

RESOLUTION

Subject: Expanding Access to Continuous Glucose Monitoring (CGM) For Patients with Type 2 Diabetes in Kentucky

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, diabetes is a public health crisis in Kentucky, affecting approximately 486,000 adults (14.5%), well above the national average of 12%, making Kentucky the 7th-highest state for Type 2 diabetes prevalence, with more than 26,000 new diagnoses annually at rates that have more than doubled since 2000¹; and

WHEREAS, the annual economic burden of diabetes in Kentucky exceeds \$5.1 billion, with the state experiencing the largest percentage increase in diabetes-related medical and Medicaid costs in the nation from 2013–2021¹; and

WHEREAS, continuous glucose monitoring (CGM) provides real-time glucose trends and detects postprandial hyperglycemia and glycemic variability not captured by HbA1c or fingerstick testing, enabling earlier and more personalized lifestyle and therapeutic intervention^{2,6}; and

WHEREAS, a 2024 systematic review and meta-analysis of randomized controlled trials demonstrated that CGM-based interventions significantly reduced HbA1c and increased time in range, with consistent benefit in non-insulin-treated Type 2 diabetes²; and

WHEREAS, CGM has been shown to be a powerful motivator for sustained behavior change, with high patient acceptability in individuals with early Type 2 diabetes mellitus, particularly when combined with lifestyle or digital health coaching³; and

WHEREAS, older adults aged 65 years and older with Type 2 diabetes mellitus face heightened risk from unrecognized hypo and hyperglycemia, and CGM use in this population has been shown to reduce hypoglycemia, hospitalizations, morbidity, and mortality, while improving quality of life⁴; and

WHEREAS, current Medicare and commercial payer policies restrict CGM coverage primarily to insulin use or documented hypoglycemia, thereby excluding many adults with non-insulin-treated Type 2 diabetes despite growing evidence of benefit⁵; and

WHEREAS, expanding CGM access aligns with value-based care, current diabetes care guidelines, and Kentucky public health priorities, and represents a cost-effective strategy to prevent disease progression and reduce downstream complications^{1,2}; and

WHEREAS, CGM (\$1,000-\$3,000 annually) costs a fraction of the downstream expense of uncontrolled diabetes and its complications, saving an estimated \$100,000-\$200,000 or more in lifetime direct medical expenditures and CGM-driven reductions in hospitalizations for hypoglycemia complications^{1,4,5,7}; and

WHEREAS, from 2013 to 2021 Kentucky saw the largest percentage increase of any state in both diabetes medical costs (79%), and Medicaid diabetes costs (483%)^{4,5}; and

WHEREAS, one of the most prominent changes in the ADA 2026 Standards concerns diabetes technology, wherein CGM is now recommended at the time of diagnosis and thereafter representing a broader approach that encourages early use of technology to support glucose awareness and improve outcomes; now, therefore, be it

RESOLVED, that KMA advocate before the Centers for Medicare & Medicaid Services, the Kentucky Department of Medicare and Medicaid and all commercial insurers operating in Kentucky for expansion of continuous glucose monitoring coverage to include all adults with Type 2 diabetes mellitus regardless of insulin use; and be it further

RESOLVED, that KMA advocates for removal of insulin-use requirements as eligibility criteria for continuous glucose monitoring coverage in favor of evidence-based clinical criteria, and that this policy position be transmitted to relevant state and national stakeholders, including the American Medical Association.

References:

1. Kentucky Cabinet for Health and Family Services, Department for Medicaid Services, Department for Public Health, Office of Health Data and Analytics, and Personnel Cabinet, Department of Employee Insurance. *2019 Kentucky Diabetes Report*. Frankfort, KY; 2019.
2. Uhl S, Choure A, Rouse B, Loblack A, Reaven P. Effectiveness of continuous glucose monitoring on metrics of glycemic control in type 2 diabetes mellitus: a systematic review and meta-analysis of randomized controlled trials. *J Clin Endocrinol Metab*. 2024;109(4):1119-1131.
3. Choe HJ, Rhee EJ, Won JC, Park KS, Lee WY, Cho YM. Effects of patient-driven lifestyle modification using intermittently scanned continuous glucose monitoring in patients with type 2 diabetes: results from the randomized open-label PDF study. *Diabetes Care*. 2022;45(10):2224-2230.
4. Price C, Callahan KE, Aloï JA, Usch CO. Continuous glucose monitoring in older adults: what we know and what we have yet to learn. *J Diabetes Sci Technol*. 2024;18(3):577-583.
5. Centers for Medicare & Medicaid Services. Glucose Monitoring Supplies. Updated February 11, 2026.
6. American Diabetes Association Professional Practice Committee.
7. Diabetes technology: Standards of Care in Diabetes-2025. *Diabetes Care*. 2025;48(Suppl 1):S146-S166.
8. American Diabetes Association Professional Practice Committee for Diabetes*. Standards of Care in Diabetes-2026. *Diabetes Care*. 2026 Jan 1;49(Suppl 1):S150-S165. doi: 10.2337/dc26-S007. PMID: 41358889; PMCID: PMC12690173.