

Submitter: Andrew Ahmann
On Behalf Of:
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Measure, Appointment or Topic: HB2955

I am a board-certified endocrinologist, Professor of Medicine, and former Director of the Harold Schnitzer Diabetes Health Center at OHSU (2007-2024). I have specialized in diabetes care for 35 years, have testified in front of the Health Evidence Review Commission on several occasions, worked with the OHA to gain the first CDC diabetes grant, chaired the committee that developed the Oregon Diabetes Guidelines with the OHA, and chaired the Oregon Diabetes Coalition when it partnered with the OHA to raise the awareness around diabetes management in primary care in Oregon 2 decades ago. I regret that I am not able to testify in person but feel strongly that HB 2955 is scientifically based and offers an opportunity for Medicaid patients to share the same access to continuous glucose monitoring (CGM) that Medicare patients have received for the last couple years. There is good evidence that patients with type 2 diabetes receive benefit from using CGM when on insulin whether it be a single dose of long-acting insulin daily or multiple doses. For example, the JAMA article published in 2021 by Martens, T et al demonstrated that primary care patients on a single dose of insulin daily had significantly better glucose control than patients who were randomized to check the glucose by fingerstick measurements. CGM has been well-accepted for type 1 diabetes for a decade but those with type 2 diabetes also benefit from the inherent guidance for behavioral change. Patients can see the effect of certain foods causing very high glucose levels and leading to dietary change. Likewise, they have an opportunity to see what effect even modest exercise has on glucose levels. The most obvious benefit is seeing what effect insulin adjustments have and avoiding low glucose levels that can be dangerous by warning patients before reaching that low level where cardiac arrhythmias, loss of consciousness, falls and fractures can occur. Healthcare changes over time and when technology offers new opportunities for safe and effective care at a reasonable cost, they must become available to all patients who stand to benefit. That time is overdue for patients with type 2 diabetes in Oregon.

Andrew J Ahmann, MD, MS
Professor of Medicine
Oregon Health & Science University.