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The Hon. Greg Hunt MP Minister for Health House of Representatives Parliament House CANBERRA ACT 2600

Email: Minister.Hunt@health.gov.au

Dear Minister Hunt

Thank you for your prompt response to our letter regarding funding for insulin pumps and continuous glucose monitors (CGMs). As stated in that letter we do appreciate previous government and bi-partisan support of funding for many of the items that you outline in your response. We also note that the Turnbull government introduced the current CGM funding program for children and your support in particular is appreciated.

Our previous letter outlined the scientific evidence behind improved outcomes from the use of insulin pumps and CGMs; evidence we believe to be compelling. Although it is possible for some to manage their diabetes well with traditional technology alone, the required expertise is less likely to be optimal in lower socioeconomic groups, and these are the very people who are currently left without access. Nevertheless, as surgeons, we understand as well as anyone, that new technologies take time to develop and be accepted, both with regard to their efficacy, but also their cost effectiveness and that this results in a step-wise introduction of such technology.

Your letter outlines many of the things that previous governments have funded, for example "syringes and needles, blood glucose test strips, urine ketone test strips", for which we are grateful. However, all of these items could be discarded with the broader introduction of pumps and sensors and this would be one of many cost offsets. Remembering that the lifetime cost of managing diabetes is five-fold higher in someone with complications resulting from poor control compared to someone with good control, the main funding offset would result from less complications of diabetes.

The economic case for this is better argued by business leaders than surgeons and we draw your attention to the article in the Australian Financial Review from 3 April <u>here</u>. In this article, many prominent, business people have joined together to make that case. "This isn't a social grant. The modelling shows a return on investment not tomorrow, but starting quickly and swiftly increasing over a number of years" and therefore funding these technologies "makes basic demonstrable economic common sense".

As compelling as the scientific and fiscal arguments are, the lifestyle benefits to patients should also not be overlooked. Pumps reduce injections from three or more times per day to once every three days. They allow easy and discreet access to the delivery of insulin at the press of a button, instead of having to draw up insulin in syringes, sometimes in public. CGMs have almost completely ended the need for finger pricks and provide secure knowledge with alarms that can wake the individual from a "hypo" when asleep. They also give the wearer not just a snapshot of their blood sugar level, but trends - in real time. This extra freedom provided to the wearer enables exercise, the management of concurrent illness, hormonal swings, and in essence, a more normal life.

Syringes, needles and test strips were important diabetes funding examples from the past. We can only guess what future technology will bring and as a result undoubtedly this will not be the last request for funding for new diabetes technology, but right now Australians need better access to the technology of today.



Committed to Indigenous health We therefore urge you to reconsider the ask for universal subsidy for insulin pumps and CGM's and lobby your colleagues to support this ask as a pre-election promise, and as a result ensure that important medical management decisions do not depend on an arbitrary age or the financial resources of the individual.

Yours sincerely

Dr Sally Langley President

Office of the President

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