

CAPITOL STREET

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Senate 'Diabetes Act' Calls for Infusion Pump NCD

We Could See CMS Address Continuous Glucose Monitor NCD & LCDs in 2026/27

Relevant Companies



dexcom

insulet

Medtronic

Senseonics



»» Our Take & Next Up

The bipartisan *DIABETES Act* ([introduced March 11](#)) requires that CMS issue a proposed National Coverage Determination (NCD) for insulin infusion pumps within 180 days of enactment. The legislation from Senate Diabetes caucus co-chairs, Sens Shaheen (D-NH) and Collins (R-ME), also delays until 2031 inclusion of continuous glucose monitors (CGMs) and insulin pumps in Medicare's durable medical equipment competitive bidding program (DME CBP). We believe that is unlikely to happen.

We do not believe that the bill will pass as is but note that influential Senators urge CMS to issue a draft NCD for infusion pumps, which could push the agency to act (without bill passage having to take place). Sometimes messaging via legislation is enough to move an agency on an issue, particularly one that is long overdue. With American Diabetes Association (ADA), along with other groups like Diabetes Technology Access Coalition (Dexcom, Lifescan, JDRF, others) requesting that CMS open an NCD for insulin pumps, while addressing CGM NCDs and LCDs, we believe that there will likely be movement in 2026-27.

»» Key Points

While much of the *DIABETES Act* is focused on diabetes-self management training and DME CB, there is NCD language that requires CMS to act on infusion pumps. Sens. Shaheen (D-NH) and Collins (R-ME), Co-Chairs of the Senate Diabetes Caucus, on March 11 [introduced](#) the *Diabetes Interventions Addressing Barriers to Enrollment, Technology and Education Services (DIABETES) Act* ([here](#)) aimed at "improving access to diabetes technologies by responding to the ongoing and increasing need for diabetes technology education among Medicare beneficiaries."

- The *DIABETES ACT* requires the Secretary of HHS to issue a proposed National Coverage Determination (NCD) for insulin infusion pumps within 180 days of the bill's enactment.
- The NCD would address continuous subcutaneous insulin infusion (CSII) pumps under Medicare policy NCD 280.14, following the NCD process outlined in the Social Security Act.

Infusion pump-focused companies include (PODD, TNDM), CGM-focused companies include (ABT, DXCM, SENS), hybrid companies include (MDT). We note that Medicare's March 2026 NCD Dashboard

([here](#)) retains from 2025 an item labeled “Infusion Pumps - Continuous subcutaneous insulin infusion (CSII),” indicating that this is a topic that was likely already on Medicare’s radar.

The new bill doesn’t dictate how CMS should update the insulin pumps NCD, but stakeholders have long suggested it is outdated. The current NCD ([here](#)) has been in place for 20+ years and some stakeholder groups have said it needs to be updated to reflect current clinical evidence. The C-peptide requirement in particular is regarded as an unnecessary barrier to access for people with diabetes who use modern insulin pumps ([here](#) and [here](#)).

CGMs are frequently paired with insulin pumps and have been proven to achieve optimal glycemic control, while insulin pumps, used with or without a CGM, have been shown to effectively manage an individual’s type 1 or type 2 diabetes ([here](#)). According to the Diabetes Technology Access Coalition ([here](#)), “All insulin pumps currently available in the United States pair with a CGM, and through the use of an algorithm can control the flow of insulin provided. This combination of technologies, often called automated insulin delivery (AID) systems, can both improve overall glycemic control and reduce hypoglycemia, which numerous studies have shown to be common occurrences and a significant risk factor for hospitalizations and mortality among individuals with diabetes.”

Separately, but related, we believe an updated Local Coverage Determination (LCD) providing incremental Medicare coverage of continuous glucose monitors (CGMs) for Type 2 non-insulin users is likely in late 2026/2027. According to diabetes stakeholders, a request was made in February 2025 for Medicare’s durable medical equipment administrative contractors (DME MACs) to expand coverage for this population, with a decision on whether to initiate the process in about a year. This means a decision could be imminent; however, the LCD process would likely take another year to play out. Also on the table is a reconsideration of Medicare’s outdated NCD on insulin pumps.

We believe there are >50% odds the DME MACs will take up a review of the current LCD on CGMs ([here](#)), though they do have the discretion to not initiate the process. The DME MACs typically work in unison on LCDs, and the expertise of the various medical directors determines who leads the effort. Two DME MAC contractors manage the four Medicare jurisdictions: Noridian Healthcare Solutions oversees Jurisdictions A and D, while CGS Administrators, LLC oversees Jurisdictions B and C ([here](#)).

BACKGROUND: DME COMP BIDDING & CGM NON-INSULIN COVERAGE

CGMs are scheduled to be included in the next round of Medicare’s DME CBP, as a part of the home health final 2026 rule. Recall, Continuous Glucose Monitors (CGMs) and insulin pumps are schedule to be added as product categories to DME CBP, despite stakeholder pushback. Contract awards and single payment amounts will be announced in mid-2027, and implementation is slated to begin no later than Jan 1, 2028 (our take [here](#)).

HHS Secretary RFK Jr wants all Americans to have a CGM or wearable, per comments made in mid-2025. A CMMI demo testing Medicare coverage of CGMs for Type 2 non-insulin users is another possibility, but less likely near-term. As a reminder, HHS Secretary RFK Jr said in June 2025 that he wants all Americans to have a CGM/wearable in 4 years (our take [here](#)).

Incremental coverage expansion of CGMs for Type 2 non-insulin users seems more likely than a broad expansion of coverage (ABT, DXCM, MDT, SENS). Medicare coverage of CGMs for Type 2 non-insulin users would likely be a huge expenditure and current evidence may not meet the benchmark of reasonable and necessary (more of a nice to have, but not essential). An incremental expansion to a subpopulation of patients ([here](#)) would allow CMS to tout broader coverage without opening the floodgates. However, it's unclear what that subpopulation would look like.

The American Diabetes Association's (ADA) updated recommendations on CGMs for Type 2 non-insulin users stops short of a full endorsement, but likely helps support broader coverage. While studies show diabetes-related costs exceed \$327 B ([here](#)), evidence is insufficient for a strong consensus recommendation from diabetes groups for the Type 2 non-insulin population. According to the ADA's 2026 recommendations for Standards of Care in Diabetes ([here](#)), blood glucose monitoring may not always lower A1C in this population, but it can help adjust meals, activity, and medications safely.

Clinical trial data supporting coverage for Type 2 non-insulin users are expected in mid-2026. This is according to comments from DXCM on its Feb. 12 earnings call ([here](#)). According to the company, a 300-person randomized-controlled trial will compare CGMs to the standard of care for Type 2 non-insulin users. Clinical trials on CGM use and Type 2 non-insulin users (NCT05766735, NCT07128342, NCT07221812) typically have a primary endpoint of glycemic control and secondary endpoints of behavior change and health outcomes.

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