

March 6, 2025

House Behavioral Health and Health Care Committee
900 Court St.
Salem, OR 97301

RE: SUPPORT for HB 2955 Continuous Glucose Monitoring (CGM) Systems

Chair Nosse and House Health Committee:

I am writing to urge you to support HB 2955. I work as a Certified Diabetes Care and Education Specialist at Legacy Emanuel Internal Medicine clinic. This is a safety net clinic, serving many indigent patients in the Portland metro area. Many of our patients have Oregon Medicaid insurance, limiting their access to continuous glucose monitors (CGM).

The 2025 American Diabetes Association Standards of Care states “CGM use allows for close tracking of glucose levels with adjustments of insulin dosing and lifestyle modifications and removes the burden of frequent blood glucose monitoring.” Additionally, there is a recommendation for “real-time CGM or intermittently scanned CGM for diabetes management to youth and adult with diabetes on any type of insulin therapy”.

Furthermore, the standards of care recommend considering using CGM “in adults with type 2 diabetes treated with glucose-lowering medications other than insulin to achieve and maintain individualized glycemic goals.” For patients on insulin therapy, “CGM devices should be used as close to daily as possible for maximal benefit.”

Recently, I met with a patient in my clinic with PacificSource Medicaid who takes an oral medication for her diabetes that increases her risk of hypoglycemia (Glyburide, which is a type of sulfonylurea). She was checking her blood sugars twice daily as advised, using a traditional glucometer, but we noticed a discrepancy between her reported blood sugars and hemoglobin A1C lab. I decided to place a sample CGM sensor was placed for 10 days and found it to be extremely helpful to discover nocturnal hypoglycemia that she experienced without any physical symptoms. This can be life threatening. The CGM data allowed her medical provider adjust her glyburide medication to prevent this moving forward. It also pointed out to her where her sugars were quite elevated after meals and the need for adjusting her nutrition intake and potential need for insulin or other diabetes medications in the future. Now since CGM is not covered by her insurance, she will have to go back to monitoring with a traditional glucometer try to monitor for hypoglycemia symptoms. What we will not necessarily be able to figure out is if she continues to have nocturnal hypoglycemia as she is asymptomatic.

Medicare covers CGMs for any patient that has been diagnosed with diabetes and is treated with any insulin OR patients has a history of hypoglycemia with documentation of following:

- one or more hypoglycemic events (level 2 hypoglycemia)
- one hypoglycemic event (level 3 hypoglycemia)

If my patient had medicare or a commercial insurance plan, she would have coverage for a CGM. Because she has an Oregon Medicaid plan, she does not have equitable access to a potentially lifesaving device placing her at high risk for complications of her diabetes.

I respectfully urge your support of HB 2955, which will provide needed coverage of CGMs for Oregon Medicaid enrollees.

Sincerely,

Erin Brewer, RD, CDCES

Dietitian, Diabetes Educator

Legacy Health

References:

American Diabetes Association Professional Practice Committee. (2025). Standards of Care in Diabetes—2025. Diabetes Care, 48(Supplement 1)