

Finding Relief

Many programs are available help offset the cost of your diabetes care

By Gary Scheiner MS, CDE

Diabetes treatment isn't cheap. According to the American Diabetes Association, it costs over \$13,000 each year to care for and treat each person with diabetes. A significant chunk of that cost is for medications and supplies involved in daily diabetes management. Unfortunately, many people lack adequate insurance coverage and have trouble meeting the high out-of-pocket costs.

In a study published in *Diabetes Care* (2006), Dr. Richard Grant, MD from Massachusetts General Hospital in Boston analyzed data from the 2004 National Health Interview Survey (NHIS). He and his colleagues found that nearly 15% of patients with diabetes reported having problems affording their prescriptions – a 25% increase from seven years earlier. Surprisingly, those who could not afford their medications actually saw their physician *more* often than those who could afford their medications. Nevertheless, the overall health status of those unable to afford what their medicine is worsening.

Luckily, a variety of programs exist to help make diabetes supplies and medications more affordable. Some come from the government, while others come from the pharmaceutical industry. Regardless of the source, these programs are a smart way to help reduce the cost of caring for your diabetes. For example:

Medicare is a government-sponsored program for people over age 65 as well as younger people with serious health problems such as kidney failure. Medicare now covers blood glucose monitors, test strips, lancets, insulin pumps/supplies, therapeutic shoes, glaucoma screenings, flu & pneumonia vaccines, and

counseling by registered dietitians and Certified Diabetes Educators under certain conditions. Medicare Part D provides prescription drug benefits for items such as insulin and oral diabetes medications. For eligibility information, call the Centers for Medicare & Medicaid Services at 1-800-633-4227, or visit www.medicare.gov.

Lists, Lists and More... Medicare also offers a database of public and private prescription drug assistance programs at www.medicare.gov/Prescription/Home.asp. A similar list is provided by the Cost Containment Research Institute (202-318-0770; www.institute-dc.org). Another web site, www.needymeds.com, provides up-to-date information on nearly 200 patient assistance programs run by drug manufacturers.

Medicaid is a health assistance program sponsored by each individual state. Eligibility is based on your income level. Medicaid recipients may qualify for full or partial coverage for select types of diabetes medications and blood glucose monitors/strips. For information, contact the Department of Human Services in the “government” pages of your phone book.

CHIP is the Children's Health Insurance Program provided by each state. It is for children whose families earn too much to qualify for Medicaid but too little to afford private health insurance. For information, call 877-543-7669, or visit www.insurekidsnow.gov.

The Bureau of Primary Health Care (also called the Hill-Burton Program) offers professional medical care for people regardless

of their insurance status or ability to pay. For a directory of local primary health care centers, call 800-400 2742 or visit www.bphc.hrsa.gov.

The VA (Department of Veteran Affairs) runs hospitals and clinics for veterans who need treatment for service-related ailments and/or financial aid. To find out more about VA health benefits, call 800-827-1000 or visit www.va.gov.

WIC (Women, Infants & Children) – Healthy eating is an essential component of diabetes self-care. Women with pre-existing diabetes who become pregnant, as well as those who develop gestational diabetes, may be eligible for assistance with grocery costs if certain financial and residential criteria are met. For more information, call WIC Headquarters at 703-305-2746 or visit www.fns.usda.gov/wic.

Local Charitable Organizations such as the Lions Club International, Rotary Club, Elks Club, Shriners and Kiwanis Clubs sometimes provide financial assistance or help with fund raising for health-related expenses. For details, check with your local Health and Human Services office.

Together Rx: People who have no prescription coverage and are not eligible for Medicare may be able to obtain a free Together Rx Access Card. Using the card can save you 25% to 40% on a select list of brand-name and generic drugs/supplies (including insulin, oral diabetes medications, meters and test strips). Sponsored by a number of large pharmaceutical companies, the card is accepted at the majority of pharmacies throughout the United States. For qualification information and a list of covered drugs, call 800-444-4106 or visit www.togetherrxaccess.com.

Lilly Cares is a patient assistance program for users of Eli Lilly insulin and other medications. Free insulin is provided by way of coupons supplied to your physician. Lilly Cares is open

to legal U.S. residents who fail to qualify for government-sponsored programs, do not have private insurance, and fall below a certain income level. For more information, call 800-545-6962 or visit www.lillycares.com.

Novo Nordisk offers a Patient Assistance Program that provides free insulin, pen needles, and glucagon kits for those who fail to qualify for government-sponsored programs, do not have private insurance, and fall below a certain income level. For more information, call 866-310-7549.

Aventis Pharmaceuticals also offers a Patient Assistance Program that provides free insulin to those who fail to qualify for government-sponsored programs, do not have private insurance, and fall below a certain income level. For more information, call 800-221-4025.

Medtronic/MiniMed, makers of insulin pumps and pump supplies, offers financial assistance for those who use (or are looking to use) insulin pumps. Contact the Charles Ray III Diabetes Foundation at 919-303-6949 or e-mail chuck@charlesray.g12.com.

If you have **private health insurance**, it pays to get the most from it. State and Federal laws mandate what health insurers must cover to ensure proper care of people with diabetes. In some states, the requirements apply to the prescription drug component of your plan (which you may or may not have); in other states the laws apply to the major medical part of your plan (which is part of virtually every health insurance plan). **LEARN THE SPECIFICS OF YOUR COVERAGE.** Health insurers are always looking for ways to save on their own expenses, so they offer their customers incentives for using lower-priced products/services. This includes use of generic drug alternatives, no-frills meters/supplies, use of mail-order services for filling prescriptions and supply orders, and ordering in quantities such as 3 months.

To learn more about the specific coverages and incentives built into your insurance plan, refer to your plan's reference manual, speak to your company's benefits administrator, or call the customer service department at your insurance company. If you feel that you are entitled to more than your insurance company is providing, contact your State Attorney General's office for assistance.