



May 3, 2023

Chairs Steiner and Sanchez and Committee Members,

I am writing on behalf of the American Diabetes Association (ADA), the nation's largest voluntary health organization concerned with the health of people with diabetes. An estimated 37 million Americans and approximately 322,000 individuals in Oregon have diabetes<sup>1</sup>, a chronic illness that requires continuing medical care and ongoing patient self-management to prevent acute complications and reduce the risk of long-term complications, such as blindness, amputation, kidney failure, heart attack, and stroke. We ask for you to include funding needed to expand access to continuous glucose monitors (CGM) for Medicaid enrollees diagnosed with type 2 and gestational diabetes, as outlined in House Bill 3380. We are respectfully requesting the funding needed for the Oregon Health Plan to expand coverage for CGMs which would have a biennial fiscal impact of \$7,231,404 for the General Fund and \$16,402,112 in Federal Funds.

Advances in treatments, including continuous glucose monitoring (CGM), have been shown to be effective tools in diabetes management and the prevention of tragic and costly complications associated with the disease. Unfortunately, there continue to be gaps in access to CGM and other technologies among under-served populations, including – and perhaps most acutely – in the Medicaid population. A recent study conducted by the ADA found CGM utilization among Medicaid beneficiaries, particularly among older people, and Black and Brown people, to be lowest across all payers. According to the study, Medicaid beneficiaries who take insulin were two to five times less likely to use a CGM than those with commercial health insurance coverage.<sup>2</sup> This disparity in coverage is particularly troubling considering individuals with diabetes are more than twice as likely to receive their health care from Medicaid as those without diabetes.

***Support funding needed to ensure coverage for people with type 2 and gestational diabetes who use insulin***  
ADA's 2022 *Standards of Medical Care in Diabetes (Standards)*, which is updated annually by a committee of U.S. experts in diabetes care, provides that the use of professional CGM and/or intermittent real-time or intermittently scanned CGM can be helpful in identifying and correcting patterns of hyper- and hypoglycemia and improving A1C levels in people with diabetes.<sup>3</sup> Additional studies have shown that people with Type 2 diabetes have seen a reduction in A1C levels after using a CGM and ultimately experience improved glycemic control.<sup>4</sup>

The American Diabetes Association's Health Equity Bill of Rights envisions a future without unjust health disparities. This bill addresses a key piece of the Health Equity Bill of Rights – the right to the latest medical advances. The latest advances in diabetes management should be accessible for all who stand to benefit from them.<sup>5</sup> The ADA believes medical technologies, like continuous glucose monitors can be instrumental in treating and helping people with diabetes thrive. Should you have any questions regarding these comments, please contact me at [ckemp@diabetes.org](mailto:ckemp@diabetes.org).

Sincerely,

Carissa Kemp  
Director of State Government Affairs

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<sup>1</sup> Diabetes Incidence: National Diabetes Statistics Report—2022, [cdc.gov/diabetes/data/statistics-report/index.html](https://www.cdc.gov/diabetes/data/statistics-report/index.html)

<sup>2</sup> <https://diabetes.org/sites/default/files/2021-10/ADA%20CGM%20Utilization%20White%20Paper.pdf>

<sup>3</sup> American Diabetes Association: Standards of Medical Care in Diabetes 2022, *Diabetes Care* 45: Supp. 1, p.S100-S102 (January 2022).

<sup>4</sup> Peek ME, Thomas CC. Broadening Access to Continuous Glucose Monitoring for Patients With Type 2 Diabetes. *JAMA*. 2021;325(22):2255–2257. doi:10.1001/jama.2021.6208

<sup>5</sup> <https://diabetes.org/healthequitynow>