THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

Minutes of the Meeting
of the Board of Trustees of the
Fire and Police Retiree Health Care Fund, San Antonio
October 27, 2025

PRESENT: Frank Gutierrez, Fire Department Retiree Representative;
Chris Lutton, Police Department Representative;
Mike Despres, Retired Police Representative;
Steve Carse, Fire Department Representative;
Doug Berry, Fire Department Representative;
Jason Sanchez, Police Department Representative;
Councilperson Jalen McKee-Rodriguez, City of San Antonio; and
Councilperson Misty Spears, City of San Antonio.

ABSENT: Mayor Gina Jones, City of San Antonio.

OTHERS PRESENT: James Bounds, Executive Director, and Cecilia Puga, Retiree Health Care;
Frank Burney, Martin & Drought, P.C.;
Melissa H. Gonzales, Frost National Bank; and
Charlie Ricketts and Michael Trainer, Retirees Association.

At 10:15 a.m., Chair Berry called the meeting to order. The roll was called, and a quorum was declared present. The oath of office was administered to Councilmember Jalen McKee-Rodriguez as representative of the City of San Antonio. The minutes from the meetings held on September 29, 2025, were reviewed and unanimously approved upon motion by Trustee Despres and second by Trustee Gutierrez.

EXECUTIVE SESSION: The Board went into Executive Session at 11:45 a.m. to discuss legal issues regarding litigation. The Executive Session adjourned at 1:20 p.m.

MEMBERS TO BE HEARD: Michael Rankin, retiree, presented his proposal for insurance coverage for glucose monitoring for diabetics. He presented the medical evidence documenting the connection between diabetes and numerous illnesses which increased rate of death. He provided projections of the savings to the Health Fund for continuous glucose monitoring. Keith Crusius, Jerry Cortez, Michael Trainer, Bertha Soto, and Louie Morales, also supported this proposal to be favorably considered by the Board.

The Chair referred this issue to the Benefits Committee.

ACTION ITEMS:

1. Investments: A meeting has been scheduled for early November.

2. Personnel/ Audit: No report. A meeting scheduled for November 11, 2025 at 10:00 a.m.

3. Benefits:

   a. Deductibles for 2026: Proposed deductible recommended by the actuary for 2026: $1,107.00 and $2,214.00 for out-of-network.

      Upon motion by Trustee Sanchez and second by Trustee Carse, the deductibles for 2026 were unanimously approved by the Board.

   b. Out-of-Pocket for 2026: Proposed deductible recommended by the actuary for out-of-pocket for 2026 are $1,697.00 and $3,394.00 for out-of-network.

      Upon motion by Trustee Despres and second by Trustee Councilperson Misty Spears, the Out-of-Pocket for 2026 was unanimously approved by the Board. Prescription out-of-pocket remains unchanged.

   c. Alternative Therapy List: Ms. Puga recommends addition/changes to the Alternative Therapy List as recommended by National Institute of Health (66 persons affected).

      Upon motion by Trustee Despres and second by Trustee Sanchez, the Alternative Therapy List was unanimously approved by the Board.

   d. Capital RX Formulary: Ms. Puga reported on Capital RX Formulary's recommendations (primarily Humira – 12 members affected) for substitution of drugs with "bio-similar" treatments. Board referred to Committee.

4. Legislative: No report.

5. Administrative Report:

   a. Expenses and Financial Report for September 2025: Mr. Bounds presented the expenditures for the Fund. Upon motion by Trustee

Councilperson Misty Spears and second by Trustee Gutierrez, a list of expenses and claims and the Financial Report were unanimously approved by the Board.

b. 2026 Budget: Postponed until November, 2025.

c. Health by Design Contract: Further due diligence.

6. Consultant Report:

a. Legal: No report.

7. Educational Opportunities:

Upon motion by Trustee Lutton and second by Trustee Gutierrez, the Board approved attendance at any of the following educational opportunities:

- NAPO: 37th Annual Police, Fire, EMS and Municipal Employee Pension & Benefits Seminar, January 25-27,2026.

8. Next Meeting: The next regularly scheduled meeting will be November 17, 2025 at 10:00 a.m.

ADJOURNMENT: There being no further business, a motion was made by Trustee Carse and second by Trustee Gutierrez that the meeting adjourn. The motion carried unanimously. The meeting adjourned at 1:23 p.m.

Enclosures
- Financial Statement
- List of approved claims and expenses
- Agenda
- Minutes
- Diabetes presentation by Mike Rankin
- Actuary recommendations

N:\CORP\FBB\HBT\MINUTES 25\10 27 25.docx

THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

CERTIFIED AGENDA OF CLOSED MEETING

HEALTH FUND

I, DOUG BERRY, THE PRESIDING OFFICER OF HEALTH FUND, CERTIFY THAT THIS DOCUMENT ACCURATELY REFLECTS ALL SUBJECTS CONSIDERED IN AN EXECUTIVE SESSION OF THE BOARD MEETING CONDUCTED ON October 27, 2025.

1. The executive session began with the following announcement by the presiding officer: "Health Fund is now in executive session October 27, 2025 at 11:45 a.m.

2. SUBJECT MATTER OF EACH DELIBERATION:

   - Discussions with attorney relating to his or her advice on legal matters related to any matter in which the duty of the attorney to Health Fund under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act; and

   - Discussions regarding legislative, contractual, litigation, tax qualification and benefit issues.

3. No further action was taken.

4. The executive session ended with the following announcement by the presiding officer: "This executive session ended on October 17, 2025 at 1:20 p.m."

_____
Presiding Officer

N:\CORP\FBB\HBT\MINUTES 25\Executive\10 27 25 ex mins - CERTIFIED.docx

11603 W. Coker Loop, Suite 130 | San Antonio, Texas 78216
Office: (210) 494-6500 | Fax: (210) 494-6505 | faprhcf@swbell.net

THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

AGENDA
BOARD OF TRUSTEES MEETING
FIRE AND POLICE RETIREE HEALTH CARE FUND
LOCATED AT 11603 W. COKER LOOP, SUITE 210, SAN ANTONIO. TX 78216
Monday, October 27, 2025-10:00 a.m.

Members of the public may provide comment on any Agenda item, consistent with procedural rules governing the Board meetings and state law. Public comments may be provided as follows:

a. Written: Submit written comments, along with name and address, by emailing them to Leticia Deleon at ldeleon@thefundsa.org by 12:00 p.m. on the day before the meeting. Comments will be read into the record during the designated time on the agenda.

b. In Person: Speakers shall be given the opportunity to speak at the beginning of the meeting during "Public Comment" for up to 3 minutes (6 minutes if translation is needed).

1. Call to Order:
2. Roll Call: Doug Berry, Frank Gutierrez, Steven Carse, Chris Lutton, Michael Despres, Jason Sanchez, Mayor Gina Ortiz Jones, Councilperson Jaleen Mckee-Rodriguez, Councilperson Misty Spears
3. New Trustee Oath:
4. EXECUTIVE SESSION (Discussion only – Closed to Public):

The Board of Trustees may recess the meeting to the public at any time and hold an Executive Session pursuant to the Texas Open Meetings Act, Chapter 551.071, of the Texas Government Code. Such Act provides for Executive Session on any matter to be considered during the meeting as it relates to consultation with attorneys, real property, personnel, and other matters. While any matter on the agenda may also be discussed, these specific matters may be discussed with counsel in Executive Session:

a. **Government Code §551.072 – Discussions Regarding Purchase, Exchange, Lease, or Value of Real Property if Deliberation in an Open Meeting Would Have a Detrimental Effect on the Position of Health Fund in Negotiations with a Third Party;**
b. **Government Code §551.071 - All Matters Where Health Fund Seeks the Advice of its Attorney as Privileged Communications under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas, including but not limited to, tax qualification of the Fund.**
c. **Pending or Contemplated Litigation including, but not limited to, PBM contractors.**
d. **Government Code §551.074- Personnel Matters involving Senior Executive Staff and Employees of Health Fund.**
e. **Government Code 551.078 and .0785: Deliberation Involving Individuals' Medical or Psychiatric Records.**

5. Minutes (Discussion and possible action):

   - Board Meeting Minutes for September 29, 2025

6. Public Comment:

7. Committee Reports (discussion and possible action):

   a. Investments:

   b. Personnel/Audit:

   c. Benefits:

      - Set Deductibles for 2026
      - Set out-of-pocket for 2026
      - Update on Alternative Therapy List
      - Update on Capital RX Formulary

   d. Legislative:

8. Administrative report (discussion and possible action):

   a. Draft financial reports for September 2025
   b. Discussion of Strategic Business Planning Committee Meeting
   c. Draft of 2026 Budget
   d. Contractual matters with Health by Design

9. Consultant Reports (discussion and possible action):

   a. Legal: Report by Frank Burney

10. Educational Opportunities (discussion and possible action):

    - NAPO: 37th Annual Police, Fire, EMS and Municipal Employee Pension & Benefits Seminar January 25-27, 2026

11. Adjournment:

NOTE:
Speakers may address the Board regarding any specific Agenda Item, on any matter related to Fund business, or on matters that are within the scope of the authority and legislative functions of the Board. Speakers shall be given the opportunity to speak at the beginning of the meeting during "Public Comment" for up to 3 minutes (6 minutes if translation is needed.) Enumerated agenda items are assigned numbers for ease of reference only and will not necessarily be considered by the Board in that order. For those who need assistance due to physical challenges, accommodation can be arranged by contacting James Bounds at 210-494-6500.

THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

Minutes of the Meeting
of the Board of Trustees of the
Fire and Police Retiree Health Care Fund, San Antonio
September 29, 2025

PRESENT: Frank Gutierrez, Fire Department Retiree Representative;
Chris Lutton, Police Department Representative;
Mike Despres, Retired Police Representative;
Steve Carse, Fire Department Representative;
Doug Berry, Fire Department Representative;
Jason Sanchez, Police Department Representative; and
Councilperson Misty Spears, City of San Antonio.

ABSENT: Councilperson Leo Castillo (Interim), City of San Antonio; and
Mayor Gina Jones, City of San Antonio.

OTHERS PRESENT: James Bounds, Executive Director, and Cecilia Puga, Retiree Health Care;
Frank Burney, Martin & Drought, P.C.;
Melanie Keeton, COSA; and
Charlie Ricketts and Michael Trainer, Retirees Association.

At 10:12 a.m., Chair Berry called the meeting to order. The roll was called, and a quorum was declared present. The minutes from the meetings held on August 25, 2025, were reviewed and unanimously approved upon motion by Trustee Despres and second by Trustee Carse.

EXECUTIVE SESSION: The Board went into Executive Session at 10:38 a.m. to discuss legal issues regarding contract negotiations, benefits, and legal issues with counsel. The Executive Session adjourned at 10:58 a.m.

MEMBERS TO BE HEARD: Harry Griffin, retired Police Officer, addressed the Board on the fiduciary duties of the Board to always act in the best interests of the Plan beneficiaries and undivided loyalty to the members. Mike Rankin, retired Fire Fighter, asked whether the Fund's resources could be used to study issues that may not be in the best interests of all the members.

ACTION ITEMS:

1. Investments: A Committee is scheduled for December 8, 2025 at 2:30 p.m.

2. Personnel/ Audit:

   a. Audit by Garza & Gonzalez: Jason Hyde with Garza & Gonzalez, the Fund's auditor, provided a "clean" audit report for the Fund, with no difficulties in performing the audit and no internal controls problems. He reported a net gain in assets of $57M. Upon motion by Trustee Guiterrez and second by Trustee Despres, the Audit for CY 2024 was unanimously approved by the Board.

   b. Actuarial Valuation by Foster & Foster: Upon motion by Trustee Despres and second by Councilperson Spears, the actuarial report as of January 1, 2025 was unanimously approved.

3. Benefits: Chair Despres will schedule a meeting to discuss the WebTPA contract and Childrens' Rate on October 9, 2025 at 10:00 a.m.

4. Legislative:

   a. Presentation to Rep. Lujan: Upon motion by Trustee Berry and second by Councilperson Spears, the Board unanimously approved a Resolution of Appreciation for Rep. John Lujan and then presented the Resolution to him.

5. Administrative Report:

   a. Expenses: Mr. Bounds presented the expenditures for the Fund. Upon motion by Trustee Despres and second by Trustee Gutierrez, a list of expenses and claims and the Financial Report were unanimously approved by the Board.

   b. Strategic Business Planning Committee Meeting: Likely will be scheduled at 11:00 a.m. on October 9, 2025 at 11:00 a.m.

   c. Draft 2026 Budget: Mr. Bounds presented a draft of the CY 2025 budget and requested input from the Board.

   d. Health by Design Contract: No action.

   e. Certification of Election Report: Upon motion by Trustee Despres and second by Trustee Gutierrez, the results of the Active Fire Trustee Election results were unanimously approved, electing Doug Berry as Trustee (71% - 29%).

6. Consultant Report:

   a. Legal: None.

7. Educational Opportunities:

   Upon motion by Trustee Despres and second by Trustee Gutierrez, the Board approved attendance at any of the following educational opportunities:

   - Kayne Anderson Investor Conference, November 6-7, 2025

8. Next Meeting: The next regularly scheduled meeting will be October 27, 2025 at 10:00 a.m.

ADJOURNMENT: There being no further business, a motion was made by Trustee Despres and second by Trustee Gutierrez that the meeting adjourn. The motion carried unanimously. The meeting adjourned at 11:15 a.m.

Enclosures
- Financial Statement
- List of approved claims and expenses
- Agenda
- Minutes
- Elections Results
- Audit Report
- Actuary Report

N:\CORP\FBB\HBT\MINUTES 25\9 29 25.docx

THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

CERTIFIED AGENDA OF CLOSED MEETING

HEALTH FUND

I, DOUG BERRY, THE PRESIDING OFFICER OF HEALTH FUND, CERTIFY THAT THIS DOCUMENT ACCURATELY REFLECTS ALL SUBJECTS CONSIDERED IN AN EXECUTIVE SESSION OF THE BOARD MEETING CONDUCTED ON SEPTEMBER 29, 2025.

1. The executive session began with the following announcement by the presiding officer: "Health Fund is now in executive session September 29, 2025 at 10:12 a.m.

2. SUBJECT MATTER OF EACH DELIBERATION:

   - Discussions with attorney relating to his or her advice on legal matters related to any matter in which the duty of the attorney to Health Fund under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act; and

   - Discussions regarding contract negotiations, benefits, and legal issues with counsel.

3. No further action was taken.

4. The executive session ended with the following announcement by the presiding officer: "This executive session ended on September 29, 2025 at 10:58 a.m."

_____
Presiding Officer

N:\CORP\FBB\HBT\MINUTES 25\Executive\9 29 25 ex mins - CERTIFIED.docx

11603 W. Coker Loop, Suite 130 | San Antonio, Texas 78216
Office: (210) 494-6500 | Fax: (210) 494-6505 | faprhcf@swbell.net

F&P Retiree Health Care Fund - Calendar
Statement of Plan Net Assets
September 30, 2025

	September 30, 2025	December 31, 2024
ASSETS		
Cash - City	$ 0.00	$ 0.00
Cash - Trust	587,524.81	0.00
Leasehold Improvements	42,505,181.56	43,762,569.84
Investments - Trust	654,530,417.94	595,756,606.07
Accrued Interest - Trust	1,702,860.44	3,350,681.02
Pre-paid Expenses	1,364,087.64	50,806.87
Total Assets	700,690,072.39	642,920,663.80
LIABILITIES		
Claims Payable	5,912,716.30	6,099,542.73
Accounts Payable	949,854.48	1,411,297.97
Security Lending Collateral	0.00	0.00
Total Liabilities	6,862,570.78	7,510,840.70
Net Assets Held in Trust	$ 693,827,501.61	$ 635,409,823.10

F&P Retiree Health Care Fund - Calendar
Statement of Changes in Plan Net Assets
For the Nine Months Ending September 30, 2025

	Current Month	Current Budget	Year to Date	YTD Budget
Additions				
Contributions:				
City of San Antonio	$ 4,052,188.52	3,984,615.00	$ 40,473,711.22	39,846,155.00
Active	2,028,683.74	1,982,923.07	20,225,449.22	19,829,230.79
Retirees less then 30	108,380.16	121,082.32	1,031,350.96	1,089,740.88
COBRA	0.00	4,166.66	29,556.93	37,499.94
Children	64,050.00	60,583.33	557,200.00	545,249.97
Total Contributions	6,253,302.42	6,153,370.38	62,317,268.33	61,347,876.58
Investment Income:				
Interest	260,525.32	320,833.33	2,867,552.58	2,887,499.97
Net Appreciation of Inves	7,404,699.92	3,109,999.88	43,530,745.31	27,989,998.92
Other Income	0.00	1,666.66	112,359.29	14,999.94
Less Investment Expense	(31,933.33)	(30,666.42)	(277,320.06)	(275,997.78)
Net Investment Income	7,633,291.91	3,401,833.45	46,233,337.12	30,616,501.05
Total Additions	13,886,594.33	9,555,203.83	108,550,605.45	91,964,377.63
Deductions				
Members Benefit Paymen	5,794,500.64	4,296,583.32	45,604,905.36	38,669,249.88
COBRA Benefit Payment	35.21	4,166.66	17,468.76	37,499.94
Children's Benefit Payme	95,365.31	60,583.33	615,667.73	545,249.97
General and Administrati	318,007.45	325,756.33	3,894,885.09	3,192,980.01
Total Deductions	6,207,908.61	4,687,089.64	50,132,926.94	42,444,979.80
Net Increase	7,678,685.72	4,868,114.19	58,417,678.51	49,519,397.83

October 10th, 2025

Board of Trustees
Fire and Police Retiree Health
Care Fund, San Antonio
11603 W. Coker Loop, St. 130
San Antonio, TX 78216

Re: Maximum Deductible and Out-of-Pocket Payments for Calendar Year 2026

Board Members:

The State Law of Texas Article 6243q. Article 5, Section 5.01 (h) governing the Retirement Health Trust for Firefighters and Police Officers defines the dollar amount of the maximum deductible and out-of-pocket payments. The Article states that "the board shall increase the amount of the maximum deductible and out-of-pocket payments established under Subsections (f) and (g) of this section by a percentage equal to the then most recently published annual percentage increase in health care costs as set out in a published index selected by the actuary that reflects annual changes in health care costs." The subsection limits this annual increase to 8%.

As the actuary selected by the Board, and in accordance with the state law referenced above, Foster & Foster has selected the published index to be the Medical Care category of the Consumer Price Index for all Urban Consumers (or CPI-U, published monthly by the Bureau of Labor Statistics of the U.S. Department of Labor) from June of the prior year to June of the current year. The annual percentage increase in the Medical Care category of CPI-U from June 2024 to June 2025 is 2.8%[1]. This 2.8% increase will be applied to the 2025 maximum deductible and out-of-pocket payments.

Under current practice, if the amortization period of retiree medical liability is less than 30 years, then potential further deductible and out-of-pocket payment amount increases under Section 4.022 do not apply. Since the amortization period is in fact under 30 years, only the Section 5 increases will apply.

The table below shows the result of the 2.8% increase applied to the 2025 maximum deductible and out-of-pocket payments to determine the 2026 amounts:

	Amount for Each Individual (In-Network)	
	CY 2025	CY 2026
Maximum Deductible	$1,077	$1,107
Maximum Out of Pocket		
• including maximum deductible	$4,090	$4,204
• excluding maximum deductible	$3,013	$3,097

The *Appendix* shows the 20-year history of annual changes in the CPI-U both for All Items and for the Medical Care category for 12-month periods ending in June (Exhibit I and II)[1][2].

I certify that I am a member of the Society of Actuaries meeting the Qualification Standards to make the actuarial opinions contained in this letter.

Please let us know if you have any questions.

Sincerely,

Dave Scofield, A.S.A.
Dave.scofield@foster-foster.com
(240) 246-6111

Appendix

Exhibit I

Year	Change in CPI-U (June to June)	
	All Items	Medical Care
2006	4.3%	4.1%
2007	2.7	4.0
2008	5.0	4.1
2009	-1.4	3.2
2010	1.1	3.5
2011	3.6	2.9
2012	1.7	4.0
2013	1.8	2.2
2014	2.1	2.6
2015	0.1	2.6
2016	1.0	3.5
2017	1.6	2.7
2018	2.9	2.5
2019	1.6	1.9
2020	0.6	5.1
2021	5.4	0.4
2022	9.1	4.5
2023	3.0	0.1
2024	3.0	3.3
2025	2.7	2.8

Exhibit II

Rolling 12 through June	Average Increase	
	All Items	Medical Care
20 years	2.6%	3.0%
10 years	3.1	2.7

Citations

(1) CPI-U Medical Data History
- https://data.bls.gov/PDQWeb/cu

(2) CPI-U All Data History
- https://www.usinflationcalculator.com/inflation/consumer-price-index-and-annual-percent-changes-from-1913-to-2008/

THE FUND | RETIREE HEALTH & WELLNESS
SAN ANTONIO FIRE AND POLICE

2026 BENEFIT CHANGES

MEDICAL

Deductible (per individual)	$1107 in network	$2214 out of network
Out of pocket maximum (does not include deductible)	$1697 in network	$3394 out of network

PRESCRIPTION

In network out of pocket $1400

RATE CHANGE

New Cobra rate..... $841.42

New Children's rate..... $425.00

Easy, Fast Website Access

- ❑ Accessible through thefundsa.org
- ❑ Plan Document
- ❑ Navigate retiree health care benefits
- ❑ Live chat with a Benefits Specialist
- ❑ Capital Rx forms and helpful information
- ❑ Annual Notices: Women's Health and Care Rights Act (WHCRA), Children's Health Insurance Plan (CHIP), Health Insurance Portability and Accountable Act (HIPAA), Medicare D (Drug coverage), Summary Modifications effective January 1, 2026

11603 W. COKER LOOP, SUITE 210
SAN ANTONIO, TEXAS 78216
OFFICE (866) 652-4237 · FAX (210) 494-6505

Proposal for Permanent Insurance Coverage of Continuous Glucose Monitoring for Individuals with Diabetes and Prediabetes

Introduction

This proposal advocates for the permanent inclusion of continuous glucose monitoring (CGM) devices in health insurance coverage for individuals diagnosed with diabetes or prediabetes. Based on both personal experience and a growing body of clinical evidence, CGMs are transformative tools that empower individuals to better manage their blood sugar, prevent complications, and make informed lifestyle choices.
Given the enormous medical and economic burden associated with diabetes and its related conditions, the case for broad and permanent coverage is compelling.

1. The Importance of Post-Meal (Peak) Glucose Load and Glycemic Variability

Definition and significance
The "peak sugar load" or postprandial glucose spike—and the broader concept of glycemic variability (GV), meaning the magnitude and frequency of blood sugar fluctuations—has emerged as a key marker of metabolic health. While average blood glucose (HbA1c) remains important, research shows that large swings between high and low glucose levels independently contribute to health risks and complications.

Why glucose spikes matter

- **Vascular damage (endothelial dysfunction):** Frequent and large glucose spikes cause oxidative stress and inflammation that damage the blood vessel lining (the endothelium). This leads to impaired circulation and increased risk of heart disease, stroke, and peripheral vascular disease.

- **Insulin resistance:** Repeated spikes force the pancreas to secrete more insulin. Over time, cells become less responsive to insulin's signal, leading to insulin resistance—a precursor and driver of type 2 diabetes.

- **Hunger and cravings:** Sharp spikes are often followed by a blood sugar "crash," triggering hunger and cravings for high-carb foods. This cycle promotes overeating, weight gain, and further metabolic instability.

- **Oxidative stress and inflammation:** Elevated glucose generates reactive oxygen species (ROS) that damage cells, accelerate aging, and promote chronic inflammation.

- **Cardiovascular risk:** High glycemic variability is independently associated with increased cardiovascular mortality, even when average glucose is well controlled.

- **Cognitive effects:** Glucose fluctuations are linked to short-term symptoms such as fatigue and "brain fog," and long-term risk of cognitive decline and dementia.

- **Accelerated complications in diabetes:** In people with diabetes, repeated glucose spikes hasten the onset and severity of complications such as kidney disease, retinopathy, and neuropathy.

2. Factors That Drive Peak Glucose Load

- **Dietary composition:** Simple carbohydrates (refined sugars, white bread, sugary beverages) are digested rapidly, causing sharp peaks. Complex carbohydrates, fiber, protein, and fat slow absorption and lead to more stable blood sugar responses.

- **Lifestyle factors:** Stress, poor sleep, and meal timing all affect glucose regulation and can amplify spikes.

- **Physical inactivity:** Lack of movement after meals contributes to higher post-meal glucose levels.

3. Managing Peak Glucose Load

- **Balanced diet:** Prioritize whole, unprocessed foods, including vegetables, fruits, legumes, lean proteins, and healthy fats.

- **Meal sequencing:** Eating vegetables and protein before carbohydrates can blunt the post-meal glucose rise.

- **Physical activity:** Even a 10–15-minute walk after a meal can significantly lower postprandial glucose.

- **Hydration:** Staying well-hydrated helps the body regulate glucose more efficiently.

4. Relationship Between Type 2 Diabetes and Pulmonary Embolism (PE)

Type 2 diabetes (T2DM) significantly increases the risk and severity of pulmonary embolism (PE).

- **Pro-thrombotic state:** T2DM creates a hyper-coagulable environment through chronic inflammation, endothelial dysfunction, and impaired fibrinolysis, which heighten the risk of clot formation.

- **Higher incidence:** Large population studies show that individuals with T2DM have a substantially greater risk of developing PE compared to non-diabetic peers.

- **Worse outcomes:** Diabetic patients with PE face higher in-hospital mortality, greater rates of shock and cardiac strain, and worse long-term outcomes such as chronic thromboembolic pulmonary hypertension (CTEPH).

- **Hyperglycemia at admission:** Elevated glucose levels at the time of PE diagnosis predict more severe disease and higher short-term mortality.

This evidence reinforces that diabetes is not only a metabolic disorder but also a vascular disease with broad systemic consequences.

5. Major Causes of Death Among U.S. Adults and the Role of Diabetes

According to the Centers for Disease Control and Prevention (CDC), the leading causes of death in the United States are primarily chronic diseases:

1. Heart disease

2. Cancer

3. Unintentional injuries
4. Stroke
5. Chronic lower respiratory diseases
6. Alzheimer's disease
7. Diabetes
8. Kidney disease
9. Chronic liver disease and cirrhosis
10. COVID-19 (still within the top 10 in 2023)

How diabetes contributes to these leading causes:

- **Heart disease and stroke:** Adults with diabetes are twice as likely to suffer from heart disease or stroke. Diabetes accelerates atherosclerosis and damages nerves and vessels.
- **Cancer:** Diabetes is associated with higher risk and mortality from cancers of the liver, pancreas, breast, and colon.
- **Kidney disease:** Diabetes is the leading cause of end-stage renal disease (ESRD).
- **Liver disease:** Non-alcoholic fatty liver disease (NAFLD), highly prevalent among diabetics, can progress to cirrhosis and liver cancer.
- **COVID-19:** People with diabetes have 2–3 times higher risk of severe infection and death.

- **Alzheimer's disease:** Type 2 diabetes increases dementia risk; it is sometimes called "Type 3 Diabetes."

- **Respiratory disease:** Diabetics are more vulnerable to COPD and pneumonia and have higher respiratory-related mortality.

Diabetes amplifies risk across nearly all major causes of death in the U.S., underscoring the need for preventive strategies and continuous monitoring.

6. Can Continuous Glucose Monitoring (CGM) Help Prevent Diabetes in Prediabetes?

CGMs are promising tools for preventing or delaying the onset of diabetes among individuals with prediabetes.
While they are not a cure, CGMs provide unique, real-time insight that enables early, personalized interventions.

Benefits:

- **Behavioral empowerment:** Real-time data shows users how diet, exercise, stress, and sleep directly impact blood sugar—driving sustainable lifestyle change.

- **Personalized insights:** CGMs reveal how each individual uniquely responds to specific foods or activities, allowing precise adjustments.

- **Beyond HbA1c:** CGMs capture fluctuations and spikes that standard lab tests cannot, providing a more complete picture of metabolic health.

- **Early detection:** CGMs can uncover blood sugar abnormalities long before a diagnosis of diabetes, allowing earlier intervention.

Evidence:
Studies show that pre-diabetic participants using CGMs alongside lifestyle counseling increased physical activity, improved diet quality, and maintained better glucose control.
Ongoing clinical trials are investigating CGMs as behavioral modification tools to prevent diabetes progression.

Important considerations:

- CGMs are effective only when users act on the data.
- Guidance from healthcare professionals is essential to interpret results and avoid misinterpretation.
- Costs remain a barrier without insurance coverage.
- Broader, long-term studies are still needed to quantify prevention impact.

7. Why Permanent Insurance Coverage for CGMs Is Essential

1. Prevention saves money: Preventing diabetes or its complications is vastly more cost-effective than treating them.
2. Proven outcomes: CGMs help reduce HbA1c and time spent in high glucose ranges—improving quality of life and reducing hospitalizations.
3. Comprehensive monitoring: Only CGMs can track glycemic variability in real time, providing actionable data for patients and physicians.
4. Personalized and preventive care: CGMs empower users to take control of their health through immediate feedback.
5. Equity and accessibility: Without insurance, many at-risk individuals cannot afford these devices, worsening health disparities.
6. Alignment with medical standards: The American Diabetes Association now recommends CGMs for diabetes management, and the FDA has approved over-the-counter CGMs, signaling their broader public-health value.

8. Policy Recommendation

- Health insurers should **permanently cover CGMs** for all individuals with diabetes and for pre-diabetic individuals meeting clinical risk criteria.
- Coverage should include the device (sensor, transmitter, and reader or app) and professional guidance (education, data review, and care coordination).
- Insurers should view CGM coverage as a **preventive investment**, not a cost burden—aligning reimbursement with long-term savings from avoided complications.

- Quality metrics (HbA1c reduction, time in range, hospitalization rates, diabetes progression rates) should be tracked to demonstrate return on investment.

9. Conclusion

Continuous glucose monitors represent a fundamental shift from reactive to proactive healthcare. They enable real-time, personalized, and data-driven management that empowers individuals to prevent disease rather than simply treat it.
The science is clear: glycemic variability and post-meal glucose spikes are harmful, and CGMs are the most effective way to measure and control them.
Permanent insurance coverage for CGMs in both diabetes and prediabetes is a logical, evidence-based, and cost-effective public health strategy—one that prioritizes prevention, equity, and long-term wellness.

Michael F. Rankin

Cost-Benefit Analysis: CGM Implementation for Retiree Healthcare Fund (San Antonio, 2025)

This analysis models the financial implications of implementing Continuous Glucose Monitors (CGMs) for all pre-diabetic and diabetic retirees in a 5,000-member healthcare fund located in San Antonio, Texas. The model uses regional diabetes prevalence rates, cost assumptions, and expected adoption rates to estimate long-term savings and potential return on investment (ROI).

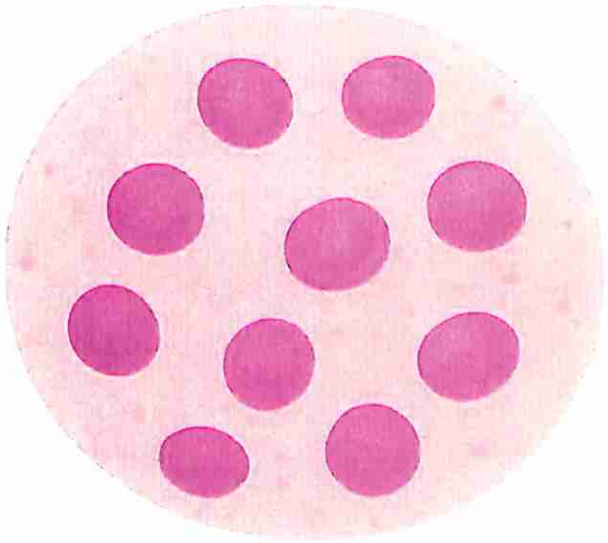
Parameter	Assumption
Total members	5,000
Prevalence of pre-diabetes	38% (1,900 members)
Prevalence of diabetes	20% (1,000 members)
Members using CGM (Medicare-covered)	50% of diabetics (500 members)
CGM cost (per unit)	$2,000
Average hospital stay cost (pre-diabetic)	$20,000
Average hospital stay cost (diabetic)	$35,000
Initial participation (Year 1)	20% of eligible members
Full participation (Year 4)	75% of eligible members
Average reduction in hospitalization (with CGM)	25% for diabetics, 15% for pre-diabetics

Based on the assumptions above, approximately 1,900 pre-diabetic and 500 diabetic retirees (not currently on CGM) are eligible for CGM coverage. Costs and savings are modeled over four years as participation increases from 20% to 75%. Savings are primarily driven by reduced hospitalization rates and fewer diabetes-related complications.

Year	Participation Rate	CGM Cost ($)	Hospital Savings ($)	Net Savings ($)
1	20%	960,000	1,680,000	720,000
2	40%	1,920,000	3,360,000	1,440,000
3	60%	2,880,000	5,040,000	2,160,000
4	75%	3,600,000	6,300,000	2,700,000

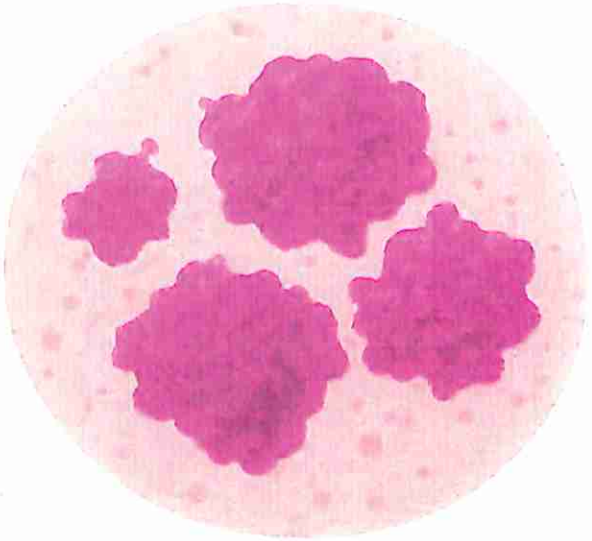
The cost-benefit model shows positive net savings beginning in the first year, with cumulative savings exceeding $7 million by Year 4. In addition to direct savings, secondary benefits include reduced emergency visits, improved long-term metabolic control, and potential reductions in cardiovascular and renal complications. **Conclusion:** Adoption of CGMs for eligible retirees represents a cost-effective intervention for the fund. Expanding access from 20% to 75% participation over four years can yield both financial and health outcome benefits.

HEALTHY



PLATELETS

DIABETIC



PLATELETS