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On Behalf Of:
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I am in support of changing coverage for continuous glucose monitoring to improve access for the patients that this technology is so beneficial for. I work in endocrinology and in maternal fetal medicine and have seen the significant improvements to safety as well as efficacy patients have when using CGM and think it is imperative it be available for patients with gestational diabetes to improve maternal and fetal health as well as for all patients with diabetes (type 1, type 2, pancreatogenic, MODY, gestational diabetes, etc) if they require the use of any type of insulin or have a history of hypoglycemia. The current state of requiring multiple daily injections of insulin means many patients are at risk of hypoglycemia or are inadequately controlled due to lack of data to show glycemic control due to lack of access to CGM so broadening the criteria will better meet the needs of the population to improve health. I also think it would be beneficial to have this device available for patients with hypoglycemia that are not diagnosed with diabetes as this technology can be lifesaving to recognize and treat hypoglycemia before it is severe. In my practice I have seen patients make positive lifestyle changes as well as allowed for safe and effective medication change because of the immediate feedback of data from these devices. I have also seen the benefit in patients with previous severe hypoglycemia leading to hospitalizations or other significant consequences like motor vehicle accidents that are now able to safely detect and treat lows before it is severe. There is well-supported evidence for the benefit of these devices to improve health outcomes and coverage for Oregon Medicaid should at least match the criteria from Medicare and most commercial plans.