



SENT VIA EMAIL

April 27, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20001

Dear Administrator Verma:

We are writing to follow up on our original letter from March 27, 2018 (attached here for your convenience). We would first like to thank you for the letter you sent in response, dated April 24, 2018. This second letter is intended to serve as a reiteration of the urgency of this issue as well as a request for additional information

Blind and low-vision people with diabetes face a crisis stemming from a nearly total lack of accessible diabetes-management technologies and devices. With rare exceptions, the hundreds of different devices and varying makes and models of those devices that are available to sighted people with diabetes are inaccessible and, as a result, unavailable to blind and low-vision people with diabetes. This landscape forces blind and low-vision people with diabetes to undertake dangerous and ineffective approaches to managing their diabetes or sacrifice their independence and dignity by relying exclusively on other individuals.

In contrast to this accessibility crisis in the diabetes marketplace, a recent innovation that pairs therapeutic continuous glucose monitors (CGM) with mobile applications allows blind and low-vision people with diabetes to access the device and more effectively and independently manage their condition. The decision made by the Centers for Medicare and Medicaid Services to disallow Medicare beneficiaries to have their CGM device covered if the device is used in conjunction with a mobile application has, in effect, prohibited blind people from using this life-changing device. It is this coverage policy that we asked you to review in our original letter and with each day that passes without a reversal of that coverage policy, more blind and low-vision people with diabetes are put at risk.

Given the real and significant implications of this situation, we request that you immediately act upon our request for a policy reversal. While we appreciate that your letter in response to our initial overture indicated that you are undertaking a policy review, there are still some outstanding questions that necessitate answers. These include:

- What stage is the policy review in at present?
- How long do typical policy reviews of this nature take?
- When can we expect a formal decision to be rendered as a result of the conclusion of the review?
- How can we ensure that the interests of blind and low-vision people with diabetes are being taken into appropriate account in the context of this review?

We thank you in advance for your timely answers to these questions. The health of many blind and low-vision people with diabetes depend on your swift action on this issue.

Sincerely,



Mark A. Riccobono
President, National Federation of the Blind



Bernadette Jacobs
President, Diabetes Action Network