The Hon Mark Butler MP
Minister for Health and Aged Care
House of Representatives
Parliament House, Canberra ACT 2600
c/o: minister.butler@health.gov.au

26 March 2026

Dear Minister Butler,

We are writing to urge the Australian Government to **remove inequity in the treatment of similar types of diabetes, by expanding access to continuous glucose monitors (CGMs) to include all people over the age of 21 living with type 3c and other rare types of diabetes** (defined in the NDSS list)[1] in 2026.

For people living with type 3c and other rare types of diabetes, turning 21 means losing subsidised access to life-saving CGMs[1], leading to out-of-pocket costs of $2,650 per year. This means people who have relied on and benefited from this important technology lose funded access, just when other cost of living pressures related to their life and treatments may also be increasing. For those who are diagnosed after the age of 21, they can never access these subsidies, creating a significant financial burden for people already managing complex and costly medical conditions.

> *“What changed when I turned 21?*
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> *I realised the way my life could be, when I had access to this amazing technology that allowed me to track my progress. It gave me a taste of how things could be, but then said, now come back and pay for it. The difference between the finger prick and a CGM was like comparing an abacus to a calculator. I need money to manage my cystic fibrosis, and on top of that, my diabetes care costs me around $3,000 per year. My pancreas is on borrowed time and the financial drain is real. I live paycheque to paycheque; this is my reality. I use my tax return and money from birthdays to pay for my diabetes sensors. I’m not able to buy things for myself that I want. It’s not just a physical health issue; it’s the mental strain and financial pressure adding to everything else in my life.”*
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> **— Alex, 29, living with cystic fibrosis and cystic fibrosis-related diabetes**

In July 2024, the **Federal Government Diabetes Inquiry recommended that subsidised access to CGMs be expanded for individuals with insulin-dependent Type 3c diabetes**. The inquiry also acknowledged that patients living with Type 3c diabetes should be prioritised due to equal, and at times even more complex needs than Type 1 diabetes patients.

In October 2025, the **Medical Services Advisory Committee (MSAC) outcome included support for this community,** ‘MSAC considered that there was clinical need in the gestational diabetes and type 3c populations.' Within this outcome, multiple groups recommended including those 'with non-insulin dependent diabetes who are at high risk of poor health outcomes.' Criteria which allows access for all people with type 3c and other rare types of diabetes, regardless of treatment type, is in-line with best clinical practice and the approach in New Zealand[23].

These processes were positive steps forward for our communities; however, we now await more reports and reviews, and it's been almost four years since the last National Diabetes Services Scheme (NDSS) expansion. **Diabetes doesn't end at 21 and neither should access to life-saving technology.**

> *"We choose to pay for CGMs as we want Nate to be alive and around for his children.*
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> *The amount of lows and scares we have had that the CGM has caught — it has saved him so many times. Nate's disease is progressive. It will never get better. Having a young family of two boys, the money we spend on CGMs will help greatly, easily putting $50 a week extra towards living costs. We have chosen to go without certain things to have the peace of mind that a CGM provides... Mentally and emotionally it feels like we are being billed for a lifestyle disease, that we are to blame for the diabetes, like this mito-related diabetes could be fixed by diet or exercise."*
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> **— Bridget*, wife to Nate*, who lives with mitochondrial diabetes. Nate, Bridget, and their two children have had to move in with Bridget's parents due to rising medical costs, including the cost of CGMs.** **names have been changed to protect privacy of these individuals*

The majority of people with type 3c and other rare types of diabetes have more than one medical condition, which often exacerbate each other and add complexity to their diabetes care. As a result, **every month without access to CGMs delays critical health benefits**. For many within these communities, these devices are cost-saving, as the costs for medical treatment and hospitalisations are far greater than the $2650 annual cost per person.

Together, the undersigned organisations are calling for the **prompt expansion of subsidised CGM access to include Australians of all ages with type 3c and other rare types of diabetes**. **We urge you to prioritise this issue and work towards expanding subsidised CGM access in 2026, given the high risk of poor health outcomes for this community.**

For further detail please see the pre-budget submissions from Diabetes Australia[4] and CF Together[5], and further information from the Mito Foundation[6]. Thank you for considering this important matter.

Yours sincerely,

On behalf of the undersigned organisations:

For further information contact:
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[1] Conditions eligible for subsidised CGMs until age 21 in Australia
[2] Continuous glucose monitors (CGMs) - Pharmac | Te Pātaka Whaioranga | NZ Government
[3] Summary: What's funded for who? - Pharmac | Te Pātaka Whaioranga | NZ Government
[4] Diabetes Australia pre-budget submission
[5] CF Together pre-budget submission
[6] Mito Foundation MSAC submission