

Modernize Medicare Coverage For More Equitable, Evidence-based Access to Diabetes Technologies

Each year millions of Americans look forward to reaching the age of Medicare eligibility, when their health insurance is no longer tied to their job or a partner's. For people with diabetes, the transition from employer-provided coverage to Medicare can lead to significant disruptions in care.

Innovation in diabetes care is advancing at a remarkable pace. There are more medications, devices, software and technology, than ever before. Medicare coverage determinations often become the accepted standard for commercial insurers. If Medicare covers it, other insurers are likely to follow. But in diabetes, standards of care change so rapidly – along with individual patient needs – that Medicare adoption of innovative products often lags behind commercial insurers.

Among many temporary federal policy changes and waivers issued during the Public Health Emergency (PHE) declared during the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) eased burdensome coverage criteria in place for continuous glucose monitors (CGM) and insulin pumps. During the PHE, people with diabetes prescribed these devices weren't subjected to unnecessary lab tests and office visits. They weren't asked to prick their fingers to test their blood glucose levels four times per day then log the results just to be eligible for Medicare coverage of a device that obviates testing.

Barring an administrative reprieve, these waivers expire along with the PHE in May 2023. There is good news for CGM users. With encouragement from the co-chairs of the diabetes caucuses in the House and Senate, and advocacy from patients, providers, suppliers and other stakeholders, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) took a critically important step forward. They finalized a new Local Coverage Determination (LCD) L33822 that reflects clear, objective CGM coverage criteria based on clinical evidence and national practice guidelines. In a statement applauding the new LCD, DLC Board Chair Stewart Perry, who testified on behalf of Medicare beneficiaries with diabetes at a November 15, 2022, DME MAC public hearing, said, "Today marks a significant step toward Medicare coverage that truly reflects evolving diabetes technologies and standards of care. By improving coverage criteria for CGM, the Biden Administration is paving the way for more affordable and equitable access to life-changing and lifesaving, but under-utilized, diabetes technology."

Diabetes advocates widely applauded the progress on CGM coverage, yet evidence-based Medicare coverage of insulin pumps may be at risk once the PHE expires – whether beneficiaries are using them alone or as part of an automated insulin delivery (AID) system. Coverage criteria for insulin pumps is addressed in National Coverage Determination 280.14. The multi-stakeholder Diabetes Technology Access Coalition, of which DLC is a member, submitted an NCD reconsideration request but Medicare CAG has given no indication of prioritization or timeline despite the looming PHE coverage cliff.



Mounting clinical evidence supports expanded use of CGM, insulin pumps and AID systems to improve health outcomes for people with diabetes. They have become a standard of care, represented in national clinical guidelines from The Endocrine Society, American Association of Clinical Endocrinologists and American Diabetes Association. The Association of Diabetes Care and Education Specialists has created a virtual platform to help its members keep pace with the ever expanding set of diabetes management technologies, including CGM, pumps, AID systems, as well as health apps and digital therapeutics.

Medicare beneficiaries cannot continue to be excluded from these standards of care based on outdated coverage criteria. Under the status quo, diabetes technologies will continue to be under-utilized by Medicare beneficiaries, with access skewed toward non-Hispanic whites rather than Black and Brown communities, which bear a disproportionately higher diabetes burden.

Current insulin pump coverage criteria are detrimental to the quality and continuity of patient care, administratively burdensome to providers and confusing for suppliers. Members of Congress, through membership in the diabetes caucuses, among the largest caucuses on the Hill, can help shift

About the Diabetes Leadership Council (DLC) DLC is a 501(c)(3) patient advocacy organization comprised of individuals who combine their passion for advocacy with decades of diabetes experience and leadership to advance patients-first policies at the local, state and national levels. We are people with diabetes, parents of children with diabetes, allies and tireless volunteers dedicated to improving the lives of all people impacted by this condition. Our members – all former leaders of national diabetes organizations – engage policymakers, and public and private sector influencers to call attention to the diabetes epidemic and provide a voice for 37 million Americans living with diabetes.

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