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May 7, 2026

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Kennedy:

I write to follow-up to your testimony before the Energy and Commerce Subcommittee on Health on April 21, 2026. Thank you for your commitment to invest in preventive care and for your interest in improving health outcomes with the use of glucose monitors.

As I shared during the hearing, our healthcare system in the United States is broken because federal government health insurance programs often do not invest in preventive measures, such as glucose monitors not being covered until a diabetes patient's sugar levels (A1C) are so elevated, that they lead to serious health conditions, including amputations and dialysis.¹ I shared my mother's personal story to illustrate this issue: my mother has Medicare and Medicaid, yet glucose monitors are only covered when her sugar levels are high, rather than for preventive care.

I am confident this problem is one that you can help fix for millions of Americans while saving the government hard-earned taxpayer dollars. To help address this issue, I urge the Department of Health and Human Services (HHS) to work with the Centers for Medicare and Medicaid Services (CMS) to expand Medicare coverage of continuous glucose monitors (CGMs) to individuals with diabetes who do not use insulin.

Diabetes affects more than 38 million Americans—that includes approximately 1 in 3 Medicare beneficiaries—and costs the healthcare system over \$400 billion annually.² Individuals with diabetes incur medical expenditures that are more than twice as high as those without the condition, driven by preventable complications such as heart disease, kidney failure, vision loss,

¹ [Continuous Glucose Monitor Coverage: The Patient and Health Care Professional Experience of Access and Choice | American Diabetes Association](#)

² [Fast Facts: Health and Economic Costs of Chronic Conditions | Chronic Disease | CDC](#)

and amputations.³ These burdens fall disproportionately on seniors, communities of color, and individuals in underserved areas.⁴

CGMs are a type of glucose meter that represent a significant advancement in diabetes care by allowing individuals to monitor glucose levels in real time, avoid dangerous fluctuations, and better understand how food, exercise, and medication affect their health without repeated fingersticks (a traditional blood sugar monitor). There are numerous studies demonstrating clinically meaningful improvements in diabetes outcomes with CGM use.⁵ These improvements can help reduce dangerous hypoglycemic events, prevent costly complications, and lower hospitalizations and emergency department visits—key drivers of Medicare spending.⁶

Expanded access to CGMs aligns with your focus on preventive care because it provides patients a tool that can prevent complications before they occur and reduce long-term healthcare costs. Currently, Medicare coverage of CGMs is limited to individuals with diabetes who use insulin or individuals who can document severe hypoglycemic events—criteria that exclude the majority of Medicare beneficiaries living with diabetes.⁷ Expanded Medicare coverage of CGMs that would include all individuals with diabetes reflects current evidence and recent updates to Standards of Care for adults with diabetes from the American Diabetes Association,⁸ as well as treatment guidance for people with type 2 diabetes from the American Association of Clinical Endocrinology.⁹

CMS can improve health outcomes and reduce long-term costs by aligning Medicare coverage with current clinical evidence and standards of care.

- 1. I urge CMS to use its existing regulatory authority to expand Medicare coverage so that all beneficiaries with diabetes can access CGM technology.**
- 2. Additionally, I request a response outlining the steps HHS and CMS are taking to improve access to glucose monitoring technologies for Medicare and Medicaid beneficiaries.**

³ [Economic Costs of Diabetes in the U.S. in 2022 | Diabetes Care | American Diabetes Association](#)

⁴ [National Diabetes Statistics Report - United States Diabetes Surveillance System](#)

⁵ Aleppo G, Carlson AL, McGill JB, Alshannaq H, Galindo R, Kruger D, Levy CJ, Matuoka JY, Ilham S, Umpierrez G, Norman GJ. Clinical Impact of Continuous Glucose Monitoring in Noninsulin Treated Type 2 Diabetes: A Review. *Diabetes Technol Ther.* 2026 Jan 23;15209156251414980. doi: 10.1177/15209156251414980. Epub ahead of print. PMID: 41574487.

⁶ Kwon SY, Moon JS. Advances in Continuous Glucose Monitoring: Clinical Applications. *Endocrinol Metab (Seoul).* 2025 Apr;40(2):161-173. doi: 10.3803/EnM.2025.2370. Epub 2025 Apr 8. PMID: 40195726; PMCID: PMC12061739.

⁷ Virnig BA, Shippee ND, O'Donnell B, et al. Use of and access to health care by Medicare beneficiaries with diabetes: impact of diabetes type and insulin use, 2007-2011. 2014 Jan 29. In: *Data Points Publication Series* [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011-. *Data Points* # 18. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK202115/>

⁸ [Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2026 | American Diabetes Association](#)

⁹ [American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults With Type 2 Diabetes – 2026 Update](#)

I look forward to working with you to ensure that Americans have access to the tools they need to effectively manage their diabetes.

Thank you for your timely attention to this matter. I look forward to your prompt response.

Sincerely,

A handwritten signature in blue ink that reads "Nanette Barragán". The signature is written in a cursive style with a horizontal line under the final "n".

Nanette Barragán
Member of Congress