy. CGMs are a cost-effective solution to improving the lives of people with diabetes.

SB24-168 Endorsements

American Diabetes Association

Colorado Academy of Family Physicians

Colorado Rural Health Center
The State Office of Rural Health

Colorado Hospital Association

Colorado Pharmacist Society

Colorado Consumer Health Initiative

Colorado Diabetes Endpoints Center

Healthy Colorado

Western Healthcare Alliance

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**Written Testimony Submission from Dr. Blake McLaughlin, Banner Health
SB24-168 Remote Monitoring Services for Medicaid Members
House Health & Human Services Committee, 4/29/2024**

Madam Chair and Members of the Committee, thank you for the opportunity to speak today. My name is Blake McLaughlin, I serve as an OBGYN Physician for Banner Health in Sterling Colorado. I am here speaking in support of Senate Bill 168.

Moms and babies are dying in Colorado. Our maternal mortality rate continues to rise. This crisis is most acute in our rural communities and for those whom we have marginalized because of social, economic, racial, or ethnic differences and disadvantages. This is despite compassionate awareness from so many of us here today. We must do better.

Remote Patient Monitoring, specifically for obstetric and postpartum patients is an absolutely critical weapon in our war against maternal and newborn mortality for Coloradoans. At Banner Health, in partnership with Philips technology and NUVO, we conducted a pilot study using an FDA approved remote fetal monitoring platform to provide fetal heart rate monitoring sessions to rural Colorado moms with high-risk pregnancies in 2022. Not only did this Remote Patient Monitoring pilot study demonstrate improved compliance and satisfaction with fetal monitoring sessions, but it was also an absolute game-changer for improving the quality of life for these most vulnerable patients.

Mrs. Castillo (I changed her name to honor her privacy) was 37 years old. This was her fourth pregnancy. She had three other children at home all under the age of seven and she worked full time in her hometown which was a 90-minute drive from her OB clinic. She was 32 weeks along in her pregnancy when she was diagnosed with high blood pressure. This high-risk diagnosis required that she have daily blood pressure monitoring along with twice weekly fetal heart rate monitoring sessions. Those sessions would last approximately one hour from start to finish BUT they would require an additional three hours of driving time round trip...four hours of her day, away from work and her family, twice a week for the next 5 weeks. That is 40 hours of her precious time that she didn't have to give up.

She was in a bind. What was the alternative? Remote Patient Monitoring.

By enrolling Mrs. Castillo in the remote fetal monitoring program-where she could take a 30-minute break from her job or caring for her family to complete her fetal monitoring sessions, we were able to give back to her almost 35 hours of time...keeping her employment and source of income secure, protecting her time with her family, and ensuring compliance with safe monitoring of her high-risk pregnancy.

She delivered safely, and so gratefully, at 37 weeks without further complications. Remote Patient Monitoring changed Mrs. Castillo's life, her baby's life, and her family's life.

When expanded to scale, Remote Patient Monitoring will transform the care of our Colorado moms and families. Support of this bill is critical to improving not only the quality of our patient's lives, but their safety and wellbeing.

In closing, I respectfully ask for your yes vote on this bill. Thank you for your time and consideration of my testimony.

**Written Testimony Submission from Jayden Miracle, Clinic Manager, Family Practice of Holyoke
SB24-168 Remote Monitoring Services for Medicaid Members
House Health & Human Services Committee, 4/29/2024**

Madam Chair and Members of the Committee, thank you for the opportunity to speak today. My name is Jayden Miracle. I serve as clinic and special project manager for Melissa Memorial Hospital in Holyoke. I am here speaking in support of Senate Bill 168.

I live in a rural, agricultural community on the northeast plains of Colorado. In our rural community, our patients face challenges to access to care due to great distances to travel for primary and specialty care. We have a high-risk patient population that requires additional team-based care services. Therefore, in 2020 we developed our own remote patient monitoring program.

To develop our program we received a grant from the office of e health and innovation to support the implementation of our RPM program through technical assistant and capital funding support. Devices that were purchased include a biometric performance monitor, blue tooth scale, blood pressure cuff, fitness tracker, tablets, and hot spots. Patients enrolled in this program engage with their care team, develop a specialized care plan, and gain access to a population health nurse to provide dedicated attention to their care. Conditions that we have used RPM for include COPD, diabetes, hypertension, depression, obesity,

Through this funding we have been able to support a robust RPM program. One notable success measure is in the first year, 94% of our patients enrolled in the program had a reduced ER or hospital admissions.

Examples of patient success stories include:

A patient utilized their biometric performance monitor to track their heart rhythm while not feeling well. The patient realized that their heart rhythm was abnormal and contacted the population health nurse. The nurse then advised the patient to seek emergency care. During this interaction, the patient's life was saved as a heart attack was identified and the patient was able to receive early treatment.

Another success story was of a patient that was reporting their weekly COPD zone using a COPD scoring tool. The patient reported that they felt they were going to have an exacerbation. Through this RPM interaction, our population health nurse worked to issue a standing order rescue pack with steroids and antibiotics and get the patient scheduled for the next available appointment. This patient was able to be treated out of the clinic instead of the ER or hospital.

We believe that our RPM efforts have improved our patient outcomes. Currently, we provide RPM services to our Medicaid patients without reimbursement because we have witnessed firsthand the health benefits of RPM enrollment. We hope that we will be able to bill for the services we are currently providing to improve the overall health of the patient.

Main objectives of our program are to provide an evidence-based program that is used to provide more frequent touch points with patients, engage patients in their care and reduce healthcare costs by reducing hospital and ER visits. RPM programs are used to ensure patients can have more touch points with their primary care team and be proactive in providing preventative care. Increased health outcomes that our team has witnessed include better managed care outcomes for high-risk patients including hypertension, diabetic, and COPD patients. These conditions contribute to high costs in healthcare due to the complexity of the disease. For example, according to the American Diabetes Association, medical expenses are approximately 2.3 times higher for a diabetic patient. We have been able to get 86% of our diabetic patient population controlled through RPM and care management.

Our team is passionate about the care we provide, and we aim to provide the best team-based care. We have seen great success within our RPM program and hope to continue to expand this service to our Medicaid patients.

In closing, I respectfully ask for your yes vote on this bill. Thank you for your time and consideration of my testimony. I am happy to answer your questions.