

Medicaid expansion leads to greater access to diabetes medications

August 6 2018

Prescriptions for diabetes medications increased in the first two years after states expanded eligibility for Medicaid as part of the Affordable Care Act, compared to states that didn't expand Medicaid.

In 2014 and 2015, 29 states and the District of Columbia expanded eligibility for Medicaid among low-income adults. In a new study published in the August issue of *Health Affairs*, researchers from the University of Chicago and the University of Southern California (USC) analyzed data on more than 96 million prescriptions filled using Medicaid insurance between 2008 and 2015 to see the impact of expansion on access to [diabetes medications](#).

States that expanded access to Medicaid in 2014-2015 had an additional 30 [diabetes](#) prescriptions filled per 1,000 people, compared to states that didn't expand Medicaid. The increase in prescriptions also grew significantly over the two years.

"Our findings suggest that [patients](#) gained access to diabetes medications once they got insurance through Medicaid," said Elbert Huang, MD, director of the Center for Chronic Disease Research and Policy at UChicago and senior author of the study.

The study, led by Rebecca Myerson, Ph.D., an assistant professor at the USC School of Pharmacy and Schaeffer Center for Health Policy & Economics, also showed that prescriptions increased for a variety of diabetes medications, from first-line [prescriptions](#) such as metformin,

typically given to newly diagnosed patients, to newer, more advanced forms of insulin. Overall, prescription fills for insulin increased by 40 percent and newer medications increased by 39 percent in Medicaid expansion states, while trends in non-expansion [states](#) were essentially unchanged.

"These patterns suggest that access to health insurance not only led to increases in timely treatment of diabetes, but it also allowed patients to receive more effective treatment," Myerson said.

"The number of diabetes drug classes has almost quadrupled since the early 1990s, offering convenient dosing and fewer risks of cardiovascular events and mortality, but uninsured patients were left behind. Our data show that uninsured patients used newer medications at less than half the rate of privately insured patients, but with Medicaid insurance, that gap completely disappeared."

The study authors emphasize that it's important to understand the impact of Medicaid expansion in the face of persistent political pressure to repeal or weaken key portions of the Affordable Care Act.

"The Medicaid population is younger and diabetes in this age range tends to be more severe. So, if we can increase access to effective care, we can treat it earlier, prevent more complications, extend people's working lives and keep them healthier," Huang said. "No matter what direction the political winds blow, we need to understand what happened during the era of Medicaid expansion. In this case it appears to have had a positive impact, leading to better treatment for a very common and chronic condition."

More information: "Medicaid Eligibility Expansions May Address Gaps In Access To Diabetes Medications," *Health Affairs* (2018). [DOI: 10.1377/hlthaff.2018.0154](https://doi.org/10.1377/hlthaff.2018.0154)

Provided by University of Chicago Medical Center

Citation: Medicaid expansion leads to greater access to diabetes medications (2018, August 6)
retrieved 7 May 2024 from

<https://medicalxpress.com/news/2018-08-medicaid-expansion-greater-access-diabetes.html>

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