

**New York State  
Medicaid Evidence Based Benefit Review Advisory Committee Meeting  
Agenda**

The Evidence Based Benefit Review Advisory Committee (EBBRAC) will meet on June 13, 2017 from 10:00 am to 3:00 pm in Meeting Room 1, Concourse, Empire State Plaza, Albany, New York.

**Agenda Items**

The Department of Health (the Department) has requested that the EBBRAC review the current scientific research/evidence on the topics listed below and make a recommendation regarding Medicaid coverage of the proposed technology, service or drug:

- **Pasteurized Donor Human Milk**

Maternal breast milk is the preferred food for almost all infants, regardless of gestational age or weight at birth. However, when babies are born prematurely their mothers often do not have sufficient breast milk for them and supplementation or sole feeding with either donor human milk or preterm infant formula is required. Pursuant to the 2017-18 Enacted Budget, pasteurized donor human milk (PDHM) is a mandated benefit. Therefore, the NY EBBRAC will not make a coverage recommendation, but will review the evidence surrounding the use of PDHM.

- **Continuous Glucose Monitoring®**

Diabetes requires regular monitoring and management of blood glucose levels. There are several methods used to test blood glucose, including self-monitoring of blood glucose (SMBG) and continuous glucose monitoring (CGM). SMBG usually involves a finger prick for a drop of blood that is tested with a hand-held device and CGM employs a sensor implanted just under the skin that takes multiple interstitial fluid glucose readings per hour. CGM can be used retrospectively as a diagnostic tool to determine periods of high or low blood sugar, which generally requires a few days of blood sugar readings. Real-time CGM can be used over the long term to help a person with daily glucose and medication management. Real-time CGM requires calibration with SMBG two to four times per day. The NY EBBRAC will review the evidence about the effectiveness and harms of real-time CGM compared to SMBG to make a recommendation regarding coverage.

The Department’s systematic evidence-based assessments on these topics will be provided in the announcement under Meeting Materials in the coming weeks.

**Agenda Timeline** (subject to change based on meeting proceedings)

10:00 - 10:15	Welcome and Introductions
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10:15 - 10:35	Department of Health Updates
10:35 – 10:45	Review of December Meeting Summary
10:45 – 12:00	Public Presentations
12:00 - 12:30	Lunch Break
12:30 – 2:45	Executive Session Evidence Review, Committee Discussion, Recommendations
2:45 – 3:00	Final Comments and Adjournment

### **Public Presentations**

Public presentations are in person only and limited to the topics on the agenda. Presentations are limited to 2 minutes and the total public presentation period will not exceed seventy five (75) minutes.

The Department reserves the right to limit the number of interested parties providing public presentations in order to meet timelines and accomplish meeting objectives.

Interested parties must notify the Department of Health by June 1, 2017 of their request to address the EBBRAC in person during the public presentation period. Requests may be made by e-mailing [EBBRAC@health.ny.gov](mailto:EBBRAC@health.ny.gov). Please include “EBBRAC Speaker Request” in the subject line of your email and complete the information in the template at the attached link.

[www.health.ny.gov/health\\_care/medicaid/ebbrac/docs/public\\_notifi\\_presentat\\_form.pdf](http://www.health.ny.gov/health_care/medicaid/ebbrac/docs/public_notifi_presentat_form.pdf)

All parties wishing to present must provide a written statement summarizing the key points. Written statements may not exceed two (2) pages in length. All written statements must be received in an electronic format by June 1, 2017.