October 14, 2026

The Honorable Brett Guthrie
Chair
Energy & Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Energy & Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chair Guthrie and Ranking Member Pallone,

As groups representing people living with diabetes and health professionals, we are writing to express our continued concern that Centers for Medicare & Medicaid Services (CMS) applying the competitive bidding program (CBP) to continuous glucose monitors (CGMs) and insulin pumps will leave Medicare beneficiaries without access to these critical, lifesaving diabetes technologies. We urge you to pass legislation that blocks or delays implementation of the CBP for CGMs and insulin pumps until CMS can ensure patient access to these technologies will not be disrupted and Medicare beneficiaries' health will not be put at risk.

CGMs and insulin pumps are critical elements of diabetes management, included as part of the American Diabetes Association's[1] and the American Association of Clinical Endocrinology's[2] standards of care for people with diabetes, and as part of the Endocrine Society's clinical practice guidelines on diabetes and glucose metabolism[3]. CGMs and insulin pumps can work together to adjust insulin delivery based on glucose levels in what is known as an Automated Insulin Delivery (AID) system. Research has shown that use of these technologies results in better health for people with diabetes.[4] Real-world data shows that AID systems provide significant glycemic improvements in people with both Type 1 and Type 2 diabetes in the Medicare population.[5] These technologies are also cost-effective, reducing hospitalizations and emergency department visits, with total savings to federal health care programs in the billions of dollars over the last couple of decades.[6]

CMS finalized a new, untested payment model for CGMs and insulin pumps in the Calendar Year (CY) 2026 Home Health Prospective Payment System rule that includes these devices in the CBP.[7] The new payment model means that beneficiaries would perpetually rent their devices from Medicare durable medical equipment (DME) suppliers instead of the current rent-to-own or purchase model. However, CMS has not explained how a rental model would work for technologies like insulin pumps that are approved by the FDA for single use.

Under the rule, only ten or fewer suppliers nationwide would be responsible for furnishing insulin pumps and CGMs to Medicare beneficiaries. Additionally, these same suppliers would be responsible for maintenance, software updates, and recalls of technologies. The rule would also shift the responsibilities for education and training from device manufacturers to suppliers

who have no demonstrated expertise in providing this type of education and no experience hiring or contracting with device educators. It would also require suppliers with no experience handling sensitive patient information to take on responsibility for managing this data simply because this personal health information is contained within the devices.

Further, suppliers are likely to require that rented devices be returned by beneficiaries before they can obtain a new one, and CMS has not set out a requirement or process to prevent this from happening. Requiring beneficiaries to go days or even weeks without their technology will significantly impair patient's ability to self-manage their blood sugar, posing an immediate threat to patient health and increasing the risk of hospitalization and other severe consequences.

In a recent survey of a large sample of Medicare suppliers, forty seven percent anticipate a significant business viability risk because of the CBP, meaning they would have to close one or more locations, will face a high risk of going out of business, or may have to close the business entirely.[8] Seventy one percent of Medicare suppliers also reported that these changes will impact their ability to sustainably serve patients outside of Medicare fee-for-service.[9]

Despite extensive comments and feedback from patient and provider communities, CMS finalized the new CBP program and now Medicare beneficiaries with diabetes may lose access to devices with proven benefits to the patient. Currently, there are few suppliers who have expertise in providing beneficiaries with both insulin pumps and CGMs, and none with the expertise to provide the other newly required services described above. Currently, there are no requirements from CMS that suppliers prove they can provide all of these new services when the CBP begins.

For example, CMS has not provided specific requirements to ensure that suppliers employ or contract with qualified diabetes care and education specialists or other appropriately trained healthcare professionals to educate beneficiaries on how to use the technology, nor has the agency directed suppliers as to how they should incorporate additional costs associated with the CBP into their bid amounts. Given their sophisticated software, phone, device reader, and web interfaces, data-sharing options, interoperability capabilities, and the fact that a primary use of these devices is to determine how much insulin a person with diabetes puts into their body, the training required to use a CGM or insulin pump is much more extensive than the "instructions for use" that may be required for other categories typically found in the CBP.

The regulations and guidance promulgated by CMS are also insufficient to require that suppliers carry all diabetes technologies, meaning suppliers could steer patients to the diabetes device most economically favorable to the supplier instead of the one the patient and provider determine is best for the patient's clinical and physical needs. This could also result in patients being unable to access CGMs and insulin pumps that are interoperable with each other, causing a significant disruption to patient access. There are not enforceable requirements for suppliers to provide the combination of devices necessary for people with diabetes, as not all CGMs and insulin pumps are able to interact with each other.

CMS is providing a very short six-month transition period to the CBP for all stakeholders. This means that Medicare beneficiaries will have only six months to switch to a contract supplier under the new CBP. Significant transition time will be required of all stakeholders, including CMS, to go from hundreds of suppliers of these technologies to just ten. Beneficiaries will have to find a new supplier who offers their device. Beneficiaries forced to switch technologies will need to learn how to use their new devices. Suppliers will have to ensure that beneficiaries qualify for technology. Providers will have to recertify that beneficiaries meet coverage requirements, potentially requiring a patient visit, laboratory tests, and other types of healthcare services before coverage requirements are met for each device.

We request that you delay the CBP for CGMs and insulin pumps until CMS can make changes to the program to ensure that beneficiary safety and access to these critical diabetes technologies are not at risk.

Sincerely,

American Association of Clinical Endocrinology
American Diabetes Association
Association of Diabetes Care and Education Specialists
Beyond Type 1
Blue Circle Health
Children with Diabetes
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
diaTribe
Endocrine Society
The Diabetes Link
T1D Exchange

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[1] https://diabetesjournals.org/care/issue/49/Supplement_1
[2] https://www.endocrinepractice.org/action/showPdf?pii=S1530-891X%2821%2900165-8
[3] https://www.endocrine.org/clinical-practice-guidelines/diabetes-mellitus-and-glucose-metabolism
[4] Mercedes J. Burnside, et. al., Open-Source Automated Insulin Delivery in Type 1 Diabetes, 387 New England J. of Med.869 (2022), https://www.nejm.org/doi/full/10.1056/NEJMoa2203913; Yogish Kudva, et. al., A Randomized Trial of Automated Insulin Delivery in Type 2 Diabetes, 392 New England J. of Med.1801 (2025), https://www.nejm.org/doi/full/10.1056/NEJMoa2415948.
[5] https://journals.sagepub.com/doi/10.1089/dia.2022.0206
[6] Estimated federal cost savings from the Special Diabetes Program, Avalere Health (July 7, 2025), https://advisory.avalerehealth.com/wp-content/uploads/2025/07/White-Paper_Estimated-federal-cost-savings-from-the-Special-Diabetes-Program.pdf.
[7] https://www.federalregister.gov/documents/2025/12/02/2025-21767/medicare-and-medicaid-programs-calendar-year-2026-home-health-prospective-payment-system-hh-pps-rate
[8] https://aahomecare.org/Competitive-Bidding
[9] https://aahomecare.org/Competitive-Bidding