(34%) and VA respondents (VA-MS 34%, MH/SA 27%, VA-ADR 40%). HHA and SNF respondents reported a similar average maximum number of daily injections per patient (5.7 and 2.9, respectively). Whereas, almost half of the HHA respondents reported restrictions on the number of daily nurse-administered injections that can be delivered (14% also reported that their agencies restricted the types of insulin that nurses can administer), only 10% of the VA-ADR and none of the SNF respondents reported any restrictions on the number of injections (about 18% of VA-ADR respondents reported restrictions on the type of insulin). CONCLUSIONS: Insulin treatment patterns and restrictions on T2D patients across varied practices varied across settings, situation sometimes. There is evidence, that care is managed by nurse administered insulin injections, may be more restricted in home health-care than in institutional settings such as SNFs and VA facilities.

**PDB99 UNDERUTILIZED DIABETES MONITORING SERVICES AND OUT-OF-POCKET HEALTH CARE EXPENSES SHARE AMONG AMERICANS WITH DIABETES MELLITUS**

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OBJECTIVES: Out-of-pocket (OOP) cost as a component of insurance benefit design has been found to be a barrier to medication adherence or use of preventive care. This study aimed to assess the association of OOP share of annual self-paid healthcare expenses out of THE. Insurance coverage was categorized into any private, public only and uninsured. Logistic regression models were employed to control for social demographics, health status, and treatments among subpopulations with different insurance coverage. Estimates were weighted using the sample weights. Our analyses covered 3,445 (WT4) individuals with diabetes, 66.07% received proper monitoring. Well-monitored in-index period.

Diabetes treatment patterns and restrictions on T2D patients varied across settings, situation sometimes. There is evidence, that care is managed by nurse administered insulin injections, may be more restricted in home health-care than in institutional settings such as SNFs and VA facilities.