

ACCESS AND TIMELINESS • CHART 3:2

Financial Barriers to Prescription Adherence

Why is this important? The Medicare Modernization Act of 2003 establishes outpatient prescription drug benefits for Medicare beneficiaries starting in 2006. Historically, beneficiaries have had to pay for prescription drugs out-of-pocket, or they relied on supplemental coverage to defray some of their out-of-pocket expenses. Sources of supplemental prescription drug coverage include employer-sponsored retiree health plans, Medicare managed care plans, and certain Medigap coverage; however, the depth of drug coverage provided by these programs varies considerably. Many states offer additional assistance to beneficiaries to help cover the gaps in coverage in the form of state-sponsored Medicaid and state pharmacy-assistance programs, especially for low-income seniors and those lacking supplemental coverage.

Findings: A survey conducted in 2001 of community-dwelling elderly Medicare beneficiaries (ages 65 and older) residing in eight states found that 14 percent of seniors decided not to fill a prescription because of cost, 16 percent skipped doses of medicine to make the prescription last longer, and 22 percent reported either type of cost-related nonadherence. Seniors without prescription drug coverage were twice as likely as those with drug coverage to report restricting prescriptions: 35 percent of those without prescription drug coverage, versus 18 percent of those with drug coverage, either did not fill a prescription or skipped doses because of cost (Kitchman et al. 2002; Safran et al. 2002).

Implications: Prescription drug coverage alone does not protect against high out-of-pocket spending for medications, nor does it sufficiently defray medication costs so that all seniors adhere to their prescription drug regimens. The situation is even direr for those without any prescription drug coverage at all.

Seniors with chronic medical conditions must strictly adhere to their medication regimens for disease management. Yet this study found that one-quarter or more of seniors with congestive heart failure, diabetes, or hypertension who lacked prescription drug coverage did not fill at least one prescription in the previous year, and up to one-third skipped medication doses to make prescriptions last longer (Kitchman et al. 2002; Safran et al. 2002).

The national Medicare prescription drug discount cards were recently implemented to help ameliorate this access problem. Research such as this study will need to be repeated after the Medicare prescription drug benefit is implemented in 2006 to measure its effect on reducing prescription nonadherence.