Mondragon, Tabitha, HCA

From: Christine Fallabel <CFallabel@diabetes.org>
Sent: Tuesday, September 29, 2026 10:10 AM
To: HCA-madrules
Cc: skyedevore@gmail.com
Subject: [EXTERNAL] ADA Comments – Proposed Amendments to 8.324.5 NMAC
Attachments: New Mexico letter.pdf

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Dear Secretary Armijo and Members of the New Mexico Health Care Authority,

On behalf of the American Diabetes Association (ADA), thank you for the opportunity to provide comments regarding proposed amendments to 8.324.5 NMAC governing durable medical equipment, oxygen, medical supplies, prosthetics and orthotics under New Mexico Medicaid.

As the Health Care Authority considers updates to 8.324.5 NMAC, the ADA respectfully urges the agency to ensure that New Mexico Medicaid beneficiaries with diabetes have meaningful access to medically necessary treatment for active diabetic foot ulcers, including clinically appropriate topical oxygen therapy, as recommended by our Standards of Care in Diabetes current clinical practice guidelines.

Please see our attached letter and let me know if you have any questions.

We appreciate the opportunity for comment.

Sincerely,
Christine Fallabel

Christine Fallabel, MPH *(she/her)*
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September 28, 2026

New Mexico Health Care Authority
Medical Assistance Division

RE: Proposed Amendments to 8.324.5 NMAC — Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics

Dear Secretary Armijo and Members of the New Mexico Health Care Authority:

On behalf of the American Diabetes Association (ADA), thank you for the opportunity to provide comments regarding proposed amendments to 8.324.5 NMAC governing durable medical equipment, oxygen, medical supplies, prosthetics and orthotics under New Mexico Medicaid.

The ADA is the nation's leading voluntary health organization fighting to end diabetes and its consequences. We advocate for policies that ensure people with diabetes have affordable and equitable access to the care, treatments, medications, technology and services necessary to prevent serious complications and live healthy lives.

As the Health Care Authority considers updates to 8.324.5 NMAC, the ADA respectfully urges the agency to ensure that New Mexico Medicaid beneficiaries with diabetes have meaningful access to medically necessary treatment for active diabetic foot ulcers, including clinically appropriate topical oxygen therapy, as recommended by our Standards of Care in Diabetes current clinical practice guidelines.[i]

Building on New Mexico's Leadership

In 2025, the ADA proudly supported House Bill 233, legislation requiring state-regulated health plans in New Mexico to include medically necessary treatment of diabetic foot ulcers, including topical oxygen therapy. Governor Michelle Lujan Grisham signed HB 233 into law on April 7, 2025, with coverage taking effect January 1, 2026.

HB 233 represented an important recognition that preventing avoidable amputations requires not only identifying diabetic foot ulcers early but also ensuring that people have access to medically necessary treatments capable of promoting healing and preventing disease progression.

The ADA encourages HCA to build upon that work by addressing access for New Mexicans enrolled in Medicaid.

A person's ability to receive medically necessary treatment for a diabetes-related foot ulcer should not depend unnecessarily on the source of their health coverage. Medicaid beneficiaries should have access to evidence-based treatment options when those treatments are clinically appropriate and medically necessary.

Diabetes-Related Foot Ulcers and Amputation Prevention

Diabetes-related foot complications can have devastating consequences for individuals and families. Foot ulcers can lead to infection, hospitalization, disability and lower-extremity amputation, particularly when wounds fail to heal or access to appropriate treatment is delayed.

Preventing unnecessary amputations is a major priority for the ADA. Appropriate diabetes management, regular foot examinations, early identification of wounds, multidisciplinary care and timely access to medically necessary treatment are all critical components of reducing the risk of serious complications.

For patients with difficult-to-heal diabetic foot ulcers, access to appropriate advanced wound-care therapies can be particularly important.

For these reasons, Medicaid coverage policy should support timely access to medically necessary diabetic foot ulcer treatment rather than creating administrative or reimbursement barriers that delay appropriate care.

Topical Oxygen Therapy

The ADA understands that HCA is reviewing the potential addition of topical oxygen therapy as a Medicaid benefit. We appreciate HCA's consideration of this issue and encourage the agency to complete that review with a focus on clinical evidence, medical necessity and meaningful beneficiary access.

As part of this rulemaking and the agency's related clinical review, the ADA respectfully asks HCA to consider establishing a pathway for Medicaid coverage of topical oxygen therapy for appropriate patients with active diabetic foot ulcers.

Any coverage policy should include transparent, evidence-based medical necessity criteria that allow treating clinicians to determine when topical oxygen therapy is appropriate as part of a comprehensive wound-care plan.

Meaningful Access Through Turquoise Care

If HCA establishes Medicaid coverage for topical oxygen therapy, implementation across Turquoise Care managed care organizations should be clear and consistent enough that beneficiaries and their clinicians can understand how to obtain medically necessary treatment.

The ADA encourages HCA to consider:

- clear and publicly available medical necessity criteria;
- reasonable prior authorization requirements that do not unnecessarily delay wound treatment;
- consistent minimum coverage expectations across Turquoise Care managed care organizations;
- adequate provider and supplier access;
- a reimbursement methodology sufficient to support beneficiary access to covered treatment; and
- appropriate continuity-of-care protections for patients actively receiving treatment.

HCA should also monitor implementation to determine whether beneficiaries who meet applicable clinical criteria are able to obtain prescribed treatment.

Broader Diabetes Equipment and Supply Access

The ADA also supports HCA's continued efforts to modernize Medicaid coverage and reimbursement policies for diabetes-related equipment and supplies.

For people living with diabetes, access to appropriate medications, supplies, technologies and treatment is fundamental to preventing complications. Coverage policies should reflect current standards of diabetes care and should be periodically reviewed as clinical evidence and treatment options evolve.

Importantly, Medicaid policy should consider the full continuum of diabetes care—from tools that help people manage glucose levels to interventions designed to prevent or treat serious complications such as diabetic foot ulcers.

Conclusion

New Mexico has already demonstrated leadership in recognizing the importance of access to medically necessary treatment for diabetic foot ulcers through the enactment of HB 233.

The ADA respectfully encourages HCA to build upon that progress by ensuring that Medicaid beneficiaries are not left behind.

Specifically, we ask HCA to continue and complete its clinical review of topical oxygen therapy and establish, where supported by the evidence, an appropriate Medicaid coverage pathway for medically necessary treatment of active diabetic foot ulcers, including topical oxygen therapy. Any resulting policy should include transparent clinical criteria and an implementation and reimbursement structure that results in meaningful patient access across Turquoise Care.

We appreciate HCA's consideration of these comments and its continued work to improve health outcomes for New Mexicans living with diabetes. The American Diabetes Association welcomes the opportunity to serve as a resource as HCA continues its review.

Sincerely,



Christine Fallabel
Managing Director, State Government Affairs
American Diabetes Association

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[i] https://diabetesjournals.org/care/article/48/Supplement_1/S252/157552/12-Retinopathy-Neuropathy-and-Foot-Care-Standards