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March 27, 2023

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

RE: SUPPORT for HB 3380-1 Continuous Glucose Monitoring (CGM) Systems

Chair Nosse and House Health Committee Members:

Dexcom is pleased to provide this written submission in support of Rep. Tran's HB 3380-1 and urges the committee's support.

Founded in 1999 and based in San Diego, Dexcom, Inc. is the market leader in transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes¹. CGM technologies allow individuals with diabetes to track their glucose levels at regular intervals throughout the day and night and help patients with diabetes more accurately dose insulin. **According to the American Diabetes Association, CGMs are today's recognized Standard of Medical Care for effective diabetes treatment for those patients on insulin therapy.**

Patients with better management of their diabetes have better outcomes, a higher quality of life and cost significantly less to the state. Without proper care, diabetes patients are at increased risk of blindness, limb amputation, kidney failure and heart disease. These complications lead to a significant impact on healthcare utilization and costs. Real time CGM systems have been proven to improve glucose control through reductions in HbA1c and time spent in hypoglycemia. These improvements have been demonstrated for patients on insulin therapy regardless of one's education level, income, age or math ability². The alerts, alarms and share feature of real-time therapeutic CGM systems help address hypoglycemia and are extremely important in saving lives and saving money with reduced hospitalizations.

According to the US Preventive Services Task Force, the presence of uncontrolled gestational diabetes is associated with several poor health outcomes, including increased risk of cesarean delivery, fetal macrosomia birth injuries and neonatal intensive care unit admissions (NICU). Studies show that at or after 24 weeks of gestation treatment of gestational diabetes, including more carefully checking blood

glucose levels, was significantly associated with improved health outcomes for both mom and baby.³ Studies also show that CGMs may help women achieve glucose goals and reduce hypoglycemia.⁴

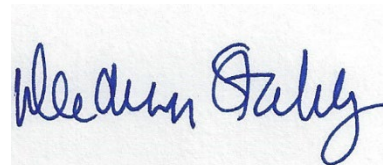
Medicare, most commercial plans and almost all state Medicaid programs cover CGMs for ALL patients with diabetes on insulin (see Exhibit 1 map). While we commend the Oregon Health Authority for being one of the first states to provide CGM coverage policy for patients with Type 1 diabetes, they have fallen far behind the American Diabetes Association's standards of care and created disparate care for those Medicaid patients with Type 2 diabetes. **Oregon is the only state in the Pacific Northwest that does not cover CGM for Type 2 Medicaid patients.** While the Health Evidence Review Commission (HERC) has reviewed the latest evidence for CGM coverage for Type 2 patients on insulin and gestational diabetes, they have not taken action to address this disparity in diabetes treatment for Medicaid patients.

Approximately 306,000 Oregonians (nearly 10% of the state's population) live with diabetes. Along with the increasing prevalence of diabetes in the state, medical expenditures related to this disease continue to rise, with diagnosed diabetes costing an estimated \$4.3 billion in Oregon each year.⁵ Oregon Medicaid patients do not have equitable access to diabetes technologies that are necessary to best manage their diabetes.

With the demonstrated improvements in patient health outcomes associated with CGMs and the corresponding financial savings opportunities, Dexcom strongly supports HB 3380-1.

We respectfully urge your support of HB 3380-1 which will provide needed coverage of CGMs for Oregon Medicaid enrollees with Type 2 diabetes and gestational diabetes.

Sincerely,

A handwritten signature in blue ink that reads "Dee Ann Stahly". The signature is written in a cursive style and is positioned above the typed name and title.

Dee Ann Stahly
Director, State Government Affairs
Dexcom, Inc.

References

1. See <https://www.dexcom.com/about-dexcom>
2. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults With Type 1 Diabetes Using Insulin Injections: The DIAMOND Randomized Clinical Trial. *Jama*. 2017;317(4):371-378.
3. <https://www.uspreventiveservicetaskforce.org/uspsf/document/final-evidence-summary/gestationaldiabetes-screening>.
4. <https://pubmed.ncbi.nlm.nih.gov/28585876/>.

5. [http://main.diabetes.org/dorg/docs/state-fact-sheets/ADV 2020 State Fact sheet OR.pdf](http://main.diabetes.org/dorg/docs/state-fact-sheets/ADV%2020%20State%20Fact%20sheet%20OR.pdf).

Exhibit 1

