



March 6, 2025

Chair Nosse, Vice Chairs Nelson and Javadi, and Members of the Behavior Health and Health Care Committee:

My name is Matt Prokop and I am the Director of State Government Affairs for the American Diabetes Association.

I appreciate the opportunity to provide testimony in support of HB 2955, which would revise Medicaid coverage criteria to improve access to Continuous Glucose Monitors in alignment with current clinical evidence.

For people living with diabetes, continuous glucose monitors (CGM) can provide significant life-changing benefits for diabetes management and can delay serious complications and hospitalizations. These devices, which may look simply like a small disc on someone's arm, provide frequent readings of glucose levels throughout the day. This important information helps the person with diabetes self-manage their glucose levels so they can avoid short term complications brought on by glucose levels being too high or low, and improves glycemic management generally to reduce risk for long term complications of diabetes that can be costly, disabling, and even deadly.

Utilization controls and restrictive coverage policies sometimes prevent these devices from being accessible to individuals who would benefit from them. To ensure appropriate access to CGMs, ADA advocates for elimination of overly restrictive barriers to better align with the ADA's 2025 Standards of Care in Diabetes.

This includes the recommendation that CGMs should be accessible for diabetes management to youth and adults with diabetes on any type of insulin therapy. Current criteria in Oregon does not allow all insulin users access to these lifesaving devices. For example for those living with type 2 or gestational diabetes access to CGM is permitted only for those on short or intermediate-acting insulins. Additionally, current Medicaid requirements include access limitations tied to a lab test, referred to as an A1c, which are unnecessary and do not align with ADA's clinical guidelines, Medicare's criteria, nor many other state's criteria.

Through regulatory or legislative action, most states have already aligned their Medicaid coverage with Medicare's improved criteria.

Passing this legislation would allow Oregon to be in alignment with both the ADA's Standards of Care in Diabetes and Medicare's criteria to improve access to CGMs to help patients who would benefit from their use and prevent complications.

I respectfully ask for your support HB 2955. Thank you for the opportunity to testify today.