

Submitter: Megan Beck
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2955

Dear Oregon Legislature,

I am writing to urge you to support HB 2955. I have worked as a Certified Diabetes Care and Education Specialist for the past 6 years. For the past 3 years, I have worked as an inpatient diabetes specialist at Legacy Emanuel, which is located in NE Portland and serves this historically black community as well as a large portion of low income and houseless folks. Providing access to Continuous Glucose Monitoring technology is the single best thing I can do as a provider to empower my patients and help them understand what is happening inside their body so that they can make actionable changes to lower their glucose levels and reduce risk of future complications related to diabetes. My patients who are able to use a CGM are often able to lower their A1c by at least 1% just by seeing, in real time, how their food intake, exercise, stress and sleep can impact glucose levels.

As a provider, too much of my time is spent writing prior-authorizations for this technology, only to be denied because my patients are on Oregon Health Plan Medicaid insurance. There are too many patient examples to provide here, so I will highlight a few examples.

Patients with elevated Hemoglobin A1c >8% may require multiple daily injections of insulin for optimal glucose control, however, this is not a realistic treatment plan for many patients. For example, patient A has been admitted to the hospital for treatment of diabetic ketoacidosis and found to have an A1c of 11%. This patient suffers from mental health issues and pt experiences periods of houselessness. When discussing treatment options with this patient, it was clear that the pt would not be able to perform multiple daily injections of insulin per day due to access, safety and housing. As a care team, we decided that the patient should discharge on 1x daily injection of long-acting insulin and oral medications to provide glucose control. Because of this, the patient was not able to access a continuous glucose monitor, which would have been imperative to this patient being able to closely monitor glucose levels, especially as they experience food insecurity and may be at an increased risk of hypoglycemia.

Gestational diabetes is one of the most stressful diagnoses a pt can get during pregnancy and it requires the pt to completely alter their way of life. They are required to check glucose levels 4x daily and often require insulin to manage glucose levels. Even for patients who do not require insulin during pregnancy, the burden of checking glucose levels so many times per day can impact their daily activities and

work schedule. Many of my pregnant patients feel stressed and embarrassed pulling out their glucose meter at work and at community events. Unlike most patients with diabetes, pregnant patients undergo a much higher level of scrutiny regarding their blood glucose levels since high or low glucose can have negative and even fatal effects on their baby. These patients are expected to follow up with a provider every 1-2 weeks and most of my patients have missed multiple glucose tests due to real world situations such as a busy work day, family emergency or forgetfulness. Covering CGMs for pregnant patients, no matter if they are on insulin, would be life changing for patients and it would help to improve outcomes for their babies. It is not only a practical device but an educational device, so these patients can see how to modify their diet and exercise to keep glucose levels in target range.

Thank you for the work that you do, your time and consideration on an issue that is so extremely important to the health of our patients.

Megan Beck, MS, RD, CDCES