

Inability to afford prescription meds, specialty care more likely for adults with epilepsy

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Adults with active and inactive epilepsy are more likely to have Medicaid and other public insurance coverage, and to report an inability to afford prescription medicine, specialty care, or other types of care compared with those without epilepsy, according to research published in the May 27 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Niu Tian, M.D., Ph.D., from the CDC in Atlanta, and colleagues analyzed pooled data from the 2015 and 2017 National Health Interview Surveys to obtain updated estimates of access to health care among U.S. adults by epilepsy status.

The researchers found that adults with active or inactive epilepsy were more likely to have Medicaid or other public insurance coverage and to report an inability to afford prescription medicine, [specialty care](#), or vision or dental care compared with those without epilepsy. The likelihood of taking less medication than prescribed to save money, to be in families having problems paying [medical bills](#), and to report delaying care because of insufficient transportation was increased for adults with active or inactive epilepsy.

"Public health practitioners and epilepsy health and social service providers can enhance linkages between clinical and community programs and services to address gaps in access to [health care](#)," the authors write.

More information: Niu Tian et al, Barriers to and Disparities in Access to Health Care Among Adults Aged ≥ 18 Years with Epilepsy—United States, 2015 and 2017, *MMWR. Morbidity and Mortality Weekly Report* (2022). [DOI: 10.15585/mmwr.mm7121a1](https://doi.org/10.15585/mmwr.mm7121a1)

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