

Medicaid Cuts and Attempts to Eliminate Insurance Coverage for Diabetes Needs Threaten the Lives of Our Patients

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The patients we care for face substantial threats to their lives every day. But the threat that I write about today is not the kind presented by diabetes or its associated complications. Today, one of the greatest risks to doctors and our patients with diabetes is the threat related to the potential loss of guaranteed health insurance coverage of diabetes supplies and services.

Because of severe budgetary constraints, many state-run Medicaid programs are attempting to eliminate coverage of diabetes supplies, equipment, and services. This could be a disaster for the poor, near poor, disabled, and poor children who depend on Medicaid for health care coverage.

For example, as of March 1, 2003, the Oregon Health Plan, which is part of Oregon's Medicaid program, will eliminate coverage of diabetes supplies, including blood glucose monitoring needs for at least 6,000 people with diabetes. California is considering the elimination of coverage for diabetes supplies for the entire Medicaid population. Massachusetts will completely eliminate Medicaid coverage for about 3,500 people with diabetes by removing them from the program beginning April 1, 2003.

States are also threatening to remove requirements that health insurance plans and policies cover diabetes supplies, equipment, services, and prescription drugs. In recent years, the American Diabetes Association (ADA) successfully advocated to enact laws in 46 states that require state-regulated health insurance policies to cover diabetes supplies and services. This year, the Colorado Governor, Speaker of the Colorado House, and

Colorado Senate Majority Leader have made repeal of their state's diabetes health insurance requirement and other insurance provisions their top priority. Several other states including Florida, Oregon, Nebraska, Indiana, South Dakota, and Washington are also considering the repeal of their diabetes care requirements for health insurance plans.

Both Medicaid and state diabetes insurance coverage will also be the subject of debate in Congress. In an apparent attempt to provide "flexibility" to the states, President George W. Bush has proposed a restructuring of the Medicaid program that would give state Medicaid administrators the outright authority to end coverage for diabetes supplies, medications, and services. Another proposal would allow small employer groups to coalesce and offer insurance that is free of current state health coverage requirements. I fear that Congress will enact these changes unless our voices opposing these changes are heard.

I believe that the potential loss of insurance coverage for diabetes supplies and services is an emergency in need of our attention. An attempt to eliminate guaranteed coverage of diabetes supplies and services is shortsighted at best and catastrophic at worst. The impact of the loss of this coverage will be a substantial spike in the incidence of diabetes complications at the very time that we are finally controlling many of these complications. In addition, it will be impossible for our patients, especially minority populations who disproportionately rely on the Medicaid program, to manage diabetes without this basic insurance coverage.

Our opponents claim that the removal of insurance requirements, such as those guaranteeing coverage of diabetes supplies and services, is necessary to make health insurance more affordable to businesses and government. These opponents also state that insurance requirements such as those for diabetes supplies and education are responsible for driving up the costs of health care in the Medicaid and private insurance programs. Opponents also argue that the elimination of insurance requirements and mandates is necessary to provide insurance to more people at a lower cost.

My response to our opponents is that their viewpoints are invalid, without merit, and extremely shortsighted. As you know, patients find managing diabetes without affordable insurance coverage of diabetes supplies and equipment virtually impossible. Studies document that when patients cannot afford their diabetes supplies, they stop taking their medications, reduce or eliminate blood glucose monitoring, and experience a much higher risk of complications. ADA has long argued that coverage of basic diabetes needs is a reasonable expectation of any health insurance plan and should be guaranteed by law.

The real loss of insurance protections for people with diabetes will turn the clock of diabetes care back at least a decade or more. If insurers and our government are successful in their attempts to remove coverage protections for people with diabetes, America will experience a dramatic increase in the number of people living with diabetes-related complications such as blindness, kidney failure, and amputations.

At a time when the diabetes epidemic is overwhelming our health system, attempts to cut back on the services available to our patients are unwise. As medical professionals, our voices carry great weight. Please join me in becoming politically active by contacting your elected officials including the President, your Governor, members of Congress, U.S.

Senators, and your statewide elected officials to inform them of the need to preserve the diabetes care provided by Medicaid and state-regulated health plans.

Our patients are relying on us.

For more information on how to contact your elected officials, visit the ADA website at www.diabetes.org/advocacy.

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