



Sens. Shaheen & Collins Introduce Legislation to Improve Access to Diabetes Technology and Education for Medicare Beneficiaries

March 16, 2026

On Wednesday, March 11, 2026, U.S. Senators Susan Collins and Jeanne Shaheen, Co-Chairs of the Senate Diabetes Caucus, [introduced](#) legislation, the *Diabetes Interventions Addressing Barriers to Enrollment, Technology and Education Services (DIABETES) Act*. The bipartisan bill aims to improve access to diabetes technologies and education among Medicare beneficiaries, ensuring that care for people with diabetes is not interrupted when they enroll in Medicare. The Diabetes Leadership Council (DLC) and Diabetes Patient Advocacy Coalition (DPAC) have endorsed the DIABETES Act and thank the Senators for their efforts to improve access to care for Medicare beneficiaries.

The bill addresses a rule recently finalized by the Centers for Medicare & Medicaid Services (CMS) to include insulin pumps and continuous glucose monitors (CGMs) in the Medicare Competitive Bidding Program by exempting these technologies from inclusion in the program for [five](#) years. [Including insulin pumps and CGMs in the program will require Medicare beneficiaries to rent their devices from their suppliers, who would take over device maintenance from the manufacturers. This dramatic shift will not only result in worse patient health outcomes due to interrupted access but will very likely lead to increased costs to Medicare, completely negating the intent of the program.](#) For these reasons, DLC and DPAC, along with the rest of the diabetes community, [urged](#) CMS not to finalize the rule [and welcome the five-year exemption due to concerns that it would introduce significant barriers to Medicare beneficiaries accessing the CGMs and pumps they need to manage their diabetes.](#)

[Under the rule, Medicare beneficiaries will no longer own their diabetes devices, instead renting them from their Medicare supplier. These suppliers will be responsible for all support and maintenance of these highly technical devices instead of the device manufacturers, causing a dramatic shift in the way the system currently operates. This will not only result in worse patient health outcomes due to interrupted access but will very likely lead to increased costs to Medicare, completely negating the intent of the program.](#)

The bill also builds on the *Expanding Access to Diabetes Self-Management Training Act*, a separate bill introduced by Senators Collins and Shaheen to expand Medicare coverage of diabetes self-management training (DSMT) sessions, where diabetes educators help train Medicare patients on how to manage the disease and use complex diabetes technologies.

The legislation includes other provisions to ensure continuity of care for [individuals](#) ~~people~~ with diabetes entering ~~the Medicare program~~, including [a provision](#) directing the Secretary of Health and Human Services (HHS) to issue a proposed national coverage determination (NCD) for insulin pumps ~~so that coverage is updated~~ based on current clinical guidelines and evidence.

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“It is unacceptable that people face challenges accessing the tools they need to manage their diabetes simply because they are a Medicare beneficiary,” said George Huntley, CEO of DLC and DPAC. “It is time that Medicare update its coverage policies in line with current clinical guidelines and evidence, remove barriers to access for people who need diabetes education, and ensure that new policies such as the inclusion of diabetes technologies in competitive bidding do not further impede patient access.”