

DATE: March 3, 2025

TO: The Honorable Rob Nosse, Chair House Behavioral Health and Health Care Committee

FROM: Clare Pierce-Wrobel, Director
Health Policy and Analytics Division
Oregon Health Authority

SUBJECT: House Bill 2955

Chair Nosse and members of the committee;

The Health Policy and Analytics Division in the Oregon Health Authority welcomes the opportunity to describe the current coverage criteria for continuous glucose monitors (CGMs) under the Oregon Health Plan (OHP), and the process that led to their development by the Health Evidence Review Commission (HERC).

HERC's main task is to develop the Prioritized List of Health Services, which contains the evidence-based criteria which guide coverage for a variety of services for OHP. In 2022-2023, HERC expanded coverage of CGMs after an 18-month process, including extensive research and public engagement with members, providers and medical experts. The current criteria represent HERC's expertise and consideration of the available scientific evidence and perspectives brought by those who testified.

After these deliberations, HERC expanded coverage of CGMs for members who meet certain criteria, described in HERC's [Guideline Note 108](#). The criteria allow coverage for patients (children, adults and pregnant women) with diabetes who experience complications from their diabetes, have poorly controlled diabetes, or are unable to tell when their blood sugar is very low.

During its [research](#), the Commission found that CGMs have a low risk of harm, but there is no clear evidence that they provide significant benefits to patients other than a slight decrease in HbA1c levels. The HbA1c test shows average blood sugar levels over several months. While lowering the HbA1c value significantly improves health and prevents complications, the Commission found the effect of CGM use on HbA1c values is small and there is not enough evidence it would meaningfully improve health.

In summary, HERC based this conditional coverage on three factors:

- low confidence in the evidence of safety and effectiveness;
- the large number of public comments received in support over expanding coverage; and
- the importance of reducing access disparities for this higher-risk group of patients.

For people with diabetes who don't need insulin more than once a day, the Commission did not recommend coverage because there was no evidence that CGMs provide meaningful health benefits for this group.

Our staff is available to answer any questions the Committee may have as it considers this bill.



Sincerely,

Clare Pierce-Wrobel

Director, Health Policy and Analytics

Oregon Health Authority