

Medicaid plays a critical role in covering individuals with diabetes. A new study commissioned by the American Diabetes Association® (ADA) analyzes Centers for Medicare & Medicaid Services (CMS) data to estimate the coverage impacts of H.R. 1 across states.

In Minnesota, the analysis highlights potential enrollment losses and increases in cost sharing—with serious implications for access to care for individuals with diabetes, and the potential to drive higher medical spending for patients and states.

Projected Coverage Loss by 2034

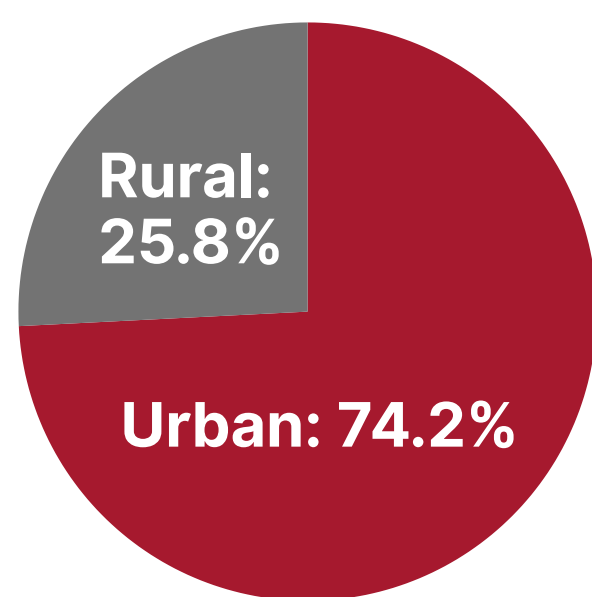
Minnesota

- Among the state's **1.2M** enrollees → **80,000** are projected to lose coverage by 2034.
- Approximately **80,000** MN Medicaid enrollees are living with diabetes.
- Of those with diabetes, **7,000** are expected to lose coverage by 2034 → an **8.5%** disenrollment rate.

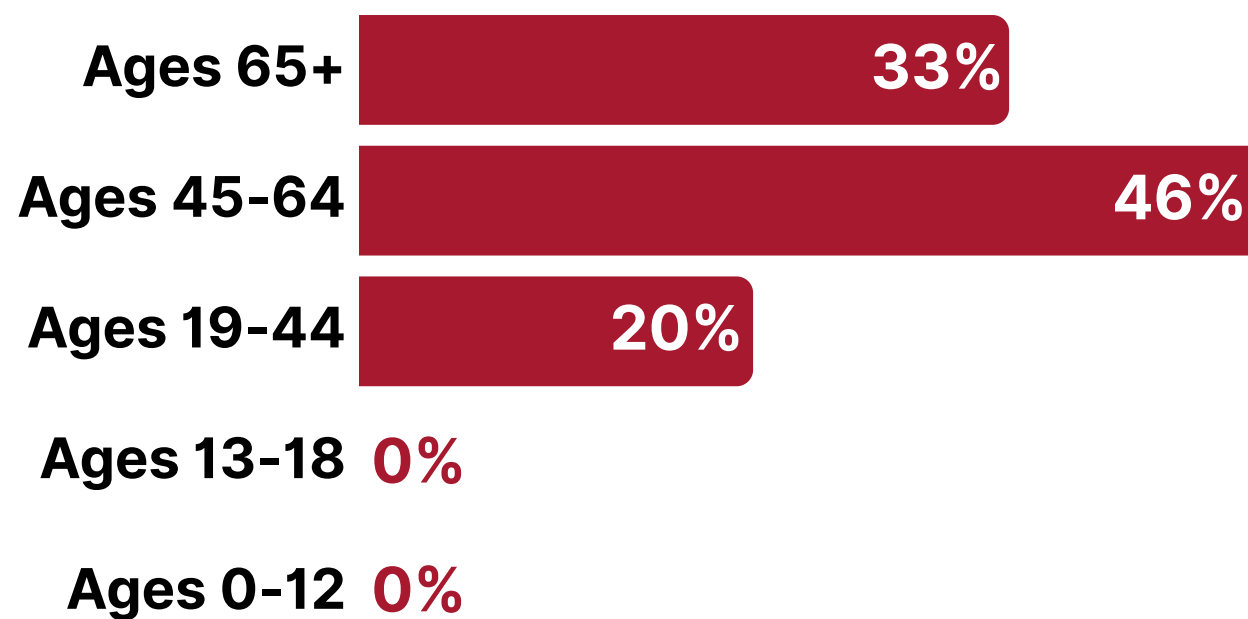
National

- Approximately **5.3 million** Medicaid enrollees have diabetes (6.5% of all Medicaid enrollees).
- By 2034, **475,655** enrollees with diabetes are projected to lose coverage. Among those:
 - **2.1%** have chronic kidney disease (10K)
 - **7.7%** have diabetic retinopathy (37K)

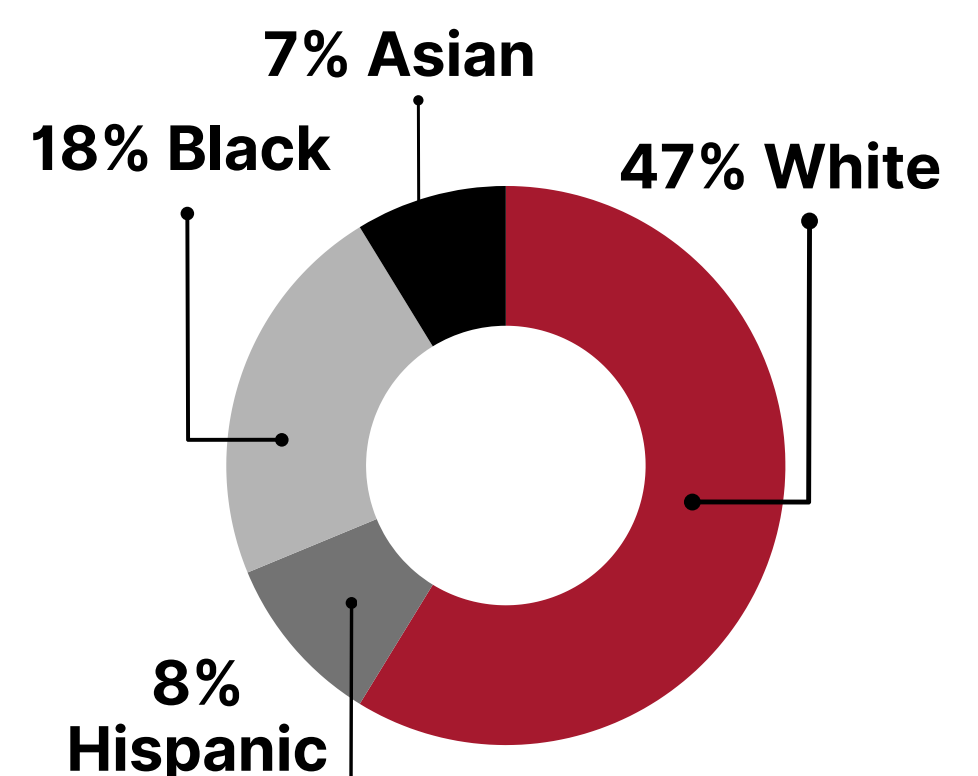
Who Is Most Affected in Minnesota?



By Location



By Age



By Race

Cost Sharing Implications

Beginning in 2029, H.R. 1 would introduce new Medicaid cost sharing requirements for some enrollees, including people with diabetes. Minnesota estimates suggest:

- **19,806** Medicaid enrollees with diabetes could be newly subject to cost sharing
- Average annual out-of-pocket costs could reach **\$232-\$604 per enrollee** by 2034, an increase of roughly **27%** from 2029
- Higher costs may lead to **reduced use of necessary services**, particularly for specialty care

While state-specific impacts will vary, increased cost sharing may create additional barriers to consistent diabetes management and access to care.

Why It Matters

Medicaid is a lifeline for people with diabetes, providing access to essential care, medications, and management tools. Even modest coverage losses can disrupt access to critical care, leading to:



Increased
emergency
department use



Higher rates of
complications and
poor outcomes



Greater long-term
costs for the
healthcare system.

For Minnesota, projected disenrollment is concentrated among working-age adults with diabetes, putting access to consistent and life-sustaining care at risk for those who need it most.