POSITION STATEMENT SUMMARY

EQUITABLE ACCESS TO DIABETES TECHNOLOGY

UNITE IN THE FIGHT FOR CHANGE.

diabetesaustralia.com.au

diabetes australia

Contents

Diabetes Australia acknowledges the Traditional Owners of the lands on which we live and work. We recognise their connection to land, waters and culture. We pay the utmost respect to them, their cultures and to their Elders past and present. We recognise that Australia is made up of hundreds of different Aboriginal and Torres Strait Islander peoples, each with their own culture, language and belief systems. Their relationship with country remains of utmost importance as it is the foundation for culture, family and kinships, song lines and languages.

Group Chief Executive Officer introduction

Australians living with all types of diabetes should have equitable access to the technology they need to live well.

Right now they don't, and this needs to change.

Over the past 100 years, advances in technology and medicines have delivered significant improvements in quality of life and health outcomes for people living with all types of diabetes. Advances in diabetes technology have been particularly revolutionary, including the introduction of continuous glucose monitors and insulin pumps.

The technology, is both life changing and life saving.

In 2022, the Federal Government implemented subsidised access to continuous glucose monitoring (CGM) devices for all people living with type 1 diabetes. This was a significant win for the type 1 diabetes community and has improved the lives of tens of thousands of Australians. There is, however, more to be done.

While CGM devices are now subsidised for all people with type 1 diabetes, they are not funded for people who live with type 2 diabetes, including people who use insulin. This is not equitable.

Moreover, while some Australians can afford to access insulin pumps through private health insurance, many cannot as they do not have the financial means to pay for health insurance. Hence insulin pumps are not currently an option for many people living with type 1 who would benefit significantly from this technology. The costs are simply unaffordable.

Australia urgently needs a comprehensive approach to diabetes technology subsidies that would expand access, accelerate approvals, and ultimately improve health outcomes.

Investing in diabetes technologies is proven to improve health outcomes and economic outcomes. Research shows that these devices are game-changing in terms of managing blood glucose levels and improving time-in-range, which ultimately improves quality of life, reduces diabetes related complications and hospitalisations.

In developing this position statement, Diabetes Australia has led a national conversation bringing together people living with all types of diabetes, industry, health professionals, researchers, and private health insurers and we have a common and cohesive position.

Our collective goal is clear: to ensure every Australian with diabetes receives the care and tools they need to live healthier, fuller lives. The time for change is now. Join us in this critical fight for equitable access to diabetes technology.

Justine Cain

Group CEO, Diabetes Australia

Equitable access to diabetes technology

Over the past 100 years, advances in technology and medicines have delivered significant improvements in quality of life and health outcomes for people living with all forms of diabetes.

There are now more than 1.5 million people living with diabetes in Australia. Diabetes Australia's State of the Nation 2024 report revealed that there is an unrelenting diabetes epidemic unfolding across Australia.

Australia has one of the highest rates of type 1 diabetes in the world. In the past year alone, over 3,000 new cases of type 1 diabetes were diagnosed, bringing the current total number of Australians living with type 1 diabetes to 137,700 people.

Type 2 diabetes is one of the fastest growing health conditions in Australia. In 2000 approximately 400,000 Australians were living with type 2 diabetes.[1] More than two decades later, there are now 1.3 million Australians living with type 2 diabetes and registered with the National Diabetes Services Scheme.[2] This does not include the estimated 500,000 Australians living with silent, undiagnosed type 2 diabetes.

If the growth rates of the past decade continue, there will be more than 3.1 million Australians, around 8.3% of the projected population, living with diabetes by 2050.

Diabetes is a complex medical condition that requires daily monitoring, and it can have a physical, mental, social and financial impact on a person. It is a condition that can cause debilitating and costly complications. It is often the underlying cause of serious complications such as heart attack, stroke, eye damage leading to blindness, vascular damage leading to limb amputation, and kidney damage leading to dialysis. A staggering 65 per cent of all cardiovascular-related deaths in Australia are among people with diabetes or pre-diabetes where blood glucose is elevated but not to the same degree as overt diabetes.[3,4]

Supporting people to live well with diabetes and reduce the risk of diabetes related complications must be a major priority.

There have been significant, revolutionary advancements in diabetes management technology in recent years. This technology brings substantial improvements in quality of life and health outcomes for people living with all types of diabetes.

Insulin pump therapy, when linked to glucose sensors, can reduce the frequency of severe hypoglycaemia (low blood sugar), enable better blood glucose management to reduce the risk of complications, and reduce costs associated with ambulance use, emergency department presentations and hospital admissions. It can also reduce fear of hypoglycaemia, diabetes-related distress and depressive symptoms and can improve health status and quality of life for people with type 1 diabetes.

Continuous glucose monitors (CGM) alone provide users with more accurate and frequent data about glucose levels without regular finger prick checks and supports more informed decisions about diabetes management. CGM technologies have been demonstrated to improve quality of life, reduce diabetes related mental health conditions and lower a person's long-term risk of diabetes-related complications.

Inequitable access

Despite the benefits of this technology, **many Australians living with diabetes are missing out**.

The technology is too expensive and out of reach for hundreds of thousands of people.

All Australians living with type 1 diabetes are eligible for subsidised CGM technology. While this has had a significant impact, **there are still many others who would benefit– including people with type 2 diabetes who are using multiple daily insulin injections, children and young adults living with type 2 diabetes and people with a range of other types of diabetes**.

Similarly, while many Australians living with type 1 diabetes have affordable access to CGM, they cannot afford insulin pumps. Only around 24% of people living with type 1 diabetes are currently able to access this technology. This is significantly lower than in comparable countries including the United States where an estimated 63% of adults and 58% of children and young people use an insulin pump to manage type 1 diabetes.

The benefits of insulin pumps, when linked to CGM, are significant. Automated insulin delivery (AID) systems, also referred to as hybrid closed loop systems, are considered standard care for people with type 1 diabetes. AID systems combine an insulin pump and CGM to automatically adjust insulin delivery based on real-time glucose readings, reducing the burden of constant manual adjustments and helping to maintain more stable blood glucose levels. Given it is estimated more than 90,000 people with type 1 diabetes currently access subsidised CGM, there is a compelling case to make insulin pump therapy, and therefore AID, more accessible for people with type 1 diabetes.

The inequity in access to diabetes technology is compounded by the lack of transparent pathways to assess, approve and fund new diabetes technology. Australia needs a comprehensive approach to diabetes technology to expand access, accelerate approvals, and ultimately improve health outcomes.

Diabetes Australia, together with the Australian Diabetes Society and the Australian Diabetes Educators Association, are advocating to improve:

- subsidised access to insulin pumps and automated insulin delivery for people living with type 1 diabetes;
- subsidised access to CGM for people with type 2 diabetes and other forms of the condition;
- a transparent and streamlined health technology assessment process that facilitates the timely and effective review of new technologies.

The recent Federal Parliamentary Inquiry into Diabetes, chaired by Dr Mike Freelander, supports this call. The Committee's report, tabled on 3 July 2024, states that "*ensuring better access to this technology for all Australians must be a priority. The Committee recognises that all patients with insulin*

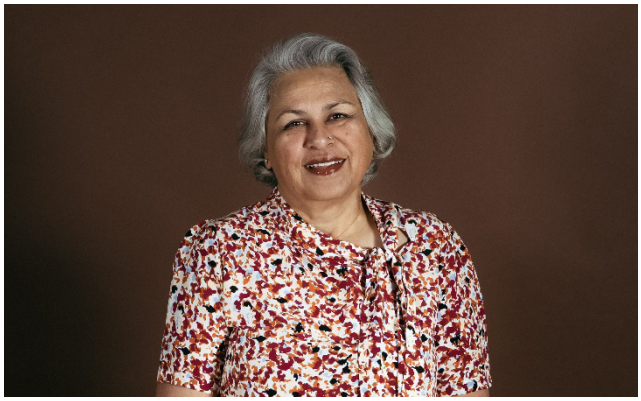
dependent diabetes have similar clinical needs, and should thus be supported regardless of diabetes type"[5]. The Committee made a number of recommendations related to access to technology, these include the following recommendations:

Recommendation 15

The Committee recommends that subsidised access to Continuous Glucose Monitors (CGMs) be further expanded. In the first instance, all access limitations in relation to patients with Type 1 diabetes should be removed. Furthermore, individuals with insulin-dependent Type 3c diabetes and patients with gestational diabetes should be made eligible for subsidised CGMs and for those with Type 2 diabetes requiring regular insulin. The Committee recommends prioritising the removal of age limitations on access to subsidised access for Type 1 diabetes patients.

Recommendation 16

The Australian Government should explore expanding subsidised access to insulin pumps for all Australians with type 1 diabetes. A gradual increase, such as expanding access to those aged 40 and under, would be useful as an initial step.



What do people living with diabetes want?

To develop this policy position, Diabetes Australia consulted broadly across Australia engaging with industry, health professionals, researchers, policymakers, health insurers and, most importantly, people living with all types of diabetes.

We acknowledge the insights and expertise of these groups, which helped define the problem, consider the evidence, share stories, and develop recommendations to improve equitable access to diabetes management technologies for Australians living with diabetes.

Throughout the consultation, people living with diabetes expressed their concerns about the cost of living. The affordability of CGM was a particular concern among those living with type 2 diabetes (for whom CGM remains unsubsidised) particularly when the financial burden of diabetes is already high.

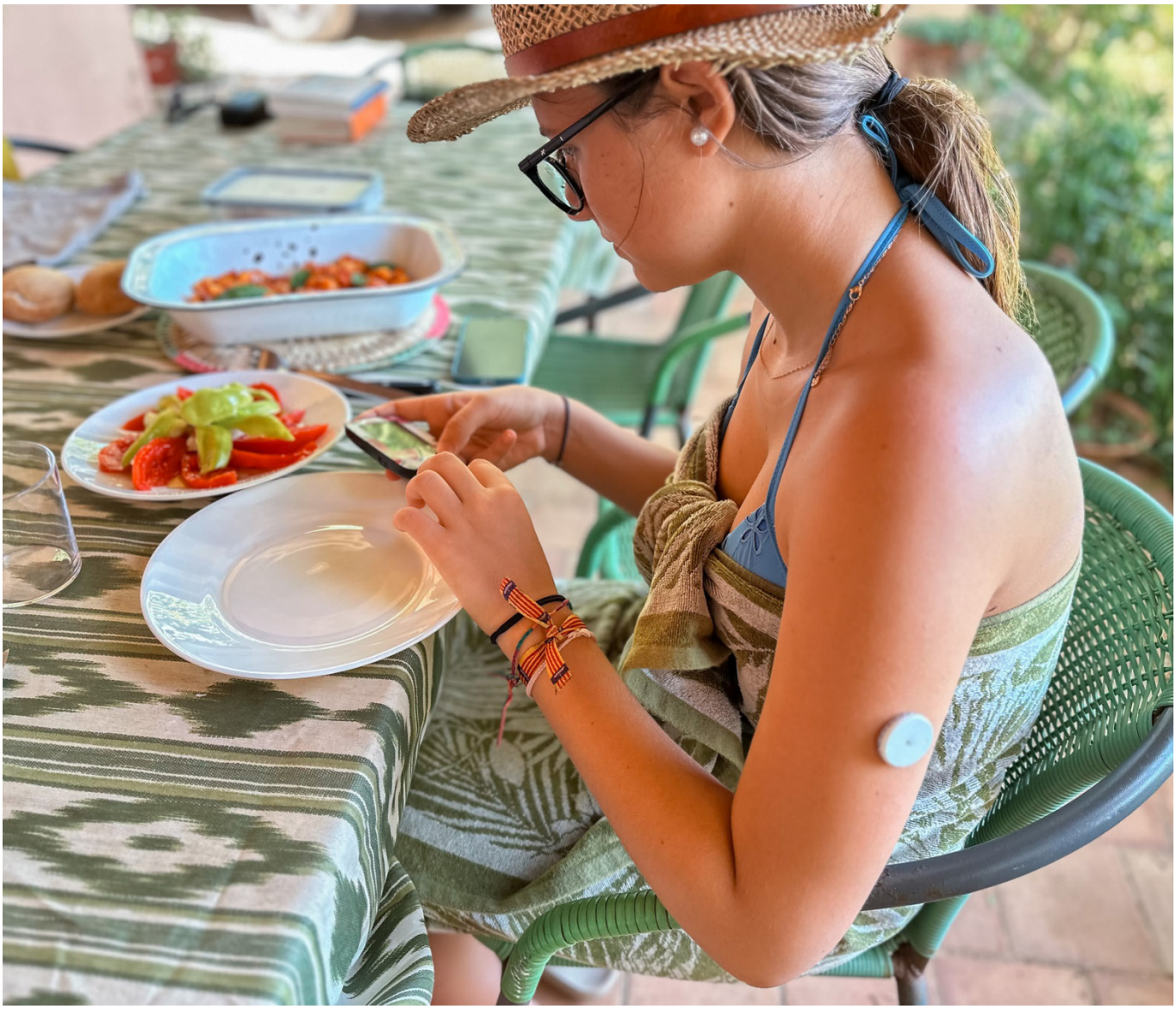
Individuals also identified the opportunities for technology to ease the burden of diabetes on them as individuals, reduce the stigma associated with living with diabetes, and improve their quality of life.

People living with type 1 diabetes reported the significant improvement in managing blood glucose levels through linking CGM with an insulin pump. For many people, these technologies improve the length of time their blood glucose is in the target range and also reduce the mental load of daily diabetes management.

People living with type 1 diabetes identified that they vary with their needs, preferences and priorities when it comes to technology, and that embedding choice with access is important.

Diabetes Australia recently joined with leading health organisations and members of the diabetes community to endorse a consensus statement on the need for more affordable access to AID for Australians living with type 1 diabetes.

It is abundantly clear that technology has been life changing and likely life saving for many people living with diabetes.



Recommendations

Diabetes Australia has developed these recommendations in consultation with the Australian Diabetes Society, the Australian Diabetes Educators Association, JDRF Australia, people living with diabetes and some of Australia's leading diabetes health professionals.

Recommendations to improve equitable access to CGM for people living with diabetes

1. Recognising the demonstrable benefits of subsidised continuous glucose monitoring for people living with diabetes, the Australian Government should expand access to subsidised CGM devices to people living with all types of diabetes who need it to manage their condition.
2. This expansion of subsidised CGM should be conducted in a staged approach over the next four years, prioritising the following groups of people:
    a. people who are pregnant and have type 2 diabetes;
    b. people under the age of 21 who have type 2 diabetes;
    c. people who identify as an Aboriginal or Torres Strait Islander person, who have type 2 diabetes, with a prioritisation for those people using insulin;
    d. people living with other types of diabetes who require intensive insulin therapy (who do not already have access to subsidised CGM); and
    e. people who are over the age of 21 years who have type 2 diabetes and are using insulin, requiring multiple daily injections (with a full subsidy for people who hold a Health Care Card and partial subsidy for people who do not hold a Health Care Card).
3. Based on the modelling set out in this position paper, the Commonwealth budget should include $70M over the next four years to expand access to subsidised CGM.
4. Undertake an extensive evaluation of expanded access to CGM, with favourable results being used to support expanding access to more groups over the medium term.
5. Review the current health professional diabetes technology training and education provided and consider the impact of a further expansion of subsidised CGM, with a view to providing further training and education to the healthcare workforce, especially those working in primary care, including when to refer to a CDE.

6. Provide Medicare Benefits Schedule support to fund diabetes technology initiation and support by health professionals including CDEs outside of clinic hours for people accessing CGM. Also ensure that the public hospital system is provided with funding to support out of clinic hours support for diabetes technology initiation and usage.

Recommendations to improve equitable access to insulin pumps and automated insulin delivery systems

1. Recognising the demonstrable benefits of subsidised insulin pumps for people living with diabetes, the Australian Government should expand access to insulin pumps, and therefore automated insulin delivery systems, for all people living with type 1 diabetes.
2. This expansion to subsidies for insulin pumps should be delivered in a staged approach over time, with the initial prioritisation and implementation over the forward estimates being for the following groups:
    a. people who are under 21 and have type 1 diabetes (full subsidy);
    b. people who are aged over 21 years and have type 1 diabetes and hold a Health Care Card (full subsidy); and
    c. all Aboriginal and Torres Strait Islander people who have type 1 diabetes (full subsidy).
3. Based on the modelling set out in this position paper, the Commonwealth budget should include $130M over the next four years to expand access to subsidised insulin pumps.
4. Any expanded program should be delivered through the National Diabetes Services Scheme.
5. Any expanded subsidy program must also include all consumables that are currently subsidised through the NDSS.
6. Recognising the significant role that private health insurers play in the provision of pumps, there is no intention to reduce the scope of private health insurers in funding insulin pumps. However, it is recommended that ongoing consultation is held with private health insurers to continue to fund access to pumps. A review of current pricing for pumps on the prosthesis list is recommended as well as other strategies to ensure private health insurers are incentivised to offer pumps as part of silver or bronze categories.

Recommendations to improve health technology assessment pathways

1. Implement a comprehensive strategy for diabetes technology to broaden access, expedite approvals, and ultimately enhance health outcomes.
2. Amend Health Technology Assessment policies and methods to allow for the consideration of hybrid systems that incorporate technology that is currently assessed in different categories.

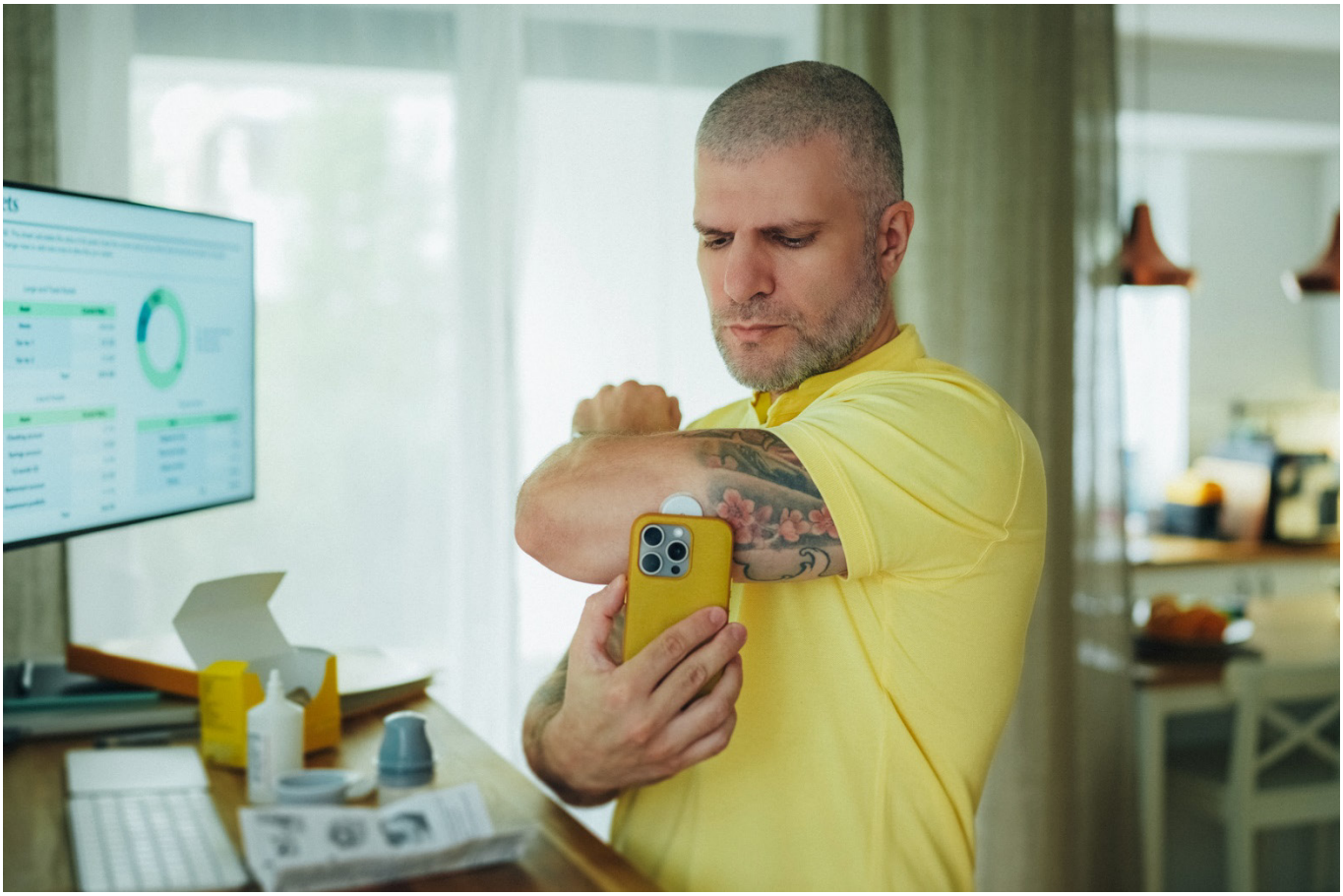
3. Amend HTA processes to allow for greater weighting of international approvals by respected and comparable international agencies. This would streamline the process for introduction of new technologies that are already approved for use in other countries, into Australia.

4. Allow for HTA assessment to consider the holistic needs of people living with diabetes, including the mental health benefits of a particular technology.

Diabetes workforce

With any expansion to subsidies for diabetes related technology, Diabetes Australia, the Australian Diabetes Society, and the Australian Diabetes Educators Association strongly support the further provision of funding to, and collaboration with, the diabetes health workforce. It is imperative that people living with diabetes are given appropriate support when initiating any diabetes technology, as well as on an ongoing basis, that they know how to best use the technology, understand the information it provides, and get the best results.

An effective way to support the diabetes workforce would be the expansion of Medicare item numbers to cover health professionals, including Credentialled Diabetes Educators to provide initiation and support for those living with diabetes and accessing CGM. Furthermore, there needs to be an increase in the number of visits that a person with diabetes can access credentialed diabetes educators.



Key considerations

In developing recommendations to expand access to CGM, Diabetes Australia has considered appropriate funding model options, clinical prioritisation and the implementation of a subsidy arrangement for CGM for people with type 2 diabetes.

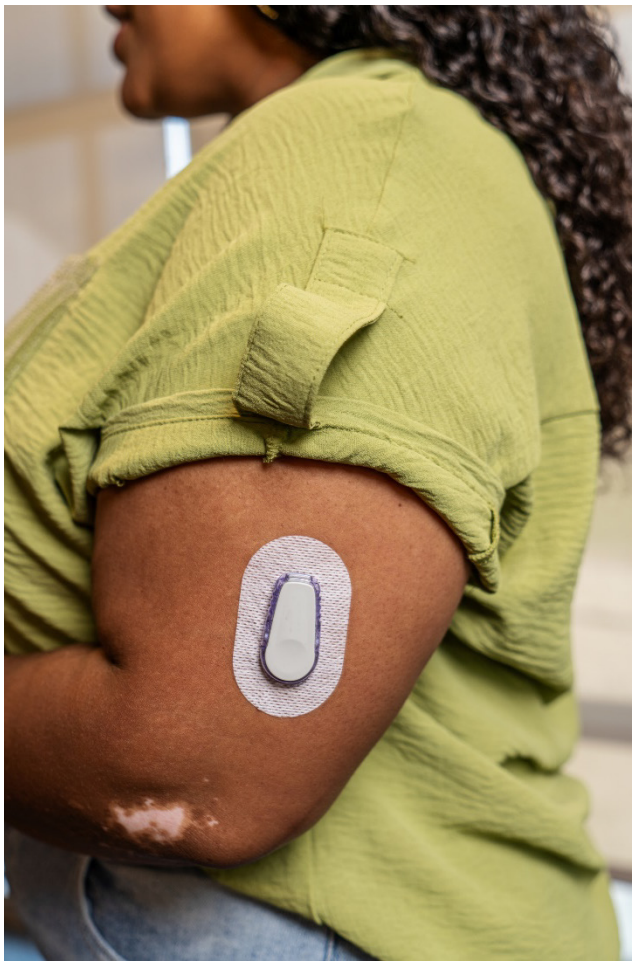
The implementation of existing technology subsidy arrangements for people living with type 1 diabetes has been considered. Subsidies to people living with type 2 diabetes, should align with existing CGM subsidy arrangements for people with type 1 diabetes.

It is recognised that not all people who are eligible for a subsidy, will choose to access the technology, and that uptake will scale up over time. Experience with the rollout of CGM for type 1 diabetes has shown that the subsidy introduced in 2017 for people under 21 years of age increased uptake from around 5% to around 79% after two years.

In developing recommendations to expand subsidy arrangements for insulin pumps, Diabetes Australia has considered a number of factors including, the estimated uptake rates of insulin pumps for people under the age of 21 years; uptake of insulin pumps more broadly across the type 1 community; the international experiences of insulin pump access; and prioritisation for people who would most benefit from access to a subsidy for a pump.

Consideration has also been given to the extent to which people have access and utilise private health insurance to access an insulin pump. **Costs, including the costs of private health insurance, the cost of an insulin pump, the limited availability of insulin pumps in Australia, the cost of insulin pump consumables has all been considered**.

Further, a key consideration of the proposed approach was the impact on private health insurance. The **intention is not to shift the cost burden for insulin pumps from private health insurance, to the Government**.



Diabetes Australia recommended approach

All people living with diabetes should have access to the technology that best assists them to manage their diabetes.

We recognise that funding for subsidies to improve access to diabetes technology should be delivered in a staged approach over time.

Diabetes Australia recommends a $200M investment over four years from the Australian Government to increase subsidies to diabetes technology for key priority groups in the first instance.

This initially includes insulin pumps subsidies for people living with type 1 diabetes who are:

- under 21 years of age;
- over 21 years of age with a health care card; or
- Aboriginal and Torres Strait Islander people.

We also recommend, expansion of subsidies for CGM devices for people living with type 2 and other types of diabetes who are:

- pregnant;
- Aboriginal and Torres Strait Islander people;
- under the age of 21; or
- requiring multiple daily injections of insulin.

Using the recommendations outlined above, it is estimated that the net 4 year cost to government for extending subsidies to CGM devices to the type 2 community would be approximately $70M over four years.

The net 4 year cost to government for expanding subsidies for insulin pumps would amount to approximately $130M over four years.

Diabetes Australia acknowledges that there are other key considerations regarding product supply, and health workforce supports that would need to be considered in the roll out of any program. The expansion program should be evaluated to consider the benefits and impact of the increased access.

It is estimated that expanding subsidy for subsidised CGM will create access to CGM for a further 22,000 people living with type 2 diabetes and expanding subsidies for insulin pumps will increase access to a further 16,000 living with type 1 diabetes. A $200 million investment is estimated to have the benefit of:

- Up to 15,800 quality-adjusted life years for people living with type 2 diabetes, which can have the value of between $590M to $1.3BN
- Up to 59,500 quality-adjusted life years for people living with type 1 diabetes, which can have the value of between $1.9BN to $4.7BN.

Approving and funding diabetes technology

Australia's regulatory and funding systems must be more adaptable and efficient in evaluating new technology quickly. With technological breakthroughs certain to continue, Australian regulators must establish processes that allow for timely and robust evaluation.

The Health Technology Assessments process refers to all bodies the Federal Government uses to fund and subsidise health technologies and medicines. This includes the Therapeutic Goods Administration, the Pharmaceutical Benefits Scheme, the Medicare Benefits Scheme, the National Immunisation Program, and the Life Saving Drugs Program.

Significant improvement is needed with regard to both the time it takes for people to be able to access new technologies, and how equitable that access is.

These challenges are being amplified by the technology-driven healthcare revolution currently underway. **Research breakthroughs are leading to technologies faster than at any time in human history**. The pace of change is placing a heavier burden on Australia's regulatory systems than previously seen. **It is critical that the approvals and reimbursement framework is flexible enough to keep pace with these changes**.

This is essential to ensure both the Australian health system and people living with diabetes can experience the considerable benefits from access to technologies, including reduced incidence of diabetes-related complications.

Conclusion

The current disparity in affordable access to diabetes technologies means many Australians are unable to benefit from this life changing healthcare. Right now, diabetes technologies remain prohibitively expensive for many people, leading to tangible health repercussions and unnecessary strains on the healthcare system.

This situation will continue for as long as access to diabetes technologies continues to be constrained by the type of diabetes a person has, or their ability to afford private health insurance.

Furthermore, systemic regulatory changes also need to be made, to ensure clearer pathways for evaluating, approving, and funding new diabetes technology quickly. Australia urgently requires a comprehensive strategy for diabetes technology to broaden access, expedite approvals, and ultimately enhance health outcomes.

References

1 https://www.aihw.gov.au/reports/diabetes/diabetes/contents/how-common-is-diabetes/type-2-diabetes (accessed 11 July 2024)

2 https://www.ndss.com.au/wp-content/uploads/Type-2-Diabetes-Snapshot-202403.pdf

3 5 Barr, E.L. et al 2007. Risk of cardiovascular and all-cause mortality in individuals with diabetes mellitus, impaired fasting glucose, and impaired glucose tolerance: the Australian Diabetes, Obesity and Lifestyle Study (AusDiab). Circulation, 116, 151-7.

4 Baker IDI Heart and Diabetes Institute. Diabetes: The silent pandemic and its impact on Australia. Melbourne, Vic: Baker IDI Heart and Diabetes Institute, 2012.

5 House of Representatives Standing Committee on Health, Aged Care and Sport. The State of Diabetes Mellitus in Australia in 2024. Tabled 3 July 2024. Page 122. Accessed 5 July 2025. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/Inquiry_into_Diabetes/Report

DIABETES AUSTRALIA
Phone: +61 2 6232 3800
Fax: +61 2 6230 1535
E-mail: admin@diabetesaustralia.com.au
Website: diabetesaustralia.com.au