October 30, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Modernizing Medicare insulin pump coverage by removing outdated C-peptide and beta-cell antibody testing requirements

Dear Administrator Oz:

As organizations committed to improving the health, independence, and quality of life of older adults and people with chronic conditions, we write in partnership with the diabetes community to respectfully urge the Centers for Medicare & Medicaid Services (CMS) to act on the pending 2022 reconsideration request to modernize National Coverage Determination (NCD) 280.14 for insulin pumps.

We appreciate CMS's work to support better health outcomes and access for Medicare beneficiaries. We urge CMS to use enforcement discretion now and inform the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) that C-peptide and beta-cell antibody testing should no longer be required for insulin pump coverage. This practical step would align Medicare policy with current evidence and help beneficiaries avoid unnecessary disruptions in care.

Why We Stand with the Diabetes Community

For many Medicare beneficiaries, healthy aging is shaped by more than one diagnosis. Diabetes often intersects with other chronic and age-related conditions that affect mobility, cardiovascular and kidney health, vision, cognition, and daily quality of life.

Our organizations recognize that supporting access to appropriate diabetes technology is part of a broader commitment to healthy aging. Standing together helps ensure that people with complex health needs can avoid preventable complications, remain independent, and age with dignity.

The Need for Timely Action

NCD 280.14 requires newly enrolled Medicare beneficiaries to requalify for insulin pump technology using tests that are outdated, no longer used for this purpose in routine practice, and not required by any other U.S. payer.

For people who rely on insulin pumps, this requirement can mean losing access simply because they become eligible for Medicare and do not meet outdated C-peptide or beta-cell antibody testing criteria. Disruptions in pump access can destabilize diabetes management, diminish quality of life, and increase the risk of avoidable complications and hospital stays.

The impact is significant: roughly 200 of the 3,000 people with diabetes who age into Medicare each day may be affected.

Current Standards of Care

Current clinical standards no longer support these testing requirements. The American Diabetes Association (ADA) and the American Association of Clinical Endocrinology (AACE) recognize insulin pumps and automated insulin delivery (AID) systems as important diabetes treatment tools, and the ADA Standards of Care state that "there should be no requirement of C-peptide level, the presence of islet autoantibodies, or duration of insulin treatment before initiation of CSII [continuous subcutaneous insulin infusion] or AID."

Medicare beneficiaries should not be asked to clear outdated hurdles to continue using insulin pump therapy that helps them safely manage their diabetes.

Recommended Immediate Action

We respectfully urge CMS to use enforcement discretion immediately and direct the DME MACs not to require C-peptide or beta-cell antibody testing for beneficiaries seeking insulin pump coverage.

CMS has used targeted flexibility outside of an active public health emergency to protect access while policy details are clarified. For example, after FDA removed REMS requirements for CAR-T therapies, Medicare contractors clarified that CAR-T claims no longer had to be tied to an FDA REMS-approved facility for dates of service on or after June 26, 2025. CMS has also continued CLIA enforcement discretion for remote review of digital laboratory data, results, and images when safeguards are met.

A similarly narrow and practical use of enforcement discretion here would protect beneficiaries while CMS updates NCD 280.14 to reflect current evidence and standards of care. We would welcome the opportunity to work with CMS and other stakeholders to support a smooth, evidence-based path forward.

Thank you for your attention to this important issue and for your leadership in supporting Medicare beneficiaries' health and independence. We look forward to working collaboratively with CMS to ensure that older adults with diabetes can maintain access to the tools they need to live well and age well.

Sincerely,

Alliance for Aging Research
America's Physician Groups
American Diabetes Association
ASCP - Age Friendly Pharmacists and Pharmacies
Blue Circle Health, inc.
California Chronic Care Coalition
Caregiver Action Network
CaringKind
Children with Diabetes
Chronic Care Policy Alliance
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Global Coalition on Aging
HealthHIV
Lupus and Allied Diseases Association, Inc.
National Alliance for Caregiving
National Association of Hispanic Nurses
National Minority Quality Forum
Neuropathy Action Foundation
Nevada Chronic Care Collaborative
Partnership to Fight Chronic Disease
Patients Rising
The Balm In Gilead, Inc.
Voices of Alzheimers