American Diabetes Association 85

Official Statement

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The American Diabetes Association's Statement on Protecting Access to Health Care Coverage and Nutrition Assistance Programs for People with Diabetes and Obesity

Medicaid and SNAP provide critical access to care, medications, diabetes technology and groceries for people with diabetes

ARLINGTON, Va. (May 14, 2025)— Deeply concerned by the proposed changes to health, hunger and nutrition programs and services being considered and advanced by the House of Representatives, the American Diabetes Association® (ADA) issued the following statement.

"The ADA urges Congress to reject the harmful Medicaid and SNAP cuts being considered in the budget reconciliation bill. We urge Congress to extend the Affordable Care Act premium subsidies for hard-working middle-class Americans. If enacted as proposed, Congress would significantly alter financing structures for Medicaid and SNAP, shift significant costs to states, and jeopardize health care access and hunger and nutrition assistance for millions of people with diabetes. We encourage Congress to support policies that strengthen Medicaid and SNAP, and our health care and food assistance systems overall, to ensure that all individuals and families with low incomes—particularly those living with chronic conditions like diabetes—can receive the health care they need to live and manage their disease."

Background
The House Energy and Commerce Committee is considering detrimental changes to Medicaid that could result in estimated loss of Medicaid and Children's Health Insurance coverage for 10.3 million children and adults in this country. It would also increase uninsured individuals and families by 7.6 million over the next ten years. The proposed changes would increase current work requirements, eligibility recertifications and other administrative burdens on individuals and families that would lead to reduced enrollment and eligibility. It would impose increased out-of-pocket costs for health care services on enrollees. In terms of new work requirements, 92% of adults under age 65 with Medicaid who do not receive Social Security disability income and who are not also covered by Medicare work full or part-time, or are not working due to caregiving responsibilities, illness or disability, or school attendance. For those living with diabetes and prediabetes, Medicaid provides critical access to health care, necessary disease management, medications—including insulin— and life-changing technology. Medicaid also is a lifeline for caregivers of people with diabetes and people with disabilities.

For people with diabetes, access to health care coverage is critical to successful disease management, effective glucose control, and avoiding hospitalizations and unnecessary and costly complications. The ADA is concerned by the proposal's increase in hospital and health care provider

taxes that could have ramifications, especially on rural and underserved communities. Safety-net hospitals serve a higher proportion of Medicaid patients. The proposed cuts could lead to greater uncompensated care, further stressing financial resources of safety-net hospitals and rural health care providers leading to closures.

The ADA is also concerned about the Committee's failure to include an extension of the expiring Affordable Care Act premium subsidies, further putting health care coverage out of reach for middle income families.

The ADA is extremely concerned about the proposed cuts to important hunger and nutrition assistance programs. The House Committee on Agriculture proposed major revisions to the Supplemental Nutrition Assistance Program (SNAP). These changes include imposition of historic work requirements on SNAP participants and shift a greater cost of SNAP to states during a time when many states are struggling to meet current budget requirements.

The ADA is supportive of two bipartisan provisions related to pharmacy benefit manager (PBM) reform, which could increase access to and affordability of prescription drugs. These provisions would de-link PBM compensation in the Medicare program from drug manufacturer list prices (so higher-priced drugs are no longer advantaged) and ban "spread pricing" in Medicaid (in which an insurer is charged more for a prescription drug than the pharmacy is reimbursed, which leads to inflated drug costs that impact patients). We appreciate the support for these two proposals, for which ADA has advocated, and we hope to work with Congress on additional, more comprehensive reform.

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About the American Diabetes Association
The American Diabetes Association (ADA) is the nation's leading voluntary health organization fighting to end diabetes and helping people thrive. This year, the ADA celebrates 85 years of driving discovery and research to prevent, manage, treat, and ultimately cure —and we're not stopping. There are 136 million Americans living with diabetes or prediabetes. Through advocacy, program development, and education, we're fighting for them all. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (800-342-2383). Join us in the fight on Facebook (American Diabetes Association), Spanish Facebook (Asociación Americana de la Diabetes), LinkedIn (American Diabetes Association), and Instagram (@AmDiabetesAssn). To learn more about how we are advocating for everyone affected by diabetes, visit us on X (@AmDiabetesAssn).