

Expanding Coverage of Continuous Glucose Monitoring (CGM) for Adults Aged 65 and Older with Non-Insulin-Dependent Diabetes

Submitted by: Melonie Proctor, DO, DABFM, FAAFP, Kentucky

Date: May 5, 2026

WHEREAS, diabetes mellitus, particularly type 2 diabetes, disproportionately affects adults aged 65 years and older, contributing to increased morbidity, mortality, and healthcare expenditures;¹ and

WHEREAS, older adults with non-insulin-dependent diabetes remain at significant risk for both hyperglycemia and hypoglycemia, which are associated with adverse outcomes including falls, cardiovascular events, cognitive impairment, ophthalmologic complications and hospitalizations;^{2, 3} and

WHEREAS, traditional self-monitoring of blood glucose (SMBG) via fingerstick testing may be burdensome and insufficient to detect glycemic variability in this population;⁴ and

WHEREAS, continuous glucose monitoring (CGM) systems provide real-time, dynamic glucose data, including trends and alerts for hypo- and hyperglycemia, enabling more precise and timely clinical decision-making;⁴ and

WHEREAS, clinical evidence demonstrates that CGM use in patients with type 2 diabetes, including those not treated with insulin, improves glycemic control and patient engagement;^{5, 6} and

WHEREAS, CGM use is associated with reductions in acute care utilization, including emergency department visits and hospitalizations;⁷ and

WHEREAS, CGMs are primarily covered under Part B as durable medical equipment (DME) but historically restricted eligibility to insulin-treated patients or those with a diagnosis of problematic hypoglycemia,

WHEREAS, Restrictive Medicare coverage criteria have resulted in inconsistent access pathways, with some CGM components adjudicated under Part B DME benefits and others under Part D pharmacy benefits, creating administrative barriers, coverage inequities and patient confusion⁸; therefore be it

RESOLVED, that the American Academy of Family Physicians explore advocacy efforts for coverage of continuous glucose monitoring for patients aged ≥ 65 years with non-insulin-dependent diabetes, without restrictions based on insulin use or hypoglycemia history.

References

1. Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2023*. Atlanta, GA: US Dept of Health and Human Services; 2023.
2. American Diabetes Association. 13. Older adults: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(suppl 1):S275-S286.
3. American Association of Clinical Endocrinology. *Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan—2022 Update*. *Endocr Pract*. 2022;28(suppl 1):1-63.
4. American Diabetes Association. 7. Diabetes technology: Standards of Care in Diabetes—2024. *Diabetes Care*. 2024;47(suppl 1):S126-S144.
5. Vigersky RA et al. CGM in T2DM non-insulin. Vigersky RA, Fonda SJ, Chellappa M, Walker MS, Ehrhardt NM. Short- and long-term effects of real-time continuous glucose monitoring in patients with type 2 diabetes. *Diabetes Care*. 2012;35(1):32-38.
6. Martens T et al. MOBILE Trial. Martens T, Beck RW, Bailey R, et al. Effect of continuous glucose monitoring on glycemic control in patients with type 2 diabetes treated with basal insulin: The MOBILE randomized clinical trial. *JAMA*. 2021;325(22):2262-2272.
7. Davis GM et al. CGM and acute care utilization. Davis GM, Spanakis EK, Migdal AL, et al. Association of continuous glucose monitoring with emergency department visits and hospitalizations in adults with diabetes. *Diabetes Technol Ther*. 2021;23(7):501-509.
8. Centers for Medicare & Medicaid Services. *Local Coverage Determination (LCD): Glucose Monitors (L33822)*. Updated 2023.