March 11, 2026

Subject: Opposition to H.160 – Impacts to Medical Device Safety, Reliability, and Patient Access

Dear Members of the House Committee on Commerce and Economic Development,

I am writing on behalf of Dexcom, Inc., a global leader in continuous glucose monitoring (CGM) systems for people living with diabetes, to respectfully express our opposition to H.160, the proposed medical device right-to-repair legislation.

Dexcom CGM systems are Class II, FDA-regulated devices with highly integrated sensors, transmitters, and electronics. People living with diabetes use CGMs to give real-time glucose readings to help treat and manage their diabetes. Dexcom CGMs also integrate with automated insulin delivery systems. Unlike traditional capital equipment, these components are not repairable by design—they are sealed, disposable, and manufactured to stringent performance tolerances. Opening or modifying these devices can undermine overall functionality and reliability and more specifically the sterility and accuracy of the CGM.

Dexcom fully supports patient access, clinician empowerment, and timely device servicing. However, as currently drafted, H.160 raises significant concerns regarding patient safety, device integrity, regulatory compliance, and health outcomes for the over four thousand Vermont residents who rely on Dexcom CGM technology to manage a life-threatening diabetes.

CGM users rely on real-time glucose readings to avoid life-threatening hypoglycemia or hyperglycemia. Even small, undetectable changes in calibration or signal transmission can have catastrophic consequences.

Because CGMs are disposable and not intended for repair, Dexcom already provides around the clock technical support. We also offer comprehensive troubleshooting and education and ensure fast delivery of replacements at no cost to the user. This system ensures that patients never rely on compromised, altered, or improperly serviced devices.

As currently drafted, H.160 mandates broad disclosure of proprietary tools, software interfaces, and diagnostic materials. For Dexcom devices, such access would enable unvalidated modifications outside FDA-approved specifications and introduce risks of device malfunction or incorrect glucose readings. In addition, because our devices are not designed to be repaired, many of the materials referenced in the bill do not exist, so Dexcom would be required to create them to comply with the legislation.

We welcome the opportunity to provide additional information, technical expertise, or proposed amendments.

Thank you for considering our perspective and for your commitment to the health and safety of Vermonters.

Sincerely,

Bill Raines

Bill Raines
Senior Director, US Government Affairs
Dexcom, Inc.