

Safeguard Diabetes Care. **Protect Medicaid.**

Nearly 1 in 4 adults with diabetes depend on Medicaid for health insurance coverage.¹ Cuts and substantial coverage changes to Medicaid would disproportionately affect Americans with diabetes, threatening access to high-quality diabetes care and cost-saving diabetes management services. Medicaid access is especially important in the Diabetes Belt, where rates of diabetes are the highest in the country.

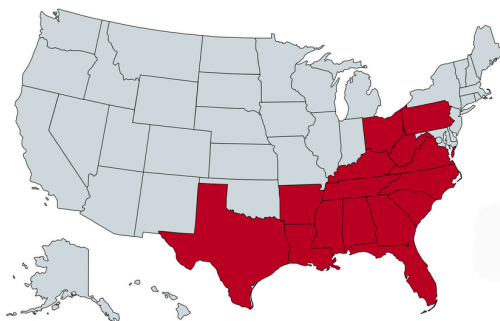
National Impact

- Approximately 14% of Medicaid enrollees—10 million people—have diabetes.²
- Among adults with diabetes, 23.9% rely on Medicaid for health insurance.³
- Across the Diabetes Belt, approximately 1.5M Medicaid beneficiaries have diabetes.

Why Medicaid Matters

Critical Coverage

Medicaid is not just a safety net but a lifeline for people with diabetes, providing access to medications, preventive care, and management technology.



Prevalence

In the Diabetes Belt, Medicaid covers a higher proportion of individuals with diabetes compared to the national average.

Medicaid Support



- Access to health care coverage is vital for people with diabetes. Research shows that adults with diabetes with health insurance have better glucose and cholesterol management than those without insurance.
- In a study across states with the highest diabetes and obesity rates, support for Medicaid led to a nearly 50 percent reduction in the rate of uninsured individuals.
- Almost 24 percent of adults with diabetes rely on Medicaid to provide access to diabetes care, medications and technology.
- The American Diabetes Association® urges Congress to protect access to Medicaid. This health insurance program is vital for individuals and families living with diabetes and other chronic conditions to manage their health, preventing costly and life-threatening complications.⁴

1. Casagrande, Sarah S., Joohyun Park, William H. Herman, and Kai McKeever Bullard. 2023. "Health Insurance and Diabetes." Edited by Jean M. Lawrence, Sarah Stark Casagrande, William H. Herman, Deborah J. Wexler, and William T. Cefalu. PubMed. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2023. <https://www.ncbi.nlm.nih.gov/books/NBK597725/>.
2. Ng, Boon Peng, Sundar S. Shrestha, Andrew Lanza, Bryce Smith, and Ping Zhang. 2018. "Medical Expenditures Associated with Diabetes among Adult Medicaid Enrollees in Eight States." Preventing Chronic Disease 15 (September). <https://doi.org/10.5888/pcd15.180148>.
3. Casagrande, Sarah S., et. al. 2023. "Health Insurance and Diabetes." Edited by Jean M. Lawrence, Sarah Stark Casagrande, William H. Herman, Deborah J. Wexler, and William T. Cefalu. PubMed. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2023. <https://www.ncbi.nlm.nih.gov/books/NBK597725/>.
4. Casagrande, Sarah S., et. al. 2023. "Health Insurance and Diabetes." Edited by Jean M. Lawrence, Sarah Stark Casagrande, William H. Herman, Deborah J. Wexler, and William T. Cefalu. PubMed. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). 2023. <https://www.ncbi.nlm.nih.gov/books/NBK597725/>.