

POSITION STATEMENT:

Expand U.S. Health Plan Guidelines for Coverage of Diabetes-Related Medications and Supplies

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SUMMARY STATEMENT

The Society of Behavioral Medicine and the Society for Health Psychology (Division 38 of the American Psychological Association) support legislation that requires public and private insurers to expand coverage guidelines and lower out-of-pocket costs for diabetes-related supplies and medications to increase access and reduce financial burden on persons with diabetes. This position statement is endorsed by the Association of Diabetes Care & Education Specialists.



THE PROBLEM

Patient quote: "You've got to demonstrate you've met with an endocrinologist within so much time and they've got to have certain documents, and there are times I've come close to running out of supplies for the [insulin] pump because of the back-and-forth from my physician to our supplier."

Optimal diabetes management requires adherence to key behaviors including monitoring blood glucose and taking medications as prescribed. For many, however, diabetes self-management is a major time and financial burden, contributing to racial/ethnic and socioeconomic disparities in diabetes-related care and outcomes.^{1,2,3}

- People living with diabetes have medical expenses 2.3 times higher than those without diabetes.⁴
- The cost of insulin has increased by over 1000% in the last 25 years.^{5,6}
- 17% of people with diabetes report not taking their medications as prescribed due to cost which is associated with poor glycemic management.^{7,8}
- High costs of insulin has led to insulin rationing related deaths.^{5,6}
- The financial burden of diabetes exacerbates other health-related social needs such as food insecurity.⁹

There has been an increased promotion of diabetes technology (e.g., continuous glucose monitors [CGMs] and insulin pumps) during the COVID-19 pandemic.

- CGMs and insulin pumps reduce the burden of multiple finger sticks and injections,^{10,11} and improve glycemic management.^{11,12}
- Cost, eligibility criteria, and health literacy level, however, contribute to racial/ethnic and socioeconomic inequities in access and continued use of diabetes technology.^{13,14}
- Recently, a number of people with diabetes reported not starting diabetes technology and delaying refills of needed supplies for CGM or pump during the pandemic due to financial constraints.¹⁵

To be continually approved for an insulin pump, people with diabetes have to attend quarterly face-to-face visits with their provider.^{10,16} Among 241 people with diabetes surveyed, 64% reported leaving the pump at the same site on their body and 34% reported reusing pump supplies because of barriers to meeting the quarterly visit criteria.

- These poor self-management behaviors increase risk for adverse outcomes such as poor glycemic management and irritation or infection at the pump site.¹⁶

CURRENT POLICY

In May 2020, the Centers for Medicare and Medicaid Services (CMS) waived the requirements for in-person clinic visits, lab tests, and finger sticks for people with diabetes using continuous glucose monitors (CGM) due to the pandemic.¹⁸ This change in policy is important as it will reduce the amount of paperwork for providers and increase access to CGM. However, there are still some limitations with this policy change:

- It is not clear if this policy change will be permanent.
- Among the 35 states with Medicaid coverage for CGM, requirements still vary based on age and type of diabetes¹⁷ and private insurers still do not cover CGM for type 2 diabetes.¹⁰
- Unfortunately, Medicare still requires quarterly face-to-face visits with a health care provider to cover insulin pumps¹⁶ even during the pandemic.¹⁸ This requirement limits access to insulin pumps, and increases risk for exposure to COVID-19 and other infectious diseases and the likelihood of adverse outcomes due to rationing supplies.

The 21st Century Cures Act ("Reducing Overpayments of Infusion Drugs") led to a 304% increase in the cost of insulin, particularly for pump users.^[19] Because insulin is covered based on how it is administered – Medicare Part D if administered by syringe or Medicare Part B if via pump – people with diabetes using an insulin pump are paying an average copay of \$54.26 per month for insulin, creating a financial burden for many people with diabetes and their families.¹⁹

CMS 2021 Proposed Rule will expand coverage of all CGM types - "therapeutic" and "non-therapeutic."²⁰ If passed, this would be a major step forward in increasing access to CGMs. However, for people with diabetes using a "non-therapeutic" CGM, reimbursement for CGM supplies will be cut by an estimated 80%.

RECOMMENDATIONS

The American Diabetes Associations' Health Equity Bill of Rights states that all Americans with diabetes, prediabetes, or at risk for diabetes deserve basic human rights, including, but not limited to: affordable access to insulin and other medications, insurance to cover diabetes care needs, and access to up-to-date medical advances, such as CGM. CMS and private insurers must develop *policies to explicitly address the access limitations and cost burden associated with all diabetes medications and supplies* including, but not limited to, insulin.

To acknowledge, support, and address the rights of people with diabetes, we make the following recommendations:

Recommendation #1:

CMS and private insurers should set cost-limits for all diabetes-related medications and supplies, and eliminate consumer out-of-pocket costs. They should use a value-based benefits design to emphasize clinical value, which has been shown to benefit patients, providers, and insurers, while also reducing out-of-pocket costs and improving engagement for people with diabetes.

Recommendation #2:

Specific policies should be enacted by CMS and private insurers that take into account contextual factors such as social determinants of health to facilitate freedom of choice with regard to supplies, emerging medical technologies, and management methods (i.e., CGM, pump), to address, rather than exacerbate, health disparities by increasing access to diabetes technology and supplies to all people with diabetes.

Recommendation #3:

CMS should formally continue the May 2020 policy change that covers CGM technology without an in-office visit and other barriers to access. This policy should be extended to insulin pumps for people with diabetes.

Consistent with these recommendations, we support Congress reconsidering the following legislation developed by the U.S. Congressional Caucus on Diabetes:

- Protecting Access to Diabetes Supplies Act (H.R. 771)
- Preventing Diabetes in Medicare Act (H.R. 1686)
- Medicare CGM Access Act (H.R. 1427)

This is an official statement of the Society for Health Psychology, Division 38 of the American Psychological Association, and does not represent the position of the American Psychological Association or any of its other Divisions or subunits.

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ENDORSEMENTS

