

## DHS Responses to Public Comments Regarding Rule 243 – Continuous Glucose Monitors / Diabetic Supplies

### DHS response to general recommendation of stakeholders:

Thank you for communicating your concerns regarding this policy. We have considered all comments received and will allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective dates of service 4/1/2024. Traditional insulin pumps and tubing will remain as a DME benefit only. To accommodate coordination between medical and pharmacy, Medicaid processes and rules will be administered through the Magellan portal, and a new rate will be calculated. Rates for items, regardless of supplier, will be Wholesale Acquisition Cost. Additionally, providers will have the option of claiming the professional dispensing fee.

Training for the Magellan portal will be available and the DME fee schedule will be updated for dates of service beginning 4/1/2024.

### Craig Douglas

### Vice President of Payer and Member Relations

### VGM & Associates

**Comment:** I represent several DME providers in the state of Arkansas. I would like to discuss with you at your convenience the transition of the coverage of continuous glucose monitors (CGM) and related supplies from being covered under the durable medical equipment (DME) medical benefit to being covered under the pharmacy benefit for Arkansas Medicaid. This transition is slated to begin on January 1, 2024. Several DME providers have received an announcement from Arkansas Medicaid that reads, in part,

*“...Beginning on Jan. 1, 2024, diabetic supplies will move to a pharmacy benefit rather than under the Durable Medical Equipment (DME) benefit for all beneficiaries except those with Medicare Part B benefits. Those with Medicare Part B benefits will continue to be serviced under the DME program. Currently, the diabetic supplies have been an Arkansas Medicaid medical benefit while the insulins and other various drugs are a pharmacy benefit. Beginning Jan. 1, most diabetic supplies will move to a pharmacy benefit. The only exception is traditional insulin pumps requiring tubing and cannula type supplies. These will remain a medical benefit under DME billing rules...”*

CGM devices meet the definition of DME. The provision of DME products and related services is regulated through the Arkansas State Pharmacy Board and requires a license issued by that same Pharmacy Board. Any entity dispensing the DME items must have a dual license in order to dispense both prescription drugs and DMEPOS items. CGM’s themselves are not drugs. Therefore any pharmacy that is going to dispense DMEPOS as a pharmacy would have to be a dual licensed pharmacy. Just because an insurance company or Medicaid says that non-drug items are going to be a pharmacy benefit only doesn’t mean that the local laws agree. If a DME provider wants to provide CGM’s, they are

required to add that product category to their national accreditation registry before they can begin to dispense CGMs. They also have to incorporate those changes into their policy and procedure and employee training to do so! how many pharmacies in Arkansas even meet the national accreditation requirement or have the required DME license in place? I'm not saying I'm against adding pharmacies as an option for patients to get their CGMs from, but I think patients should still have choice in whether they get them from a pharmacy or from their DME provider.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Alvin Simmons, PharmD**

**Comment:** I hope this letter finds you well. I am writing to bring to your attention a critical matter that has a profound impact on the healthcare landscape in Arkansas, particularly in relation to diabetic patient care.

As you may be aware, Arkansas Medicaid has recently made a significant policy change, shifting the coverage of diabetic supplies from the Durable Medical Equipment (DME) benefit to the Pharmacy benefit, effective January 1, 2024. DME providers have been an integral part of diabetic patient care for the past 40 years, and they are now facing exclusion from providing this vital service.

DME personnel possess unparalleled expertise and experience in dealing with diabetic patients and the necessary equipment. They are one of the few healthcare providers who routinely go to patients' homes, often serving individuals who lack access to transportation, have mobility challenges, and various other limitations. DME providers have played a crucial role in preventing falls (via home inspections and evaluations) and managing the unique needs of diabetic patients. The diabetic patient population is particularly vulnerable and has significant DME requirements, which DME providers have been diligently addressing for decades.

We firmly believe that the exclusion of DME providers from this essential service is a decision that lacks common sense and jeopardizes the well-being of diabetic patients across Arkansas. We are reaching out to stakeholders such as yourself to seek support and advocate for the continuation of our services. Here are the key concerns:

1. **Specialized Expertise:** DME providers have unmatched expertise in serving diabetic patients and ensuring their specific needs are met.
2. **In-Home Services:** DME providers are unique in their ability to deliver products to patients' homes, a service that is often crucial for individuals who cannot drive, lack transportation, or face other mobility challenges.
3. **Fall Prevention:** DME providers have a proven track record of preventing falls and improving the overall quality of life for diabetic patients.

4. **Patient Well-Being**: Diabetic patients rely on the support and services provided by DME personnel, and their exclusion raises significant concerns about the continuity of care.

We kindly request your assistance in championing this cause. Your support can make a substantial difference in ensuring that the diabetic patient population continues to receive the high-quality care they deserve.

We are willing to provide any additional information, data, or personal testimonies to further demonstrate the value of our services and the importance of overturning this exclusion.

Please let us know if you are available for a meeting or discussion to explore potential avenues for advocacy. Your support will undoubtedly have a positive impact on the healthcare landscape in Arkansas.

Thank you for your attention to this critical matter. We look forward to your response and the opportunity to work together in ensuring the best possible care for diabetic patients in our state.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Sarah Wimberly**

**Comment:** I am writing regarding the proposed change of CGM's from a DME benefit to a pharmacy benefit. I am a mother to a diabetic child. My son is on the Dexcom G6 Continuous Glucose Monitor and has had great success with it. We credit a lot of his success to the fact that his supplies arrive ON TIME, every month, directly to our home. There is no pre-ordering involved. No having to drive to the pharmacy and wait in lines, and zero possibility that the item may be "out of stock". Our local Arkansas DME provider has been wonderful for us the last 8 years and this proposed change will no doubt negatively impact a lot of Arkansans.

It has been mentioned by Dexcom that pharmacy distribution allows for "a more seamless experience for physicians and patients". While this might be the case for physicians, this is not true for many patients. There are those patients who do not have access to transportation to get to their local pharmacy, those who live in rural areas that are miles away from a pharmacy and those that are high risk pregnancies or handicapped that rely solely on delivery to get their much-needed medical devices, such as their CGM's. Making this item a pharmacy only benefit shows complete disregard towards those patients and their needs.

Are the pharmacies in Arkansas equipped to handle the surge in CGM patients? Most pharmacies I have spoken to regarding this change are not optimistic. For a DME company, it is as simple as having the item drop shipped from a distributor and shipped directly to the patient in 2-3 business days. What happens if a patient goes to their pharmacy to pick up their CGM only to be told it is out of stock? It will

need to be ordered & delivered to the pharmacy, then the patient can come to pick it up. This is not having the patient's best interest and healthcare in mind. If a patient does not have access to their CGM, they will have no choice but to do finger sticks, which is another burden most diabetics are reluctant to go back to. A lot of patients are also on Insulin Pumps and have their CGM linked. This will cause another issue when they are out of supplies, and they must manually input BG values into the pump.

I do not think this is the right option for the State of Arkansas. Currently there are approximately 363,781 people in Arkansas, 14.8 % of the adult population, living with diabetes. This number does not include children and the many more that are diagnosed each day. Our pharmacies are short-staffed and ill-equipped to deal with this ever-increasing number. Please reconsider this change to a DUAL BENEFIT, giving families the option that best suits them.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Jeris Ezell**

**Comment:** I am writing my concern that diabetic supplies only dispersed through pharmacies will inhibit a large proportion of poor and elderly people from getting the vital supplies that are needed for control and management of their diabetes. Many people are home bound or live in very rural areas or don't have transportation to get to pharmacies. Please review for pharmacy and DME providers to supply these items to people covered by Medicaid.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Charis Rock** **New Beginnings**

**Comment:** Please do NOT make it where I can not have my diabetic supplies shipped to me. I was getting them from the pharmacy at one time. It seemed as though they could never have it in stock when I needed it, causing me to have to go without my diabetic supplies until they were able to get them.

Having the DME fill my supplies has been a blessing! They stay right on schedule and ALWAYS have my supplies when I need them. I would actually love to be able to do all of my prescriptions this way. It would save a lot in gas money and frustration compared to me having to fill at the pharmacy. I get that sometimes you run low because you are filling for so many people, BUT DIABETIC supplies are an exception that can NOT run out. It could literally be life or death. I have unpredictable highs and lows. My Dexcom keeps me alerted to these. Sometimes I can't feel it until it's too late. I have ended up having ambulances called because my glucose was so low and my daughter couldn't get it up. Dexcom

and Tandem X-slim 2 has changed that for me. I still have lows if i am out and didn't bring anything with me, but at least I know before it gets bad and I am in a mess.

Please change this and continue to allow our trustworthy, on time DME's to provide our supplies

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Justin Havens**

**Comment:** Restricting the supplies to a local pharmacy will have a negative impact on my ability to access my necessary medical supplies. If the local pharmacy has limited stock or doesn't carry the specific brand of supplies that I need, I would have to travel to other locations to find them. This could result in extra time, expenses, and inconvenience for me. Additionally, if the local pharmacy experiences a shortage or unexpected demand, my access to necessary supplies could be further delayed or disrupted. Ultimately, limiting supply options would lead to challenges in obtaining the crucial medical supplies I require.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Bradley Donald**

**Comment:** Restricting the supplies to a local pharmacy will have a negative impact on my ability to access my necessary medical supplies. If the local pharmacy has limited stock or doesn't carry the specific brand of supplies that I need, I would have to travel to other locations to find them. This could result in extra time, expenses, and inconvenience for me. Additionally, if the local pharmacy experiences a shortage or unexpected demand, my access to necessary supplies could be further delayed or disrupted. Ultimately, limiting supply options would lead to challenges in obtaining the crucial medical supplies I require. I am type 1 diabetic I am 15 yrs old. My name is Bradley Donald I live in Desha Arkansas.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**David Chandler**  
**Senior Director of Payer Relations**  
**American Association for Homecare**

**Comment:** Several organizations have reached out to our association regarding Arkansas Medicaid's intention to remove CGM coverage from the DME benefit.

The American Association for Homecare (AAHomecare) would be opposed to this change. CGMs are covered by Medicare and most other payers under the DME benefit so this not only confuses recipients, but it also narrows access opportunities for people living with diabetes. Some DME companies have specialized diabetes programs that provide CGM and DME suppliers show significantly higher retention rates compared to the pharmacy benefit. We would not oppose coverage under both channels to improve access. Please see the attached document outlining how CGMs provided by DME suppliers improves patient care and reduces costs.



AAH Medicaid CGM  
DME Channel 1023.1

ASK: AAHomecare recommends that all state Medicaid programs cover continuous glucose monitors (CGMs) under the durable medical equipment (DME) channel. CGMs supplied by DME suppliers promotes patient access, patient choice, therapy adherence, and reduced healthcare costs.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Shawn McCoy**  
**Owner and Co-founder**  
**Eclipse Medical**

**Comment:** As the owner and co-founder of Eclipse Medical, a local Arkansas based DME here in central Arkansas I am writing to ask that you please reconsider the language in Act 393 to included BOTH pharmacy and DME as providers for CGM products to Medicaid patients around the state. We have worked extremely hard to build our business in the last few years and I am proud to say have gone from one employee in 2018 to 9 employees in 2023.

As a small business owner we pride ourselves on customer service and providing this patient population with the diabetes supplies they need. If the DME's are removed from the equation and only pharmacies are allowed to provide CGM products it will not only eliminate access to thousands of poor and rural Arkansans but it will also jeopardize the business my wife and I have worked so hard to build. At a minimum it would likely mean having to let staff go and set us back on years of work.

I am asking that you strongly consider the implications of not allowing DMEs to provide this service starting in 2024. As a DME owner I have no issues with pharmacies being able to provide these products as well. This competition allows for greater access and opens up other choices for clinics and patients alike by providing them with additional options. We should be providing additional access, not further reducing and in particular to those rural patients who don't have access to a pharmacy. My wife is from a very small town in Arkansas (Carthage) which not only doesn't have a local pharmacy but the nearest pharmacy is 25-30 miles away. Carthage is representative of many small towns across the state and even the small communities that have a "mom and pop" pharmacy doesn't mean that pharmacy will carry and offer the differently varieties of CGM products the patient desires or was prescribed by their treating physician.

The cost to quality of health care and outcomes for this very vulnerable population is tremendous. I am attaching just two studies of reference tied to the cost of amputations. There are so many health care cost tied to patients with diabetes that we could look at but I will focus for a moment on the tremendously high cost for amputations (upwards of \$100k in many cases). Aside from the cost is the impact to quality AND length of life for these patients. Amputations are a very real concern for the diabetic population which is why prevention is so critical. One diabetic foot ulcer can easily lead to an amputation which is why compliance by the patient must be maintained. If only a dozen patients around the state end up having an amputation because they lost access to CGM supplies and simply were no longer compliant in keeping their glucose levels in targeted therapeutic range you could easily exceed \$1M in amputation(s) cost and treatment over their lifetimes.

I am graciously asking that you do not exclude all of the DME providers around Arkansas that fill this important role in getting CGM and other diabetes supplies to these Medicaid patients. Please feel free to contact me at any point in time if I can be of further assistance or answer any questions.

Please see the attached studies along with areas I have highlighted as to the cost of amputations to the healthcare systems alone.



Assessment of  
healthcare costs of



Determinants of  
Long-Term Outcome



My Signed  
Letter.pdf

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Misty Rae**

**Comment:** Please for the love of God don't kill my son. Understand that we have been trying to source Dexcom supplies at our pharmacies in Northwest Arkansas for YEARS. They don't carry them, or if they do, they are so shortchanged there's not enough to go around for all the diabetic customers and are consistently out. Finnegan has been the only consistent source of Dexcom supplies for my son, Jacob

Schad since he was diagnosed with Type 1 Diabetes at 9 years old. Because of God's grace and their consistency, he is turning 18. Y'all are making a big mistake not including one of the biggest diabetic advocates in our state. Having options of both DME and pharmacy coverage helps our tax payers save money by keeping them home and out of the hospital. Don't throw the baby out with the bath water. People should have the option to have DME coverage if there's no pharmacy coverage or pharmacy willing to take on Passe/Medicaid clients. They stood with us and fought for him to not have to go inpatient into a nursing home since Jacob is a very brittle Type 1 who also has Autism. As y'all are considering it, you're going to kill him the way it's written. Without Jacob having access to DME coverage (which provides home delivery) for his diabetic supplies in addition to pharmacy coverage which is where he gets his insulin. If y'all don't kill him, (which is what will happen if he doesn't have the Dexcom from Finnegan's,) y'all are fixing to start paying nursing home rates if he's not able to stay home with this life saving Diabetes equipment. They deliver right to our door and many times it's been the only thing keeping him out of the hospital as it is what makes his insulin pump work. As it is, we have to order many things out of state because THERE are ZERO pump supply companies in our state. Pharmacy coverage doesn't work out of state, DME DOES. I have personally had to help navigate and locate supplies more times than can count. Taking Jacob off of an insulin pump and Dexcom could quite literally kill him. He requires multiple daily micro injections, a background basal rate, exercise rate, sleep rate and it's constantly updating with new blood sugar values every five minutes. We do all of that at home, where I am an unpaid caregiver, just doing what I can every day to help him live his life with this equipment. There's nothing wrong with allowing pharmacy coverage for those who can get it, but the sad reality is that it doesn't exist for many of our supplies and DME coverage is our lifeline. Our Passe has tried to get pharmacies to stock what Jacob needs and they won't because of the lack of reimbursement. Please, reconsider and feel free to call me at any time to find out how many thousands of dollars we have saved the state of Arkansas using this equipment, using DME coverage. Thank you for actually reading a desperate Mother's email. Best Regards,

MistyRae Drain aka Jacob's Mom.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Jennifer Gordon**

**Comment:** I was just notified that starting in February we can no longer get dme supplies by mail order pharmacies. This is absolutely ridiculous and unacceptable. Why would you make it harder on parents of kids that are medically fragile to get them the care they need. Very few pharmacies even carry a dme license with Medicaid. You are essentially restricting the care our children receive to where only corporate pharmacies can get them their supplies. Corporations do not care about our children and their medical care will suffer if you follow through with this decision.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**



### **Angel Engelhardt**

**Comment:** I have received a notification from the DME company I receive my diabetic supplies through (Finnegan) stating Medicaid will no longer allow us the insured to use them for our diabetic supplies. This is a negative impact on not only me as a type 1 diabetic, but also some of the diabetics I see as a nurse who use Finnegan as a DME company. Some if not most of the time our local pharmacies will not have the necessary diabetic supplies that we NEED to control our disease which is beyond life threatening, however Finnegan does and always provides our supplies in a more than timely manner. I feel like this needs to be discussed with whoever is deciding this change and thinks it is more resourceful with also asking the people it actually affects (us the insured diabetics). Being in Arkansas it is hard to gain access for diabetic supplies, education, etc. Making this change will only make it harder on us and more detrimental with our deadly disease. Please reconsider this decision and fight for our right to easier access to diabetic medical supplies which would be continued with Finnegan.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Lee Morton**

**Comment:** I have been contacted by Finnegan medical supply company out of Little Rock that as of Jan 2024, Medicaid will not allow them to mail our diabetic supplies. This is very disappointing. I really do hope this change doesn't happen. We have a type 1 diabetic child and receiving supplies through the mail is so helpful!

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Kelly Lofthouse**

**Comment:** My son receives all his diabetic supplies through Finnegan in the mail. We were informed that this will no longer be an option due to new rules and that we will have to get supplies through the pharmacy. I have a huge problem with this. I myself am disabled and sometimes I can not drive. Which means my son would go without the necessary supplies to maintain his health. If we lived in an area where the pharmacy was just 5 minutes down the road it wouldn't be an issue. Also, after checking I have found that the closest pharmacy that carries my son's dexcom and other supplies is 45 minutes away. That on a good day is difficult to get to because of health reasons and gas prices but add in any bad weather and we definitely could not get there. By doing this you are making it more difficult for people to live a healthy life. Please reconsider this. My son's life is literally on the line of you move forward with not allowing us to get his supplies through the mail. Thank you, A very concerned mom.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Brenda Walters**

**Comment:** My grandson is type 1 Diabetic. Which means his body does not produce insulin. These supplies are life saving. Allow Dexcom/Libre CGM and blood glucose testing supplies to be available as a Medical Benefit AND a Pharmacy Benefit. It is important to have easy access to these supplies for managing your diabetes.

Restricting the supplies to a local pharmacy will have a negative impact on my grandsons ability to access his necessary medical supplies. If the local pharmacy has limited stock or doesn't carry the specific brand of supplies that he needs, he would have to travel to other locations to find them. This could result in extra time, expenses, and inconvenience for him and his family. Additionally, if the local pharmacy experiences a shortage or unexpected demand, his access to necessary supplies could be further delayed or disrupted. Ultimately, limiting supply options would lead to challenges in obtaining the crucial medical supplies he requires.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**James R. Mccoy & JoAnn Mccoy**

**Comment:** I am a resident of Searcy, AR. I am submitting public comment on behalf of numerous Arkansans, including myself, who are deeply concerned about the imminent changes to how Continuous Glucose Monitoring (CGM) supplies are provided.

Because of your interpretation of Act 393 of 2023 many Arkansas Medicaid patients will not be able to get CGM supplies from their durable medical equipment (DME) provider and will have to get them from a pharmacy.

While this may seem like a mere administrative change, it poses a significant inconvenience for us. Previously, these patients had the benefit of having their essential CGM supplies delivered directly to their homes by local durable medical equipment providers. With the upcoming changes, they will now be required to travel, in many cases, many miles to acquire these necessary supplies from a pharmacy.

For many individuals, this change poses more than just a mere inconvenience. There are numerous home-bound patients, elderly residents, and individuals without regular access to transportation for whom this shift could result in a dangerous interruption in their diabetes management. For some, this change may even deter them from obtaining their supplies altogether, risking severe health complications.

Diabetes is relentless. Their management tools should not be further than a doorstep away, especially in these trying economic times. I understand that changes in health policy often seek to streamline services and reduce costs. However, this alteration seems to disproportionately affect a vulnerable portion of our state's population, putting their health, and in some cases, their lives, at risk.

I urge you to please allow CGMs to be available both as a medical benefit and a pharmacy benefit.

Thank you for your time and consideration. I trust in your dedication to the well-being of all Arkansans to ensure continuous and accessible diabetes care for everyone.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Allison Neal**

**Comment:** I have worked in the DME arena for over 15 years, out of state owning my own DME and now as a resident of AR working for an AR owned DME company that supplies Medicaid patients with diabetic supplies. I am sending in my concern because the idea that patients will only be able to obtain their diabetic supplies via a pharmacy only is frightening. Working out in the field with these types of patients and directly seeing the conditions in which some of them live is how I absolutely know that if the change is put into place, you will see more diabetics either dying or amputations occurring if they are required by law to only get their supplies from a pharmacy. Many and I mean many, of these patients rely upon DME companies to service and provide them with their supplies because they even have troubles getting to their medical appointments. Many have to rely upon family/friends or even public transportation to help them get to just their medical appointments which can be very challenging for them. They will become overwhelmed and frustrated resulting in them putting their Rx to the side which will result in mismanagement of their diabetes. Thus, more deaths and amputations. I URGE the DHS to foresee the potential issues and put a DUAL option into place where patients can choose what's best for THEIR situation not the State's. This will help safeguard their lives. Truly.

Please see the attached letter of concern as well.



DHS Public  
Comment.docx

Thank you for your attention to this matter and I pray that you do what's best for these patients.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Shawn Irving

**Comment:** To Whom It May Concern,

The original intent of the bill was to add pharmacies to the existing DME benefit and add pharmacies as another option for diabetic supplies. However, excluding DME's is going to restrict patient choices. Many patients receive diabetic supplies from DME's and are delivered to their door monthly so they do not have to worry about transportation. Excluding DME's will prevent the ability to have supplies delivered. For many individuals, this change poses more than just a mere inconvenience. There are numerous home-bound patients, expecting mothers, individuals without regular access to transportation, individuals who live in rural communities for whom this shift could result in a dangerous interruption in their diabetes management. For some, this change may even deter them from obtaining their diabetic supplies altogether, risking severe health complications.

There is a lack of pharmacies in rural areas which will result in a lack of CGMs being distributed to patients' doors

Don't let the state make this detrimental shift, limiting access to diabetic supplies

Thank you for your time and help with this issue

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Tonyia Chitwood

**Comment:** My name is Tonyia Chitwood, I have Medicaid, I am a type 2 diabetic and depend on my testing supplies, I use the Dexcom G7, after January 1st they said I would have to get them from my pharmacy but none of the pharmacy stores around me carry them, so what am I supposed to do?

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Shayla Swanson

**Comment:** My daughter is 6 years old. She is a type 1 diabetic.

She relies on getting her some of her diabetic supplies such as testing strips & lancets through DME providers.

Please don't remove this right and force us to pick these supplies up from a pharmacy.

There is already so much mental load that comes from caring for and living with diabetes daily. Please don't add to this task.

Please keep Medicaid recipients with the right to be able to receive these supplies through DME & not the pharmacy.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Heather Clayton**

**Comment:** This will be very hard on me. I would greatly appreciate you not stopping my diabetic supplies from being delivered to me! Thank you in advance for your cooperation!

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Brad White, C.Ped, CFO, president**  
**Morrilton Respiratory Care Inc.**  
**DBA Petit Jean Medical Supply**

**Comment:** Arkansas Medicaid currently spends over \$2 billion a year in direct diabetic patient care and this yearly total has only been increasing. Considering the resounding large-scale studies performed by the American Diabetes Association (ADA), broad CGM technology availability is a necessity if we hope to stop the constant increase in yearly diabetes cost to the Arkansas tax payer. So true is this statement and the research studies from the ADA that CMS/Medicare has taken recent policy changes to expand CGM coverage and access beyond any other payor or program in America. I feel it is negligent for any leader to create policies that restrict access to necessary diabetic device technology, regardless of any short-term pharmacy rebate plan savings. Arkansas' rural and marginalized Medicaid population deserves the broadest CGM access policy from DHS leadership. Every Arkansan deserves the ability to manage their diabetes with CGM technology so that they can successfully step into the 21st century of diabetes care. Reducing Arkansas' diabetes expense starts with diabetics trading delayed A1c based diabetes management for the life changing "Time In Range" daily lifestyle guide that is only possible through Continuous Glucose Monitoring. Based on the ADA studies, the Arkansan Medicaid budget savings opportunity that is available to DHS through a dual CGM benefit will be monumental compared to the token savings from pharmacy rebates. No one's health should be sacrificed for a short term budget saving plan. I also propose that DHS embrace a dual benefit plan for CGMs that includes both Pharmacy and DME access for patients because DME has a better CGM Rx compliance efficacy than Pharmacy dispensed CGMs and a higher rate of full technology platform integration. This higher CGM Rx compliance rate and remote monitoring platform integration assistance is key for Arkansas Diabetics if they are to have the best chance at reversing their dependence on external insulin sources. My point is that it is not enough to just fill the CGM prescription only to leave the CGM in the box on the kitchen table. CGM patient's need continued assistance and education to fully integrate CGM technology

completely. DME has proven to have the resources necessary to ensure the above CGM Rx goals are met. This higher compliance and efficacy with CGM platforms and technology not only saves Arkansas tax dollars, but also improves Arkansas patient outcomes! Now that is a Win/Win for every Arkansan!

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Andrea Tappe, RD, LD, CDCES**

**Comment:** It is my understanding that starting January 1, 2024, CGMs will go from DME benefit to Rx benefit due to DHS' interpretation of Act 393

The original intent of the bill was to add pharmacies to the existing DME benefit. Adding pharmacies will expand access for consumers, while replacing DMEs with pharmacies will limit the front door delivery many are used to.

So many of my pregnant patients rely on this home delivery service! Without it they will not be able to check their glucose as frequently or affordably. Savings on the front does not equal what the state will lose in resulting health issues due to lack of medical equipment accessibility.

From my understanding the state projects \$1.2MM in savings shifting CGMs to a pharmacy-only benefit, but limiting access to these supplies will result in fewer treatment options and more long-term health costs.

There is a lack of pharmacies in rural areas which will result in a lack of CGMs being distributed to patients' doors.

Please don't limit access to diabetic supplies for those who need it the most, just to save \$1.2MM on the front end!

Patients will suffer as well as their unborn babies whom I serve. 2

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**David Chandler**  
**Senior Director of Payer Relations**  
**American Association for Homecare**

**Comment:** CGMs Provided by DME Suppliers Improves Patient Care and Reduces Costs

Thank you for the opportunity to provide written comments regarding the proposed rule that would eliminate coverage of continuous glucose monitors and diabetic supplies under the Durable Medical Equipment (DME) benefit. The American Association for Homecare (AAHomecare) strongly recommends that Arkansas Medicaid continue to cover continuous glucose monitors (CGMs) under the

DME benefit in addition to expanding coverage under the pharmacy benefit. CGMs supplied by DME suppliers promote patient access, patient choice, therapy adherence, and reduced healthcare costs.

### About American Association for Homecare (AAHomecare)

AAHomecare is the national association representing DME suppliers, manufacturers, and other stakeholders in the homecare community. Our membership services patients living with diabetes and provides medical equipment such as continuous glucose monitors across the nation.

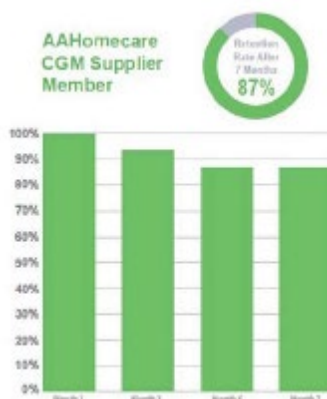
### About Continuous Glucose Monitors (CGMs) Medicaid Coverage

CGM is an innovative diabetes monitoring technology that measures blood glucose levels continuously in real-time. In 2017, Medicaid programs expanded coverage to include CGMs, either covering under the Durable Medical Equipment channel and/or the Pharmacy channel. Based on feedback from DME suppliers, manufacturers, patients, and other stakeholders, DME suppliers are better suited to provide a more comprehensive service to CGMs patients. DME suppliers promote reduction in healthcare costs, and improve health equity, patient care, patient choice and access.

### DME Suppliers Aid in the Reduction of Healthcare Costs

HIGH RETENTION UNDER DME CHANNEL— DME suppliers have a CGM patient retention rate of approximately 87%, which is 20-30% higher than under the pharmacy benefit. i

- Retention under the DME channel is better due to suppliers being in regular contact with beneficiaries and checking-in with patients on their adherence to the therapy.
- Proper adherence to prescribed diabetes therapy leads to improved glycemic control and as a result reduced worsening of the condition and additional healthcare costs.
- Without proper management, diabetes patients have a higher risk of serious health complications and increased health care costs.
- Diabetes patients that do not have control over their diabetes and have chronic complications can expect to pay additional healthcare costs ranging from \$648-\$937 a year. ii
- See related chart showing retention rates through seven months on next page.



CGM USE REDUCES DIABETES-RELATED HOSPITALIZATIONS AND COSTS—Studies have shown that CGM utilization reduced hospitalizations caused by acute diabetes complications by approximately 50%. iii

- A study has shown substantial cost savings by pregnant women with Type 1 diabetes primarily through reduced admission and duration of stay in neonatal intensive care unit. iv
- Another study showed the use of CGMs reduced diabetes-related events and hospitalization for people living with Type 2 diabetes irrespective of age and gender. v

#### DME Suppliers Advance Health Equity for Diabetes Patient Population

DME SUPPLIERS ARE BETTER SUITED TO SUPPLY CGMS TO THE GROWING POPULATION OF PEOPLE LIVING WITH DIABETES vi—DME suppliers employ diabetes management staff to ensure patients on CGMs have a resource to answer any issues or questions with their CGMs, this is especially important considering the prevalence of diabetes diagnosis in recent years.

- 11% of the American population live with diabetes, it is projected 21% will be diagnosed with diabetes by 2050. vii, viii
- Approximately 14% of Medicaid recipients under the age of 64 live with diabetes. ix
- Low-income individuals are disproportionately more likely to be diagnosed with diabetes and have co-morbidities, which makes accessing and maintaining prescribed therapy crucial. x

DME SUPPLIERS PROVIDE ADDITIONAL NEEDED SUPPORT FOR PEDIATRIC DIABETES PATIENTS—Children living with Type 1 diabetes and their parents need a network to support the child’s diabetes management. xi

- DME SUPPLIERS PROVIDE ADDITIONAL NEEDED SUPPORT FOR PEDIATRIC DIABETES PATIENTS—Children living with Type 1 diabetes and their parents need a network to support the child’s diabetes management. xi

#### DME Suppliers Improve Patient Care

DME SUPPLIERS HAVE CGM PRODUCT EXPERTISE – DME suppliers are specialized and have trained agents who can provide CGM guidance and product assistance to diabetes patients.

- Diabetes is a complicated medical diagnosis that requires individualized care. While pharmacies carry and sell CGM devices and supplies, DME suppliers provide patient-centered services.
- Suppliers are more engaged with manufacturers and are knowledgeable of the newest technology that is in the best interest of diabetes patients.

DME SUPPLIERS PROVIDE CGM PATIENT RESOURCES – In addition to product expertise, DME suppliers provide educational resources, onboarding services, and follow-ups for CGM patients.

- Due to the ongoing care provided by DME companies, suppliers build relationships with their patients.

DME SUPPLIERS SUPPORT CONTINUITY OF CARE – DME suppliers are proactive about ensuring patients do not have an interruption in receiving critical therapy and supplies.

- In 2019, diabetes was a top 10 leading cause of death in the country—282,801 death certificates mentioned diabetes as a cause of death. xiv
- DME suppliers are more involved in-patient care, checking in with patients, communicating with their insurances, and assisting patients through benefit changes.



DME SUPPLIERS ARE KNOWLEDGEABLE OF DOCUMENTATION AND COVERAGE REQUIREMENTS – DME suppliers have strong relationships with payers and prescribers and are experienced in the documentation and coverage requirements for different payers.

- Prior authorization is owned by the DME supplier under the DME channel, and it is owned by the prescriber under the pharmacy benefit. Typically, prescribers are not aware of the restrictions of the drug formulary, which can add complications to the ordering process.

DME Suppliers Promote Patient Choice and Access

DME SUPPLIERS PROVIDES PATIENT CONVENIENCE – DME suppliers maintain a broad inventory and can deliver devices and supplies directly to a patient’s home or office.

- Due to fast-paced product evolution, there is pressure placed on store inventories. These frequent changes in technology and product advancements can result in difficulties stocking the newest products.
- DME suppliers’ operations allow for the newest technology to be available to patients.
- When CGM supplies are provided by DME suppliers, it alleviates transportation issues: this is especially helpful for Medicaid programs that reimburse transportation costs.

PATIENTS REPORTS HIGHER SATISFACTION WITH DME SUPPLIERS—Patients that have switched from the pharmacy channel to the DME channel have voiced greater satisfaction with service under the DME channel. xv

- DME suppliers are especially sensitive to providing timely services to patients to prevent delays in needed therapy.
- CGM patients have shared strong satisfaction receiving services from DME suppliers:
  - o “I’ve been a type 1 Diabetic for 21 years. My son (9) has been a type 1 for 2 years. Hands down the worst part about this disease is insurance/pharmacy. But [DME supplier] has made getting my supplies the easiest it has ever been for me! Thank you!”
  - o “The customer service staff are very friendly and know the product well. They got the intake info and product correct the first time. They also did a follow up call to keep me up to date on the process. I am so happy I called [DME supplier]. The reprocess from start to product deliver at my home was less than 10 days, whereas the big box pharmacy was over 3 months of phone calls and going in person only to find some problem...”

COVERAGE ALIGNMENT FOR DUAL ELIGIBLES — Coverage and payment is an issue for dual eligibles when Medicaid programs do not cover CGMs under the DME channel.

- Under Medicare, CGMs fall under the DMEPOS benefit.
- Medicaid programs that cover CGMs under the pharmacy channel typically automatically deny payment when Medicare is the primary payer due to the misalignment of the CGM benefit category between Medicare and Medicaid. The initial denial of payment by Medicaid requires DME suppliers to file an appeal, causing additional costs for both the supplier and Medicaid.
- CGM and insulin pump together are one therapy system, when both products are covered under the DME channel, it promotes simplicity and better patient experience.

FORMULARY RESTRICTIONS UNDER PHARMACY— Medicaid only allows for certain drugs to be provided under the pharmacy channel, limiting patient access.

- CGM and external insulin infusion pump are two products that are used as one therapy system.
- Because external insulin infusion pump is covered under the DME channel, it would be beneficial for beneficiaries to have channel alignment for CGMs and pumps.
- External insulin infusion pumps used with CGMs are not interchangeable, there are specific pumps that only work with specific CGMs. When CGM is covered under the pharmacy channel, it creates an access barrier for beneficiaries who may not get the appropriate set of CGM and pumps.



Arkansas Medicaid  
CGM Comments 10-

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Cole Riddell**

**General Counsel**

**Total Medical Supply**

**Comment:** I write today on behalf of my employer, Total Medical Supply, Inc., located in the great twin city of Texarkana. Total Medical Supply is a family-owned durable medical equipment (“DME”) company, and we currently operate in 48 states across the country. We specialize in delivering necessary diabetic supplies, such as continuous glucose monitors (“CGM”), to our patients’ homes on a monthly basis. We are proud to supply diabetic supplies to thousands of patients across the state of Arkansas. Because of your interpretation of Act 393 of 2023, thousands of patients will no longer be allowed to get CGMs and other diabetic supplies from DME providers. As such, I urge you to please allow CGMs to be available as both a medical benefit and a pharmacy benefit.

As a family-owned business, we pride ourselves on customer service and providing our patients with the diabetes supplies they need. If DME’s are removed from the equation and only pharmacies are allowed to provide CGM products, it will eliminate access for thousands of Arkansans, especially those who live in rural areas. This rule change will significantly impact thousands of diabetic patients across the State of Arkansas and hinder their ability to access the necessary medical supplies they need to manage their diabetes on a daily basis. We should be expanding access for Arkansans to receive diabetic supplies, but your interpretation of Act 393 and proposed rule do the exact opposite.

I am asking that you strongly consider the implications of not allowing DMEs to provide this service starting in 2024. As one of the largest durable medical equipment providers in Arkansas, we have no issues with pharmacies being able to provide these products as well. This competition allows for greater access and opens up other choices for clinics and patients alike by providing them with additional options. Again, we should be providing additional access to patients, not further reducing it, particularly

to those rural patients who don't have immediate access to a pharmacy. For years, thousands of patients across the State of Arkansas received their diabetic supplies on their doorstep every month; if this rule is adopted as written, these patients will be forced to drive 30+ miles away to receive the same supplies. There are numerous home-bound patients, expecting mothers, and individuals without regular access to transportation for whom this shift could result in a dangerous interruption in their diabetes management. For some, this change may even prevent them from obtaining their supplies altogether, risking severe health complications.

Further, the cost and quality of healthcare and outcomes for this very vulnerable population are tremendous. There are so many healthcare costs tied to patients with diabetes that we could look at, but I will focus for a moment on the tremendously high cost of amputations (upwards of \$100,000 in many cases). Aside from the cost, there is also the impact on quality and length of life for these patients. Amputations are a very real concern for the diabetic population, which is why prevention is so critical. One diabetic foot ulcer can easily lead to an amputation, which is why compliance by the patient must be maintained. If only a dozen patients around the state end up having an amputation because they lost access to their CGM supplies and were no longer compliant with keeping their glucose levels within the targeted therapeutic range, you could easily exceed \$1 million in amputation(s) cost and treatment over their lifetimes.

As a company and a concerned individuals for diabetics in Arkansas, we are graciously asking that you not exclude all of the DME providers that fill this important role in getting CGMs and other diabetes supplies to these Medicaid patients. Please allow CGMs to be available as both a medical benefit and a pharmacy benefit.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Tommy Duffel**

**Comment:** I am contacting you regarding a change in the Medicaid rules affecting Dexcom 6 sensors used by son in conjunction with his insulin pump.

I have been informed by our Dexcom supplier, Finnegan Health Services out of Little Rock, that as of January 1, 2024, they will no longer be able to supply my son, who has Type 1 diabetes, with the sensor he needs. This is because someone decided to change it from a medical benefit for Durable Medical Equipment to a pharmacy benefit which requires the sensors to be picked up through a local pharmacy. When we started my son on his pump, it was a struggle to find someone who could provide what he needs. I could find no pharmacies in the Jonesboro area that could provide the equipment he needs. By disrupting his method of obtaining his supplies, this decision puts my son's life at risk.

Was public input provided or even requested regarding this change? I never heard anything about it until after the fact. Do not make decisions regarding a group's healthcare without checking with them first.

The current system works well. Dedicated professionals supply my son with what he needs. If it ain't broke, don't fix it!

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Laura Wise

**Comment:** Please allow Dexcom/Libre CGM and blood glucose testing supplies to be available as a Medical Benefit AND a Pharmacy Benefit. My son has Type 1 diabetes and already struggles with supplies of insulin at pharmacies. Thanks,

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Denise Bailey

**Comment:** I received a letter from Finnegan that has been supplying my diabetes testing strips and lancets for years. The letter says Medicaid and Medicaid passes will have to start getting their supplies at a local pharmacy. This poses problem for me. I live in a rural area and do not drive. Please please let Finnegan continue to mail my diabetic supplies to me. This could make difference of do I have supplies to check my blood sugar or not having the supplies. Please please do not let this happen.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Tammy Barnard

**Comment:** PLEASE DONT STOP THEM FROM BEING SHIPPED TO OUR HOME !!! Some of us have no way to go to the store to pick them up.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### Kimberly Jagers

**Comment:** I would really love to continue to receive my diabetic supplies through DME.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**David Chandler**

**Comment:** Thank you. My name is David Chandler and I represent the American Association for HomeCare. AAHomecare is the National Association representing durable medical equipment, suppliers, manufacturers, and other stakeholders in the home care community. Our membership services patients living with diabetes and provides medical equipment, such as continuous glucose monitors or CGMs across the nation. AAHomeCare and the DME community understand the critical need for monitoring and controlling diabetes to improve the health and outcomes of these beneficiaries. We believe that it's critical to ensure that these beneficiaries receive the care they need in their home, and in a manner that makes it easy to access these items, and to ensure this access we're requesting that coverage through the durable medical equipment channel continues to be available to Arkansas Medicaid recipients to ensure continuity of care. Based on feedback from DME suppliers, manufacturers, patients, and other stakeholders, DMEs are better suited to provide a more comprehensive service to CGM patients. DME suppliers promote reduction in health care costs, improve health equity, patient care, patient choice and access. DME suppliers aid in the reduction of health care costs. A higher retention is achieved under the DME channel. DME suppliers have a CGM patient retention rate of approximately 87% which is 20 to 30% higher than under the pharmacy benefit. CGM use reduces diabetes related hospitalizations and costs. Studies have shown that CGM utilization reduced hospitalizations caused by acute diabetes complications by approximately 50%. Therefore, higher retention rates equal exponentially higher healthcare savings. DME suppliers advance health equity for diabetes patient populations. DME suppliers are better suited to supply CGMs to the growing population of people living with diabetes. DME suppliers employ diabetes management staff to ensure patients on CGMs have a resource to answer any issues or questions with their CGMS. This is especially important considering the prevalence of diabetes in recent years. DME suppliers provide additional needed support for pediatric diabetes patients. Children living with type one diabetes, and their parents need a network to support the child's diabetes management. DME suppliers improve patient care. DME suppliers are specialized and have trained agents who can provide CGM guidance and product assistance to diabetes patients. In addition, to product expertise, DME suppliers provide educational resources, onboarding services and follow-ups for CGM patients. DME suppliers support continuity of care. DME suppliers are proactive about ensuring patients do not have an interruption in receiving critical therapy and supplies. DME suppliers are knowledgeable of documentation and coverage requirements. DME suppliers promote patient choice and access. DME suppliers promote patient convenience and maintain a broad inventory and can deliver devices and supplies directly to a patient's home or office. Patients report higher satisfaction with DME suppliers. Patients that have switched from the pharmacy to the DME have voiced greater satisfaction with service under the DME channel. So, in closing AA Homecare recommends that Arkansas Medicaid continues to cover continuous glucose monitors or CGM under the durable medical equipment benefit in addition to the pharmacy channel. CGM supplied by DME suppliers promote patient access, patient choice, therapy adherence and results in reduced healthcare costs. Thank you for your time.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Geoffrey Yamauchi**

**Habibi's Durable Medical**

**Comment:** Thank you kindly. My name is Geoffrey Yamauchi. I represent Habibi's Durable Medical and as the previous David Chandler spoke, we are set up to do this business. With all the patients that pharmacies currently have, can they possibly keep up with this? What we have seen in the past is every time that either Medicare, Medicaid for whatever states they may be in, whether it MediCal or other states we have seen outcomes worsening in patients. Now a number was thrown around that this might save between 1.2 and 1.5 million dollars for the State. But being a rural state like we are, if patients are unable to get their sensors or have to go pick them up, how many will be unable to monitor their conditions as well? Many communities in this state don't have pharmacies within their borders, and they have to travel some cases 20, 30, 40 miles. In these cases, how is their diabetes being managed as well? We would like you to stay and continue to provide these services through DME or through the pharmacy as well. We are set up for this. We do have the necessary infrastructure to call and remind and deliver to our patients. So, I just hope that you will continue to allow us to provide, so that the outcomes of the patients, the Medicaid patients, don't worsen. My question is, how much does a foot amputation cost the state versus allowing the DME to continue providing these? And that is all I had to say. I appreciate you guys time very much and I hope we can get more people to comment through writing. Thank you.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Misty Rae Drain**

**Comment:** My name is Misty Rae Drain and I represent myself and my son. His name is Jacob (inaudible). He is a type one diabetic. We have lived with this disease for nine years. Jacob also has autism, and it makes his type one diabetes care all the more critical because his CGM system is his voice. Critically we use this system 50 to 115 times a day. We were, in fact, homebound, and during COVID I had to home school him because there was no other options. He is now currently a senior at Lincoln High School. Because of Finnigan's consistent delivery through the DME Channel, I am a huge fan of having the option for pharmacy coverage, but can I speak to the practicality? I can tell you the good, bad and ugly that comes with the entire supply chain of all diabetes supplies in great detail. We have struggled every single month to get his basic supplies, and I am blessed to actually have a good care coordinator who does have my son's back. Not everyone does. Even with her regular help, with dozens of calls a month we scramble every single month just to get basics like insulin, ketone strips and blood strips from our local pharmacies here currently right now. I have had to coordinate with her out

of state to get our blood strips because there are no local pharmacies willing to take us as a client right now with the current reimbursement rate. With the ration, they have in fact, rationed our supplies including insulin and ketone strips, and we have had to seek elsewhere. Our only consistent supply has been our DME supplier. Medicaid reimbursement rates are flat out denying service to those who are in rural communities, have multiple service issues and we can't guarantee that our local pharmacy as much as we love having that option, they'll be able to actually deliver CGM management supplies. Right now, I have called the local twenty pharmacies around my area. None of them have supplies. They can't get them until February. I have all of my ducks in a row. My son has seen an endocrinologist, a pediatric person. He's gone to Arkansas Children's and I have every single PA required. I can't get supplies right now. The only thing I have coming on a consistent basis to my door are these DME supplies. I should be able to go where the customer service consistently supplied supplies have been. With the shortage right now, a wait list to even see an Endocrinologists and a backlog, a January rollout doesn't make sense. So, either we need to include DMEs with pharmacy coverage, or there will be no continuity of care. You will have many people ending up in the ER. My son, one of them. This year alone we have avoided 15 ER visits. Why? Because if I were to follow Arkansas Children's protocol, that is what I would have had to do had I not had this service. It is \$5,000 to walk in that door sir. If I follow what they want to do, that is \$5,000 taxpayer dollars every single time to follow that versus having home delivery. It does not make sense. Even if you don't like me, my son or anyone else that does not make good business sense. The rollout language needs updated to allow current customers to continue to receive these lifesaving supplies while local pharmacies can build up stock or at a minimum, needs delayed as to its full effect. So, all stakeholders in the community are afforded the opportunity to be made aware, due to the magnitude of this change. A single zoom, (inaudible). I'm trembling as I speak as their advocate. The one consistent of supplies we have had have been our local DMEs. They're employed by local type ones. That has been whose answered my call. You're taking that supply away of support and advocacy and education. And no, it's okay. This is how you do this at 3 o'clock in the morning. I cannot speak to the importance of not having pharmacy coverage. We want that. But we just don't want to lose what we currently have in order to gain further options. It doesn't make sense. Please don't take away such a critical supply artery in my son's care. (inaudible) The reality is, those with diabetes that are home bound, have covid exposure, live in a rural area, or have any other disease that makes diabetes difficult don't need more hoops to jump through when we could have direct delivery to our doors. What we need are more options for preventive care, not less by not enacting these changes without a game plan. People who can't even be seen, you know, just can't even get these systems. Please help us to have both. We shouldn't have to suffer a continuity of care. Thank you. Have a blessed day.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Sarah Wimberly**

**Comment:** Good morning, all. Thank you for the opportunity to speak today. I am writing and speaking today regarding the proposed change of CGMs from a DME benefit to a pharmacy benefit. I am a mother to a type one diabetic child. My son, Landon has been on the Dexcom G6 continuous glucose monitor since 2016. He has had great success with it, and we credit a lot of his success to the fact that

his supplies arrive on time every month and directly to our home, with no interruption and service from Finnegan health services. They have been an amazing advocate for my son and for his supplies over the years. With the DME company there is no pre-ordering involved, no having to drive to his pharmacy, wait in lines and zero possibility that the item might be out of stock. Our local DME provider has made sure that we never miss a beat when it comes to his CGM supplies. We have never missed a month. We have never had to go without. I have a feeling that if this were to go to a pharmacy benefit, that would not be the case, because there have been several months that we have had to ration insulin because our local pharmacies did not have it. It has been mentioned by Dexcom that pharmacy distribution allows for a more seamless experience for physicians and patients. While this might be the case for physicians, this is not true for many patients. There are those patients who do not have access to transportation to get to their local pharmacy, those who live in rural areas that are miles and miles away from a local pharmacy and those that are high risk pregnancies or handicapped or disabled, that rely solely on delivery to get their much-needed medical devices, such as their CGMs. Making this item a pharmacy only benefit shows complete disregard, in my opinion, towards these patients and their needs. The pharmacies in Arkansas, I do not believe, are equipped to handle the surge and CGM patients. Most pharmacies I've spoken to, including mine and my sons, regarding this change are not optimistic and or will not carry the supplies. For our local DME company it's as simple as having the item drop shipped from their distributor and shipped directly to our home in two to three business days. What happens if I go to my pharmacy to pick up my son's CGM and be told it's out of stock. This would not be an option for us, as we are not allowed to have testing supplies and CGM in the same month. So, we technically don't even have testing supplies on hand if we were to need backup. I just don't believe this is having the patient's best interest in healthcare in mind. If a patient does not access to their CGM. They will have no choice but to do finger sticks which is another burden most diabetics are reluctant to go back to or don't have the supplies to do it. A lot of patients are also on insulin pumps, including my son, and have their CGM linked to the pump. This will cause another issue when they are out of supplies, and they must manually input their BG values into the pump. I do not think that this is the right option for the State of Arkansas at this point. I think it should be a dual benefit. Currently, there are approximately 363,781 people in Arkansas, 14.8% of the adult population living with diabetes. This number does not include children, and the many more diagnosed each day. Here in Arkansas our pharmacies are already short-staffed, and ill-equipped to deal with this ever-increasing number. Please reconsider this change to a dual benefit, giving families the option that best suits them. Thank you for your consideration.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective fore dates of service beginning 4/1/2024.**

**Shawn McCoy, President**  
**Eclipse Medical**

**Comment:** My name is Sean McCoy. I'm the president for Eclipse Medical. I don't want to rehash some of the great comments that have already been made. I think David Chandler from AAHomecare and his



comments, I think he covered a number of kind of key topics and points that we want to bring to the table today. I think I most want to recognize both of these mothers. These are mothers of type one diabetics, and they are a very vulnerable population here in the State of Arkansas. We all know how rural the state is. It's comprised of small towns from corner to corner. My wife is from one of these small towns, Carthage, Arkansas. A small town that I wasn't even familiar with as a native Arkansan until I met her. But these are towns of 300 people, 500 people, less than a thousand people, where there are no pharmacies. Pharmacies are maybe 20-30 miles away, as David pointed out earlier in his comments. So, a lot of these people have trouble getting to these, would have trouble getting to a pharmacy. Just because they can get to their nearest pharmacy doesn't assume that they're gonna have access to products. A lot of the pharmacies may not carry CGM products, especially some of the smaller mom and pop pharmacies. If they do carry the products, they may not offer the full product offered. So, depending upon the endocrinologists, the treating clinicians, and physicians they may prescribe a specific product based on that patient's specific needs. And so, even if you have access to a pharmacy, or you have to drive a long way to get there, when you get there, they may not carry the products that you need, that are compatible, perhaps with the type of pump that you're on. So, there are a lot of variables involved in this equation. On behalf of all the DMEs I know that we are DME owners, and I think this is a little bit of an exception to the rule, we're all willing, and recognize the importance of having access. So, none of us have issues with pharmacies being able to distribute these products. What we're specifically asking is this is a dual benefit, and that you don't carve out the DME industry, who two years ago fought very hard to work very closely with Medicaid, as you guys introduced this into the marketplace and allowed patients to get access. I think that was a tremendous thing, but it's taken a long time to figure out what's required from a documentation standpoint. What's the process. That took a lot of coordination and trial and error with Arkansas Medicaid to figure those things out. So, you know, we as DME owners fulfill a very important role in providing services, especially to these rural Arkansans, and they don't have to be rural either, it's the ability to get patients products in a timely manner. It's our constant communication that occurs with these patients. We're communicating with these patients often on a monthly basis, in order to ensure that they're getting their supplies in a timely manner. And obviously, that's not really the role of a pharmacy. That's not something that's gonna be able to fill in the way that the DME provider does. So, I'll have had a number of conversations with some of our state representatives in different districts where I live, districts where our business is located. Those are some ongoing conversations, some of which are scheduled for later today. And I will tell you what's become pretty clear in those conversations with all these representatives, this Act 393, the intent of this was to broaden access. Again, access to the pharmacies on top of the DME. That was the intent of this, based on all my conversations to date. Based on the intent as those who sponsored the act. And we again, as DME owners, we support, we absolutely support broadening access. We think that's a tremendously positive thing for patients around the state. So, pharmacies having access to these products, we fully support. Again, we're asking that we are not carved out and removed from the equation. I will touch base real quickly on the cost. You know I understand the potential savings of 1.2-1.5 million dollars may be appealing on the front end. But I would point out that those costs are gonna be quickly absorbed and exceed that number if we remove the DMEs from the equation. There are a number of comorbidities related to diabetes that we could go into and talk about the cost of health care and patients who are not compliant. The one thing that's become very evident to me after being in the diabetes industry for the last 20 to 25 years is the technology now such with these CGMs, it allows these patients to truly manage their diabetes effectively. And what we're seeing with compliance is

numbers that are tremendously higher than they've ever been with the traditional CGM products. That compliance is critical. Testing your blood glucose levels, knowing where you are at all times. That creates the baseline for these patients, their clinicians, and their treating physicians to be able to keep these patients in range and keep their blood glucose levels at a therapeutic range, so that they don't have a lot of these comorbidities and associated problems. One patient developing a diabetic foot ulcer can become an expense and an ongoing expense that that patient deals with, not for days or weeks, but for months and even years. These diabetic foot ulcers often take months to heal. Then they reoccur even after they're healed. There's tremendous cost in treating those things. So, the more we can keep these patients' in compliance and from developing problems like this, the more money that we as a state are gonna save. And more importantly, the better health care we're gonna provide to these patients. That diabetic foot ulcer could also ultimately lead to an amputation. I'm happy to provide some research and some information around amputations from national publications like the NIH that really speak to the cost associated with amputations. The cost of a small digit amputation on a toe can be 5 to 10,000 dollars. As you get into the upper leg extremities, it can run 50, 60, 70, even pushing a hundred thousand dollars in some cases. So that's a progression. It starts with a toe, then the foot, then it's the bottom of the leg, then it's the upper leg. And so those cost alone with one patient would be into the hundreds of thousands of dollars over the course of a few years. So again, I hope that you will strongly consider the ability for us as DME providers to continue to participate and provide these very valuable services to these patients. We all appreciate your consideration of this language and looking at that to ensure that we're able to do so moving forward. Thank you.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Angela Brown**

**Comment:** Hello, THIS IS ANGELA BROWN /I'm writing regarding my Blood Sugar Sensor from: Total Medical: I would love to see you there business to keep supplies my sensors. It really helps me to keep my sugar goals on track. It takes away the finger sticks. I would like to keep getting sensors from Total Medical. Thank You

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Rob Schlissberg**  
**President of at-Home Solutions**  
**Cardinal Health**

**Comment:** Re: Public Comment: Continuous Glucose Monitors and Diabetic Supplies as a Pharmacy Benefit Dear Ms. Pitman, Thank you for the opportunity to provide comments on the proposed Act 393 of 2023 of the 94<sup>th</sup> General Assembly, which would require Medicaid to cover continuous glucose monitors (CGMs) under the pharmacy benefit and mandates pharmacy coverage of CGMs for certain individuals with diabetes or hypoglycemia. For background, Cardinal Health is a distributor of pharmaceuticals, a global manufacturer and distributor of medical and laboratory products, and a provider of performance and data solutions for healthcare facilities. Cardinal Health at-Home Solutions is a business unit of Cardinal Health and a leading medical supplies provider serving people with chronic and serious health conditions in the U.S., including diabetes. We're committed to helping our more than 5 million customers per year – including those who live in Arkansas communities – to manage their health conditions from the comfort of their homes. Within Cardinal Health at-Home Solutions are two divisions, both of which distribute CGMs, blood glucose monitors (BGMs) and diabetic maintenance supplies to Medicaid patients' doorsteps: Cardinal Health™ at-Home and Edgepark®. Edgepark operates as both Edgepark Medical and Edgepark Pharmacy, serving customers under medical and pharmacy benefits. At Cardinal Health, we applaud any efforts that attempt to make diabetic devices and supplies more accessible, especially to those who face more barriers than others in their path to care. While we believe the intention of Act 393 is to broaden access, we respectfully request that the medical director reevaluate this proposed rule. As written, this proposal could unintentionally impact patient outcomes and create a greater burden on the continuum of care. Durable medical equipment suppliers (DMEs) like Cardinal Health at-Home Solutions stand ready and capable to supply these products to the growing diabetic population. The benefits of working with a DME supplier include: 1. DMEs are in regular contact with beneficiaries. The resources we have built into our business models mean we often check in with patients about their adherence to therapy. 2. DMEs have strong relationships with payors and are experienced in documentation and coverage requirements. Cardinal Health Cardinal Health at-Home Solutions 7000 Cardinal Place Dublin, Ohio 43017 cardinalhealth.com 3. DMEs often also employ specialized diabetes management staff dedicated to ensuring patients on devices like CGMs have access to critical resources or can get answers about their therapy in between doctor's visits. 4. For patients on automated insulin devices covered under a medical benefit, DMEs offer the ability for a patient to get their supplies all from one source, simplifying the reorder process for those individuals. 5. Due to our distribution models, DMEs maintain broad inventory, therefore helping patients avoid potential out-of-stock situations. We share the sentiment that increased and easier access to critical innovations like CGM technology is paramount for the outcomes of patients living with diabetes, and we can't thank you enough for the important work you're doing in this space. Keeping the door open for Medicaid beneficiaries to fill their CGMs and other diabetic supplies through DMEs under the medical benefit will aid in creating a better path to care. We look forward to your consideration of our comments and suggestions related to Act 393.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Tonya Elmore**

**Comment:** Please don't change the way we get our much need supplies for our Type 1 diabetic child.

We have a lot to manage already. Every single minute of the day.

We want a CHOICE on where we get your diabetic supplies.

Our local pharmacies are flooded with tons of sick people and long wait times with prescription and delivery issues already.

for us and local pharmacies - It is a LOT to keep up with daily, weekly and monthly! Especially the supplies that are LIFE SAVING and used each minute of everyday that helps and gives us the ability to help school nurses manage chronic diseases along with all the other children's health issues.

WE already have to track too much just to keep enough supplies on hand for the next change cycles.

WHY would we need to change a system that is working so well for those of us that are juggling so much?

With deep consideration, PLEASE consider giving us the option of staying with our trusted and smooth running DME supplier on our LIFE SAVING supplies for our children.

#ChooseToCARE

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Simay Okyay**

**CCS Medical**

**Comment:** On behalf of CCS Medical, please accept the attached comment letter in response to the "Continuous Glucose Monitors and Diabetic Supplies as a Pharmacy Benefit" proposed rule.



CCS\_AR Medicaid  
CGM Comment Letter

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Harrison McCarty**

**Comment:** My name is Harrison McCarty and I am a resident of Little Rock. I am submitting public comment on behalf of numerous Arkansans, including myself, who are deeply concerned about the imminent changes to how Continuous Glucose Monitoring (CGM) supplies are provided.

Because of your interpretation of Act 393 of 2023 many Arkansas Medicaid patients will not be able to get CGM supplies from their durable medical equipment (DME) provider and will have to get them from a pharmacy.

While this may seem like a mere administrative change, it poses a significant inconvenience for us. Previously, these patients had the benefit of having their essential CGM supplies delivered directly to their homes by local durable medical equipment providers. With the upcoming changes, they will now be required to travel, in many cases, many miles to acquire these necessary supplies from a pharmacy.

For many individuals, this change poses more than just a mere inconvenience. There are numerous home-bound patients, elderly residents, and individuals without regular access to transportation for whom this shift could result in a dangerous interruption in their diabetes management. For some, this change may even deter them from obtaining their supplies altogether, risking severe health complications.

Diabetes is relentless. Their management tools should not be further than a doorstep away, especially in these trying economic times. I understand that changes in health policy often seek to streamline services and reduce costs. However, this alteration seems to disproportionately affect a vulnerable portion of our state's population, putting their health, and in some cases, their lives, at risk.

I urge you to please allow CGMs to be available both as a medical benefit and a pharmacy benefit.

Thank you for your time and consideration. I trust in your dedication to the well-being of all Arkansans to ensure continuous and accessible diabetes care for everyone.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Geoffrey Yamauchi, VP Sales and Marketing** **Habis Durable Medical Equipment, Inc.**

**Comment:** I am writing in regards to the potential movement of continuous glucose meters from a DME benefit to a pharmacy benefit only. This has been tried in other states with disastrous results. The first state to try this was California, after less than one year the health associated costs of diabetes shot through the roof, due mostly to the inability of pharmacies to handle both the influx of patients and the

inability of patients to get to the pharmacies. Not only that pharmacy retention rates plummeted whereas DME's retain 87% of their patients. The other growing healthcare expenses that shot up were cardiovascular events and amputations. What California found was costs increased the further away the supplier was from the patient. The worse the outcomes. I cannot tell you how many patients tell us they are so appreciative of someone taking the time to speak with them and explain things to them. Train them. Habibis Durable Medical is not an impersonal 800 number. We hope you will reconsider making this item an only pharmacy benefit.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

**Veronica De La Garza**  
**Director, State Government Affairs**  
**American Diabetes Association**

**Comment:** RE: Arkansas Medicaid draft CGM policy Dear Arkansas Division of Medical Services: Thank you for your continued work on Continuous Glucose Monitor (CGM) coverage for Arkansas Medicaid beneficiaries. The American Diabetes Association® (ADA) appreciates all the work you have done to eliminate barriers to CGM coverage for Medicaid beneficiaries with diabetes. As you know, an estimated 307,00 Arkansans have diabetes, a chronic illness that requires continuing medical care and ongoing patient self-management to prevent acute complications and reduce the risk of long-term complications, such as blindness, amputation, kidney failure, heart attack, and stroke. The ADA appreciates the opportunity to comment on the CGM draft policy moving CGM to a pharmacy benefit. We raise for you several suggestions that we hope you will consider. Suggestions for the Arkansas Provider manuals Prosthetics: Section 212.208 In Section B it states: "As used in this section, continuous glucose monitor" means an instrument or device, including repair and replacements parts, that: 1. Is designed and offered for the purpose of aiding an individual with diabetes: 2. Measures glucose levels at set intervals by means of a small electrode placed under the skin and held in place by an adhesive:" The ADA recommends line 2 state "Continuous glucose monitoring means using a device to automatically estimate your blood glucose level, also called blood sugar, throughout the day and night." 1 The ADA would like to broadly ensure that the reporting requirements for Arkansas Medicaid are the least burdensome for clients and treating practitioners as possible, fully knowing that oftentimes barriers to access exist solely with the Medicaid population due to onerous paperwork challenges and other non-medical requirements. We encourage Arkansas Medicaid to continue to ensure the program's rules encourage as wide access as possible, especially for clients who may lack access to consistent wi-fi and other connectivity challenges.

1 Definition used by National Institute of Diabetes and Digestive Kidney Diseases, accessed on 11.9.23; <https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring#what>

The American Diabetes Association is grateful to Arkansas Medicaid for your partnership, and for all your work to expand access to CGM devices to the broad population of Arkansas Medicaid clients with diabetes.

**Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies beginning effective for dates of service beginning 4/1/2024. Additionally, the Prosthetics Manual, Section 212.208(B)(2) will be revised according to your recommendation and administrative procedures will be aligned between the medical and pharmacy benefit. Provider training will be available.**

### **Terrie Davis**

**Comment:** I am writing in regards to a concerning notice that diabetic testing supplies and Dexcom supplies will be moving to a pharmacy only benefit. I have called 5-6 pharmacies and have been told that they do not stock these supplies and they are not sure if they will even carry the supplies, especially the Dexcom. Some are not even familiar with the Dexcom.

What will happen January 1st when the pharmacy does not have these supplies immediately on hand and the supplies run out? How would we find out where they will be available? I am concerned how these supplies will be delivered to the home? Most pharmacies do not deliver, have a limited delivery range or they charge a fee. Home Delivery is important as sometimes there are issues with having dependable transportation or the hours of operation of the pharmacy for pick up are inconvenient or it's just too far away.

Please reconsider allowing customers to stay with their current company that offers free home delivery and that have staff available to help with questions or concerns and are familiar with the products. Adding additional access through a pharmacy is good for some , if the pharmacy is willing to carry the product, but it is not a good fit for everyone. Of course we would love to see more access to these supplies, but not less.

It is important that current access remains available so supplies are not interrupted or delayed and free home delivery is still an option.

Thank you for your consideration.

**Response: Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Bethany Humphries**

**Comment:** We've been informed by the medical company that ships my daughter's dexcom glucose monitors for her type 1 diabetes that as of January 1st Medicaid will no longer allow this option and we will have to use a local pharmacy. We don't have a problem with that except that many Arkansas pharmacies won't keep dexcom in stock and we could deal with unavailability and/or backorders. Having her dexcom monitors when we need them is crucial not only to know her glucose numbers but also because she has to have it to sync with her insulin pump. Her insulin pump is vital to her health as is the glucose monitor. Please continue the option of allowing for choice in this matter and giving the option of shipment from medical companies.

**Response: Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for datse of service beginning 4/1/2024.**

### **Monty V. Baugh** **Attorney**

**Comment:** I am writing to express my concern and opposition to the proposed modifications to DHS Rule 221.100, promulgated pursuant to Act 393 of the 2023. The proposed rule removes the benefit coverage and availability of continuous glucose monitors (CGMs) for patients from durable medical equipment (DME) vendors. Arkansans with diabetes have used CGM devices for years now, a considerable percentage of them purchasing from accounts and DMEs under a doctor's prescription for the CGM devices.

The General Assembly's purpose in adopting Act 393 was to make CGM devices more readily available to Medicaid patients. The proposed rule, however, will require that Medicaid patients who presently purchase their CGM devices and supplies from an authorized DME vendor to find a pharmacy that can and will accept Medicaid payment and that deals in the patient's particular brand of CGM device. Thus, the proposed rule will have the effect of making CGM devices less available to Medicaid patients.

For this reason I opposed the proposed modifications to rule 221.100 and ask that DHS consider broadening the rule to define "pharmacy" to include DME vendors.

**Response: Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**

### **Christian Cuffie**

**Comment:** I am writing this let in request to allow Dexcom/Libre CGM and blood glucose testing supplies to be available as a Medical Benefit AND a Pharmacy Benefit.



**Response: Response: Thank you for communicating your concerns regarding this policy. We have considered all comments received and will instead allow CGMs and diabetic supplies to be provided by both DME providers and pharmacies effective for dates of service beginning 4/1/2024.**