December 3, 2024

The Honorable Charles Schumer
Democratic Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Republican Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Democratic Leader
U.S. House of Representatives
Washington, DC 20515

Re: Urging Extension of Medicare Telemedicine Flexibilities to Support Diabetes Care

Dear Leader Schumer, Leader McConnell, Speaker Johnson, and Leader Jeffries:

The Diabetes Technology Access Coalition (DTAC) urges Congress **to extend Medicare telemedicine flexibilities for at least one year before it expires on December 31, 2024**. Without action, millions of Medicare beneficiaries, including those managing diabetes, risk losing critical access to care that has proven essential for effective disease management.

DTAC is a cross-industry group of diabetes stakeholders. Collectively, the coalition members represent millions of Americans with diabetes, health care professionals who treat them, and major manufacturers that develop diabetes therapies, equipment, and supplies. Thus, our coalition represents those who manufacture and develop diabetes technology, the health care professionals who rely on this technology to best treat their patients, and the patients who benefit from the technologies.

Diabetes remains one of the most prevalent chronic diseases in the United States and the prevalence of both type 1 and type 2 diabetes has been rising over the last 20 years, largely driven by new cases of type 2 diabetes.[1] The prevalence of type 2 diabetes is only expected to grow in the coming years, as an estimated 54.9 million Americans will have diabetes in 2030,[2] compared to the estimated 38.4 million individuals who currently have diabetes.[3] Likewise, the prevalence of type 1 diabetes has increased in the last two decades, which was mostly driven by new cases among our nation's youth.[4] Both type 1 and type 2 diabetes can have devastating effects on long term health, as they are associated with an increased risk of cancer, hospitalization, heart disease, chronic kidney disease, amputations, blindness, and other severe health consequences.

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[1] *National Diabetes Statistics Report*, Centers for Disease Control and Prevention, https://www.cdc.gov/diabetes/php/data-research/index.html. According to the Centers for Disease Control and Prevention (CDC), their reports and estimates of diabetes typically do not differentiate between type 1 and type 2 diabetes, but that type 2 diabetes accounts for 90 to 95 percent of all diabetes cases, *see Methods: National Diabetes Statistics Report*, Centers for Disease Control and Prevention, https://www.cdc.gov/diabetes/data/statistics-report/methods.html.

[2] William Rowley, et. al., *Diabetes 2030: Insights from Yesterday, Today, and Future Trends*, 20 Population Health Mgmt. 6 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5278808/.

[3] *National Diabetes Statistics Report*, Centers for Disease Control and Prevention, https://www.cdc.gov/diabetes/php/data-research/index.html.

[4] Jasmine Divers, et. al., *Trends in Incidence of Type 1 and Type 2 Diabetes Among Youths — Selected Counties and Indian Reservations*, United States, 2002–2015, 69 Morbidity and Mortality Weekly Report 161 (2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a3.htm?s_cid=mm6906a3_w.

In general, we support expanded and more flexible coverage of diabetes care, including through the use of diabetes equipment, technology, and education. Our primary concern with respect to diabetes care is to ensure coverage and access to the diabetes care that is most appropriate for each person with diabetes' unique circumstances. Individuals with diabetes uniquely experience their disease and therefore greatly benefit from unique care plans as determined between the individual and health care professional. In turn, this means that all individuals with diabetes must have ready access to a comprehensive and flexible set of treatment options through the modality of their choice, whether it be in-person, through audio and/or visual communication, or a mix of both.

As you know, via the *Consolidated Appropriations Act, 2023*, Congress extended Medicare telemedicine flexibilities that were in place during the COVID-19 public health emergency (PHE) until the end of 2024. These flexibilities have eased Medicare beneficiaries' ability to access essential diabetes technologies and have transformed diabetes care especially since coverage of such technologies is dependent on regular visits with their prescribing provider. For instance, Medicare's coverage policy for insulin pumps requires beneficiaries to visit their prescribing provider every three months in order to continue using the technology.[5] Additionally, the coverage policy for continuous glucose monitors (CGMs) requires similar visits every six months.[6] However, with the telehealth flexibilities allowed by Congress, Medicare beneficiaries have been able to attend these visits via telemedicine, ensuring that the hundreds of thousands of beneficiaries who use these critical devices can continue to do so without disruption to their care. Both insulin pumps and CGMs are considered part of the standard of care, and the evidence justifying their use is voluminous.[7]

We note that studies show telemedicine significantly improved glycemic control among Medicare beneficiaries with type 2 diabetes during the pandemic, demonstrating its safety and efficacy.[8] Accordingly, the American Academy of Family Physicians recommends telemedicine as an essential tool alongside in-person visits to optimize glycemic control in patients with uncontrolled diabetes.[9]

Additionally, telemedicine bridges critical gaps in care for rural and underserved communities where access to endocrinologists and diabetes care and education specialists are often limited.[10] Permitting individuals in rural and underserved communities to see their diabetes provider from home, as appropriate for their care, allows them to easily access their provider without the onerous travel times they typically face. As

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[5] *National Coverage Determination: Infusion Pumps, No. 280.14*, Centers for Medicare & Medicaid Services (Dec. 17, 2004), https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=223&ncdver=2.

[6] *Local Coverage Determination: Glucose Monitors, No. L33822*, Centers for Medicare & Medicaid Services (Mar. 2, 2023), https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822.

[7] American Diabetes Association Professional Practice Committee, *Diabetes Technology: Standards of Care in Diabetes—2024*, 47 *Diabetes Care* S126 (Jan. 2024)–S144, https://diabetesjournals.org/care/article/47/Supplement_1/S126/153939/7-Diabetes-Technology-Standards-of-Care-in.

[8] Walter Brigham, et. al., *Telehealth and Medicare Type 2 Diabetes Care Outcomes - Evidence From Louisiana*, 61 Medical Care S77 (2023), https://journals.lww.com/lww-medicalcare/fulltext/2023/04001/telehealth_and_medicare_type_2_diabetes_care.13.aspx;

[9] Rashmi Mullur, et. al., *Telemedicine in Diabetes Care*, 105 American Family Physician 281 (2022), https://www.aafp.org/pubs/afp/issues/2022/0300/p281.html.

[10] See, e.g., Giulio Romeo, et. al., *The Arduous Path Toward Equitable Access to Endocrinology Care*, Journal of the Endocrine Society (July 15, 2024), https://academic.oup.com/jes/article/8/9/bvae134/7713859; Stephanie Rutledge, et. al., *Diabetes Self-Management Education Programs in Nonmetropolitan Counties — United States, 2016*, 66 Morbidity and Mortality Weekly Report 1 (2017), https://www.cdc.gov/mmwr/volumes/66/ss/ss6610a1.htm?s_cid=ss6610a1_w.

such, individuals using telemedicine for their diabetes care are highly satisfied with their experiences.[11] Additionally, for Medicare beneficiaries with mobility challenges or disabilities, telehealth provides a vital means of accessing care that might otherwise be out of reach.

Should Congress not act, millions of Medicare beneficiaries will lose access to this essential form of care. We thus urge Congress to extend Medicare telehealth flexibilities past December 31, 2024 for at least one year. Any extension shorter than one year will not give providers the stability needed to schedule and set telemedicine appointments for Medicare beneficiaries. For example, a three-month extension into March 2025 would very likely still hinder access to telemedicine services because without the certainty that Medicare telemedicine visits will continue, providers have begun to ask their patients to come in person. Therefore, we urge Congress to ensure that any extension of Medicare telehealth flexibilities last at least one year as this will ensure equitable and uninterrupted care for individuals managing diabetes. Telemedicine is not just a convenience - it is a necessity for effective management and better health outcomes for so many people living with diabetes.

Please feel free to contact Brian Lee at brian.lee@alston.com should you have any questions or if there are more details we can provide.

Sincerely,

Timothy P. Trysla
Executive Director
Diabetes Technology Access Coalition

[11] Chun-An Sun, et. al., *Experiences and Perceptions of Telehealth Visits in Diabetes Care During and After the COVID-19 Pandemic Among Adults With Type 2 Diabetes and Their Providers: Qualitative Study*, JMIR Diabetes (July 2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10394605/#ref21.

Diabetes Technology Access Coalition
Represented by the Following

- Association of Diabetes Care & Education Specialists
- Breakthrough T1D
- Dexcom, Inc.
- Diabetes Leadership Council
- Insulet Corporation
- Medtronic
- Sequel Med Tech
- Tandem Diabetes Care
- The Leona M. and Harry B. Helmsley Charitable Trust
- Tidepool