

Federal safety net health care coverage for kids with diabetes varies significantly by state

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Federal funding for health care coverage of children with diabetes varies significantly from state to state across the United States, according to new research from the University of Michigan.

The new research, published earlier this year in the *Journal of Pediatrics*, examines a public program for children with [chronic diseases](#) called the Children with [Special Health Care](#) Needs program, which is funded through Title V of the Social Security Act of 1935, and provides federal support and serves as a safety net for children with chronic diseases.

In the study, researchers found geographic disparities in access to coverage for medical services and medications, says lead author Joyce M. Lee, M.D., M.P.H., associate professor of pediatrics at C.S. Mott Children's Hospital. Detailed state-by-state descriptions are available in this interactive map: <http://diabetessafety.net/>

"States administer Title V programs individually, defining their own medical and financial criteria for eligibility," Lee says. "This has resulted in a patchwork safety net for children with chronic disease, which could have an impact on [future health](#) outcomes.

"We performed this study because we wanted to better understand the safety net that exists for kids with diabetes. This is increasingly important, because the overall burden of diabetes in children is rising in

the U.S., and diabetes imposes a large [financial burden](#) on families who must manage the disease."

Lee and her co-authors found that children with diabetes were eligible for Title V programs in just 32 states, which at a minimum would provide assistance with coordination of care for these children.

However, only twenty-six states (51%) provided medical coverage to pay for visits with [health care professionals](#) and medications like insulin. Only 24 states also covered diabetes supplies (for example, glucometer strips, syringes).

"If children do not have access to a private health plan, and they do not qualify for income-based programs like Medicaid, unfortunately children in many states will not have access to the basic elements of care, simply based on geography," Lee says.

Title V programs are unique because they designate eligibility based on diagnosis of a chronic disease. Although Title V programs have financial eligibility requirements, in at least 10 states, these income limits were more generous compared with the federal limits for Medicaid or State Children's Health Insurance Program.

Title V programs may serve as the insurer of last resort or provide secondary coverage for children with private or public insurance, particularly in children who are underinsured.

"We hope this research will further highlight the need for uniformity of health benefits for children across states. Kids who live in different states should not have differential access to the care they need," Lee says.

More information: [doi: 10.1016/j.jpeds.2012.12.009](https://doi.org/10.1016/j.jpeds.2012.12.009)

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