



SENIORS AND PRESCRIPTION DRUGS

FINDINGS FROM A 2001 SURVEY OF
SENIORS IN EIGHT STATES

JULY 2002



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EXECUTIVE SUMMARY

Introduction

Lack of a Medicare prescription drug benefit remains a major challenge at the national policy level. As Congress is actively debating the design and financing of a Medicare drug benefit, beneficiaries continue to rely on a range of supplemental coverage sources to assist with drug expenses. Sources of supplemental coverage such as employer-sponsored retiree health plans, Medicare+Choice plans, and Medigap have helped fill Medicare's drug coverage gaps, however drug benefits from these sources have been eroding in recent years. Thus, even for seniors with some form of drug benefits, coverage may be unstable and inadequate.

States offer assistance with drug expenses to many low-income seniors. All state Medicaid programs provide drug benefits to their poorest seniors, yet states vary widely in their Medicaid eligibility criteria and in the breadth and depth of drug coverage. Nearly half the states provide state-funded pharmacy assistance programs for low-income Medicare beneficiaries without other sources of drug coverage; like Medicaid, these programs vary widely in terms of eligibility requirements and benefits.

As the national debate over a Medicare drug benefit unfolds, there is considerable interest in the role of states in helping to meet the needs of their senior populations, especially those with incomes below twice the federal poverty level. Yet, little is known about drug coverage by state, or how the experiences of low-income seniors related to drug use and spending vary by state. National-level data on drug coverage may be masking important variations across states.

To go beyond national estimates and to understand individual states' experiences, researchers at Tufts-New England Medical Center, The Henry J. Kaiser Family Foundation, and The Commonwealth Fund conducted a survey of Medicare's seniors in eight states, which were selected for geographic diversity as well as diversity in the availability of drug benefits through public and private coverage. The survey includes four states with state-initiated pharmacy benefit assistance programs that provide coverage to low-income seniors otherwise not eligible for Medicaid. The purpose of this study is to provide new state-level data on drug coverage, medication use, out-of-pocket costs, and cost-related medication skipping for community-dwelling seniors—to examine how coverage and experiences differ by state and how well states have been able to close the drug coverage gap for seniors.

Survey Methods

The 2001 survey consisted of mail and follow-up phone interviews with 10,927 non-institutionalized seniors in eight geographically diverse states: California, Colorado, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. These states account for 42 percent of U.S. adults age 65 and older and 41 percent of low-income elderly adults nationwide. The eight states employ substantially different policies to meet the drug needs of their low-income seniors (Table 1). They include four states with a pharmacy assistance program that provides direct drug benefits through state coverage programs (IL, MI, NY, and PA) and four states without such programs (CA, CO, OH, and TX). Medicaid prescription drug policies also varied across these eight states, as did income standards for Medicaid eligibility.

This chartpack draws from a *Health Affairs* article released electronically on July 31, 2002, entitled, "Prescription Drug Coverage and Seniors: How Well Are States Closing the Gap? Findings from a 2001 Survey of Seniors in Eight States." The full text of the article is available on-line at www.healthaffairs.org. This chartpack also includes additional findings from the survey that are not presented in the article.

Survey Highlights

Prescription Drug Coverage. A substantial share of seniors in all states reported no prescription drug coverage, though the extent of this coverage gap varied considerably from state to state. Almost one-third of seniors in Illinois and Texas had no drug coverage. By contrast, in California, New York, and Pennsylvania, about one in five seniors lacked pharmacy coverage.

Income matters. Among seniors with incomes at or below 200 percent of the federal poverty level, the percentages without drug coverage were much higher in all the study states. For example, 38 percent of low-income seniors in Michigan and Texas lacked drug coverage. In most states near-poor seniors (with incomes between 101% and 200% of poverty) were the most likely to lack coverage and higher-income seniors were most likely to have drug coverage.

Seniors receive drug coverage from multiple sources, including employer-sponsored and Medicare+Choice managed care plans, privately purchased Medigap insurance, state pharmacy assistance programs, and Medicaid. The availability and importance of these coverage sources varied significantly across states. Employer-sponsored plans provided drug coverage to about half of all seniors in Michigan and Ohio but played a much smaller role in other states. Medicare HMOs were major sources of senior drug coverage in California (30%) and Colorado (24%) but were less prevalent in other states (ranging from 7% in Illinois to 14% in Pennsylvania).

State pharmacy programs also vary widely in their reach. Among the four states with such programs included in the survey, three (IL, NY, and PA) reached 8 to 9 percent of all seniors and 13 to 17 percent of low-income seniors. The Michigan program reached only 1 percent of seniors at the time of the survey. In all four of the states with pharmacy

programs, large percentages of low-income seniors remained without coverage. Illinois and Michigan had proportions of uncovered seniors that were just as high as in states that did not have state pharmacy programs. The particularly large coverage gaps observed among low-income seniors in Michigan and Illinois may be partly explained by the limited benefits offered by their pharmacy assistance programs, and, in Michigan, by restrictive eligibility criteria and a burdensome application process.

Financial Protections and Out-of-Pocket Spending. Nearly one-quarter of all seniors (23%) reported spending \$100 or more per month on prescription drugs. Seniors without drug coverage were more than twice as likely to report spending this much out-of-pocket compared with seniors who had drug coverage: 43 percent of seniors without coverage spent at least \$100 per month on drugs compared with 17 percent of seniors with some source of drug coverage.

While some coverage is better than none, certain coverage sources are clearly better than others at protecting seniors from large financial burdens. Medigap provides the least protection; seniors with Medigap were the most likely (35%) to have reported spending \$100 or more per month on drugs despite taking a similar number of medications to those with other types of coverage. Medicaid seems to provide the most protection. Only 8 percent of low-income seniors with Medicaid reported monthly spending of \$100 or more on drugs. Seniors with employer-based drug benefits were also relatively well protected.

Differences in state Medicaid and pharmacy programs and in the availability and generosity of Medicare+Choice plans led to geographic disparities in the financial burdens faced by seniors. One in three low-income seniors in Texas, Ohio, and Illinois spent \$100 or more on medications compared with one in seven low-income seniors in California.

Skipping Doses or Not Filling Prescriptions Due to Cost. Lack of drug coverage has negative consequences for the health and well-being of seniors. Those without drug coverage had trouble filling prescriptions because of cost or skipped doses to make their medications last longer. Overall, nearly one-quarter of seniors irrespective of coverage in the eight states surveyed either did not fill a prescription or skipped doses due to costs. More than a third of seniors without drug coverage in the eight states did either of these things, a rate twice as high as for those with coverage.

The high cost of pharmaceuticals can lead even patients with such serious and chronic conditions as heart disease, diabetes, and hypertension to skip doses or fail to fill prescriptions for medications that can prevent these problems from flaring out of control and becoming acute medical crises. One-third of seniors with congestive heart failure, diabetes, or hypertension who did not have drug benefits reported skipping doses to make their medicine last longer. One-fourth to one-third of seniors with these conditions and no drug coverage said that they did not fill a prescription due to costs.

Among low-income seniors with coverage, rates of skipping or not filling prescriptions due to costs varied widely by source of drug benefits, suggesting that different sources of coverage differ significantly in the depth and breadth of their drug benefits. More than one-third (37%) of low-income seniors with HMO drug benefits and 31 percent of those with Medigap drug benefits reported not filling prescriptions or skipping doses due to cost concerns. On average those with drug benefits through Medicaid or employer plans were least likely to forgo taking needed medications due to costs (24% Medicaid and 19% employer).

Role of Medicaid. Medicaid is a critical part of the safety net for low-income seniors, providing drug coverage to many of the poorest individuals in each of the study states and protecting them from high out-of-pocket spending on drugs. Despite their greater likelihood of being in poor health and relying on multiple medications, seniors with Medicaid coverage reported the lowest out-of-pocket prescription costs compared with seniors with any other source of drug coverage. Medicaid seniors were also among those with the lowest rates of medication skipping. Only 8 percent of low-income seniors with Medicaid reported spending \$100 or more per month on drugs compared with 39 percent of low-income seniors with Medigap, 24 percent with state drug program coverage or HMO coverage, and 18 percent with employer-sponsored coverage.

Despite its strengths, Medicaid does not fully meet the needs of low-income seniors, and the value of Medicaid coverage varies widely across states. Medicaid provided drug coverage to less than half of all poor seniors in seven of the eight states and fewer than one-third of all poor seniors in four of the eight study states.

Medicaid protections also varied by state. In Colorado, Michigan, New York, and Pennsylvania, only 4 percent of poor seniors with Medicaid reported that they spent \$100 or more per month on drugs. In contrast, 17 percent of poor seniors with Medicaid in Ohio, 15 percent in Illinois, and 14 percent in Texas said they spent \$100 or more per month on drugs, four times the rate reported in the other four states. Similarly, medication skipping rates among seniors with Medicaid varied by state, ranging from a low of 13 to 16 percent in Colorado, Michigan, New York, and Pennsylvania to a high of 35 percent in Texas.

Knowledge and Participation in Medicaid and State Pharmacy Assistance Programs.

Even though Medicaid and state pharmacy programs can save seniors money and improve their access to prescription drugs, many low-income beneficiaries who may qualify do not enroll in these programs. Familiarity with Medicaid was extremely high; approximately nine in 10 poor seniors had heard of the program and almost all viewed it as useful, yet many said they did not apply for Medicaid because they thought they would not qualify.

In contrast, awareness of state pharmacy assistance programs by low-income seniors was less common and varied substantially by state (from a low of 10% in Michigan to a high of 88% in Pennsylvania who had heard of the program). All four state programs had been operating since 1990 or before. Nearly half of low-income seniors in states with pharmacy assistance programs said they were not enrolled because they did not think

they would qualify. Friends and family were the most common ways that seniors learned about state pharmacy programs, while posters, billboards, and government offices reached far fewer seniors.

Conclusion

The survey results indicate that, across the eight study states, lack of prescription drug coverage inhibits access to medications and exposes seniors to large financial burdens for their drugs. There are marked differences by state in the share of seniors who have drug coverage, the sources of that coverage, and the financial protections associated with that coverage. Sources of coverage vary widely in the extent of protection they offer to seniors. These variations indicate that the quality of coverage matters. For policy purposes, classifying Medicare beneficiaries as either having coverage or not misses key differences in access to care and financial protection.

Medigap drug plans appear to be of particular concern. The survey findings indicate that Medigap plans with drug benefits leave seniors at high financial risk. Indeed, seniors with Medigap drug benefits are almost as likely as those with no coverage to report spending \$100 or more per month for medications, though the number of medicines they report taking does not differ substantially. If the costs of premiums were factored into total out-of-pocket spending, the financial burden on seniors with Medigap drug benefits compared with those with employer, Medicaid, or HMO coverage would be even greater.

The findings further indicate that, despite substantial state efforts to support high-income eligibility standards for Medicaid or new programs to reach low-income seniors, large gaps remain. In all eight states, substantial shares of low-income seniors were without drug coverage.

Medicaid, on average, performs well in protecting low-income seniors against high costs and providing access to needed medications. However, the wide variations across states in the experiences of low income seniors on Medicaid revealed by this survey underscore the significant effects program policies can have on beneficiaries' out-of-pocket costs and use of medications.

Projected double-digit increases in drug spending will likely intensify fiscal pressures for states and other sponsors of drug coverage for seniors, resulting in further erosion of drug coverage from both public and private sources. Results from this study indicate that a national policy solution will be necessary if we are to address the wide variations in drug coverage across states, substantial differences in the depth of coverage by source, and significant cost, and access problems experienced by seniors who lack drug coverage.



METHODS

This study reports results from a 2001 survey of non-institutionalized seniors in eight geographically diverse states: California, Colorado, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. These states account for 42 percent of U.S. adults age 65 and older and 41 percent of low-income elderly adults nationwide. The eight states vary substantially in their policy efforts to meet drug needs of low-income seniors and are comprised of four states with a pharmacy assistance program (IL, MI, NY, and PA) and four states without such programs (CA, CO, OH, and TX) (Table 1). Study methods are summarized here. A more detailed accounting of methods is available in a related *Health Affairs* article released electronically, entitled, “Prescription Drug Coverage and Seniors: How Well Are States Closing the Gap? Findings from a 2001 Survey of Seniors in Eight States” (www.healthaffairs.org).

The survey was conducted by a research team at the Tufts-New England Medical Center using a random sample of non-institutionalized Medicare beneficiaries age 65 or older drawn from the Medicare beneficiary files maintained by the Centers for Medicare and Medicaid Services (CMS), stratified by state, Medicaid enrollment status, and residence in a low-income neighborhood. Because a central goal of the study was to enable cross-state comparisons of low-income seniors, the authors oversampled seniors enrolled in Medicaid and seniors in low-income neighborhoods. To identify low-income seniors, the CMS file was linked to 1990 U.S. Census data by Census Block Groups to designate whether or not the beneficiary resided in a high-poverty neighborhood ($\geq 30\%$ of residents with incomes $< 200\%$ of federal poverty level). With the linked CMS and Census data, the authors defined four strata and randomly sampled within each strata in the eight study states, oversampling Medicaid enrollees and seniors in low-income neighborhoods.

The survey was administered in English and Spanish between May 15, 2001, and August 23, 2001, using mail with limited phone follow-up of non-respondents. After accounting for beneficiaries excluded due to death, institutionalization, relocation, non-English/Spanish language, or severe cognitive or physical impairment, the response rate was 55 percent ($n=10,927$). Table 2 provides additional information on the study sample by state, poverty status, and source of prescription coverage.

The questionnaire probed for sources of drug coverage, including state pharmacy assistance programs (using state-specific program names) where applicable. When beneficiaries indicated more than one source of prescription coverage, the survey assigned drug coverage based on the following hierarchy: Medicaid, employer, HMO, Medigap, state prescription drug program, Veteran’s Administration (VA), and other.

Sections 1 through 4 of this chartpack are based on completed interviews with 10,416 beneficiaries for whom drug coverage status and source of drug coverage were known. Section 5 of the report uses the full study sample of 10,927 beneficiaries, irrespective of whether drug coverage status was known.



SURVEY FINDINGS



PRESCRIPTION DRUG COVERAGE

There is considerable state variation in the share of seniors with prescription drug coverage and in the source of that coverage across the eight study states. Seniors appear to have very different coverage options depending on where they live. Both employer-sponsored and Medicare+Choice plans, for example, played a critical role in providing drug coverage to seniors in some, but not all, states.

Among all seniors participating in the survey, the percent without coverage for drug benefits ranged from a low of 18 percent to a high of 31 percent. Low-income seniors were generally at highest risk: The share of seniors with incomes at or below 200 percent of poverty without drug coverage ranged from 20 percent (NY and CA) to 38 percent (MI and TX). Even states with pharmacy assistance programs fell far short of closing the prescription drug gap for low-income seniors.

- Overall, seniors in California, New York, and Pennsylvania were most likely to have some form of drug coverage, while seniors in Texas and Illinois were the least likely, among the eight survey states (Figure 1). (The percent without coverage ranged from 18% to 31%.)
- Employer-sponsored plans provided drug coverage to approximately half of all seniors in Michigan and Ohio, probably due to the concentration of auto, steel, and other manufacturing industries likely to provide retiree coverage in these states, while employer-sponsored plans played a much smaller role in the remaining states (Figure 2).
- Medicare HMOs played a large role in providing drug coverage in California (30%) and Colorado (24%), likely reflecting the availability of Medicare HMOs that offered low- or no-cost drug benefits in these states in 2001. In the remaining six states, 14 percent or less of seniors reported HMO-based drug coverage (Figure 1).
- Lack of drug coverage disproportionately affects near-poor seniors (incomes between 101–200% of poverty) who are less likely than the poor to have Medicaid and less likely than higher-income seniors (>200% of poverty) to have employer-sponsored drug coverage. In most states, near-poor seniors were the most likely to lack prescription coverage, and seniors with higher incomes were the least likely to lack prescription coverage. Yet, even among higher-income seniors, 16 to 29 percent were without drug coverage in the eight states (Figure 3).
- Among low-income seniors (incomes at or below 200% of poverty), there were also substantial differences in both the sources of drug coverage and also the share of seniors without drug coverage. These differences are most likely due to the mix of public and private coverage options available in each state (Figure 4).

- For example, despite higher rates of Medicaid enrollment among low-income seniors in Texas compared with other states, the overall share of low-income seniors without drug coverage in Texas was higher than all other states except Michigan. This reflects the relatively low rates of drug coverage in the state through an employer (16%), Medicare HMO (13%), or Medigap plan (8%).
- By contrast, California achieved far higher rates of drug coverage for low-income seniors through relatively high rates of both Medicaid (33%) and Medicare HMO enrollment (24%), offsetting low rates of employer-sponsored coverage (15%).
- Relatively low percentages of low-income seniors in all eight states reported drug coverage through employers—ranging from a low of 15 percent and 16 percent in California and Texas, to one-fifth in Illinois, Pennsylvania, New York, and Colorado, and to a high of 29 percent in Ohio and 33 percent in Michigan (Figure 4).
- State-funded pharmacy assistance programs covered roughly 8 to 9 percent of all seniors and 13 to 17 percent of low-income seniors in three of the four states offering them (IL, NY, and PA). Only 1 percent of low-income seniors in Michigan were enrolled in the state pharmacy assistance program at the time of the survey. Still, even in the three states with more expansive programs, a large share of low-income seniors were without coverage. For example, in New York and Pennsylvania, states with the largest and most comprehensive programs in this study, one in five and one in four low-income seniors lacked drug coverage, respectively. In Illinois and Michigan, the share of low-income seniors without prescription coverage (34% and 38%, respectively) was as high as that in many non-program states, and higher in most cases (Figures 5 and 6).

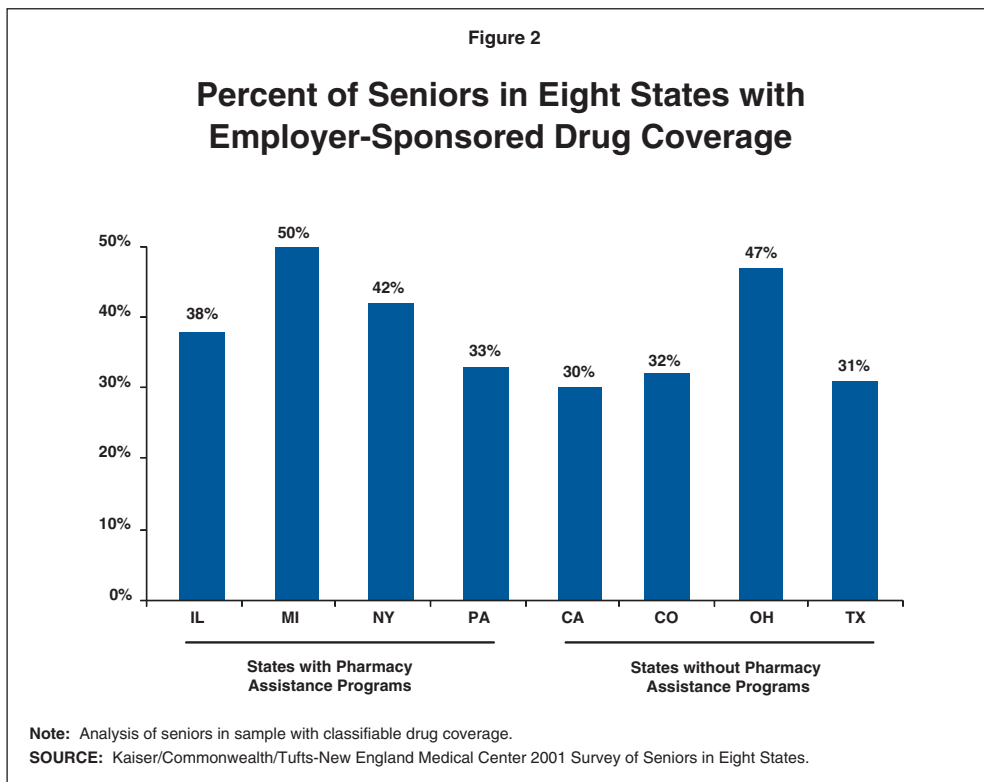
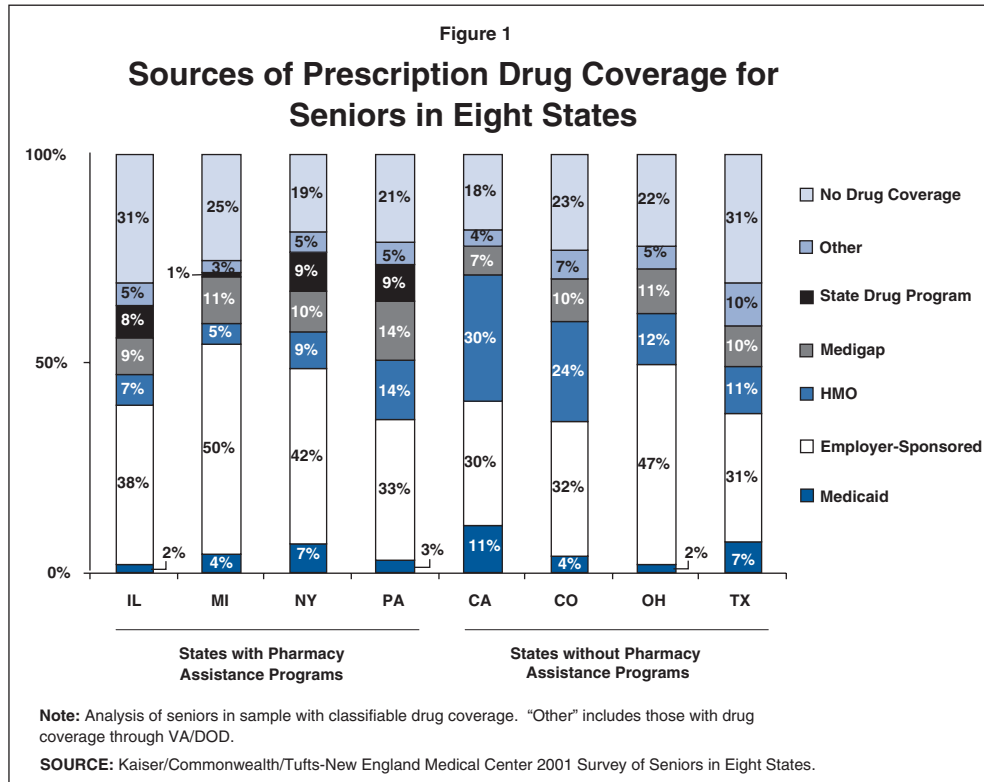
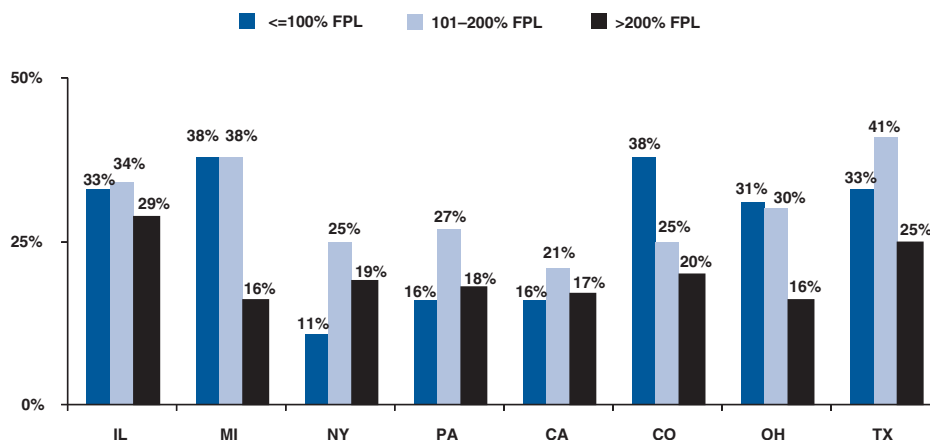


Figure 3

Percent of Seniors in Eight States without Drug Coverage, by Poverty Level and State

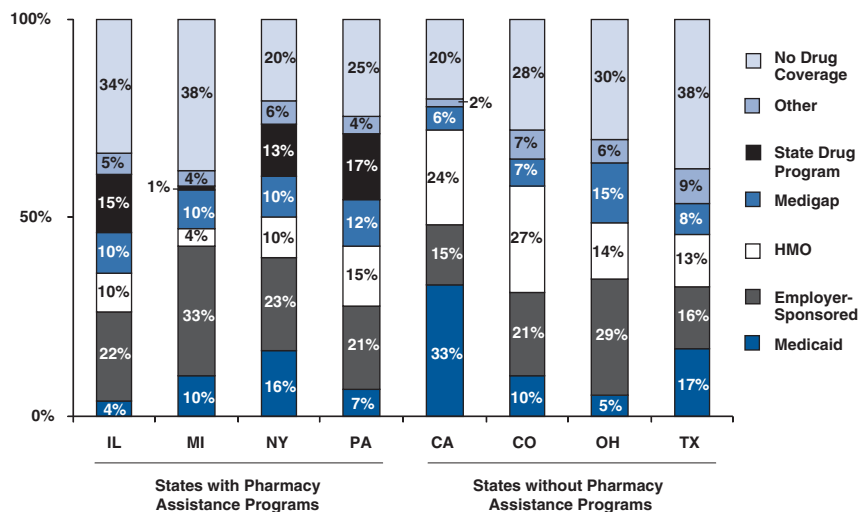


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 4

Sources of Drug Coverage for Seniors in Eight States with Incomes at or Below 200% of Poverty

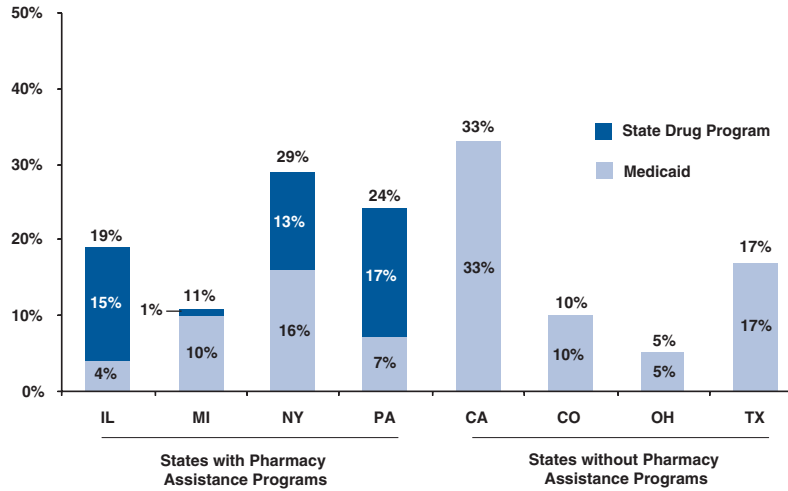


Note: Analysis of seniors in sample with classifiable drug coverage. "Other" includes those with drug coverage through VA/DOD.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 5

Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty with Drug Coverage Provided by Medicaid or State Pharmacy Programs

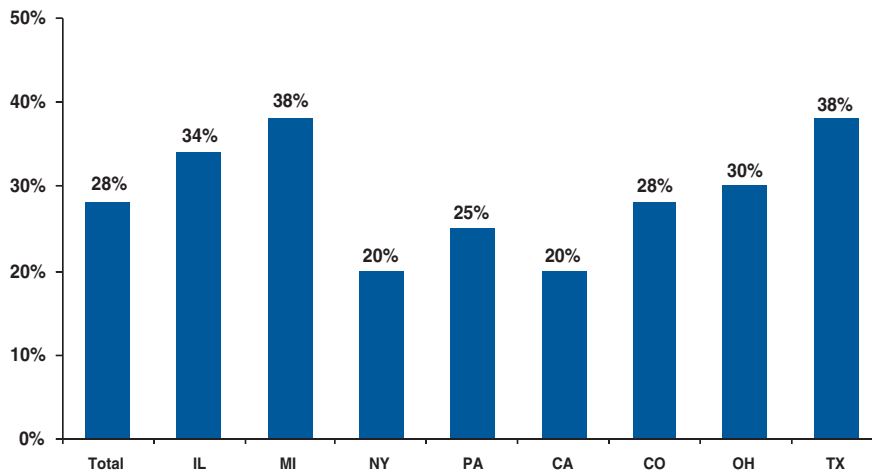


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 6

Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Lack Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.



VARIATIONS IN FINANCIAL PROTECTIONS

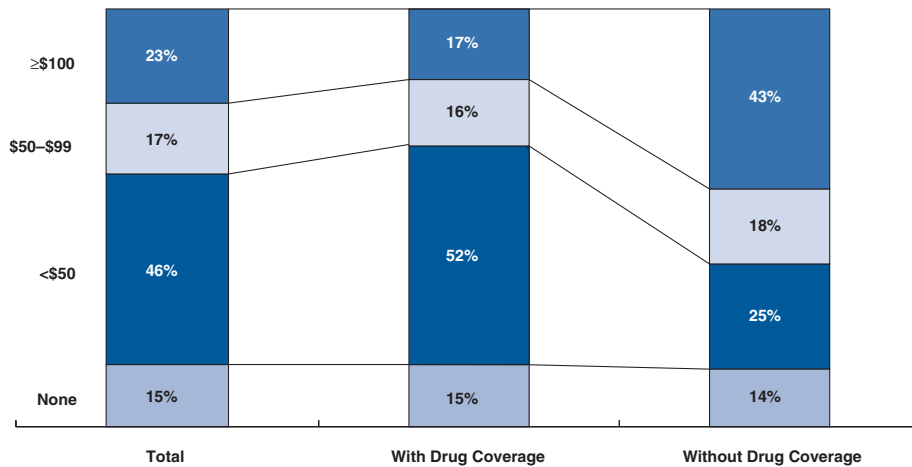
Nearly one-quarter of seniors (23%) reported spending \$100 or more per month for their prescription medications (Figure 8). While there was a considerable difference in out-of-pocket drug spending between seniors with and without drug coverage, surprisingly, there were also substantial differences in the extent to which various sources of drug coverage protected seniors against high out-of-pocket costs.

- Seniors without drug coverage reported high out-of-pocket costs at more than twice the rate of those with coverage. Seventeen percent of those *with* coverage reported spending at least \$100 per month on drugs in contrast to 43 percent reported by seniors without drug coverage (Figure 7).
- Even seniors with drug coverage reported relatively high rates of out-of-pocket spending. One-third of seniors with drug coverage said they spent \$50 or more per month for their medications (Figure 7).
- Medigap drug coverage appears to offer the least financial protection. Over one-third of seniors with Medigap drug coverage (35%) reported spending \$100 or more per month on drugs. Seniors with Medigap drug benefits were more likely to report high monthly out-of-pocket prescription costs than were those in any other covered group, despite taking a similar number of medications (Figure 8).
- Low-income seniors were generally at high risk. More than one-quarter (27%) spent \$100 or more per month for their medicine. Despite their limited incomes, two of five (42%) low-income seniors without drug coverage spent \$100 or more on drugs in the past month (Figure 9).
- The extent of financial protections provided to low-income seniors by having drug benefits varied widely by source of benefits. Thirty-nine percent of those with Medigap and a quarter of those covered by Medicare HMOs or state pharmacy assistance programs reported spending at least \$100 per month on medications. By contrast, only 8 percent of low-income seniors on Medicaid had monthly expenditures this high (Figure 9).
- Across all sources of coverage, low-income seniors with Medicaid were most protected against high out-of-pocket costs (Figure 9).
- Among low-income seniors, high out-of-pocket drug expenses can result in lack of income to pay for other basic needs. One of five (21%) low-income seniors in these eight states said they had to spend less on the basics (food, rent) in order to afford their medications. Levels of financial stress reported were highest among those without

coverage (27%), followed by those covered through pharmacy assistance programs, HMO, or Medigap drug benefits (Figure 10).

- Low-income seniors' experiences with prescription drug costs vary considerably across states. One in three low-income seniors in Texas, Ohio, and Illinois spent \$100 or more on their medications. By contrast, one in seven low-income seniors in California spent that much. These state patterns reflect both coverage rates and the mix of sources of coverage in each state (Figure 11).
- Seniors with chronic health conditions that typically require regular prescription drug regimes were at notably high financial risk when without drug benefits. Four out of five (80%) of those with congestive heart failure and half or more of those with hypertension (54%) or diabetes (61%) and without drug benefits reported spending \$100 or more per month for medications. These rates were two to three times those reported by their counterparts with drug coverage (Figure 12).

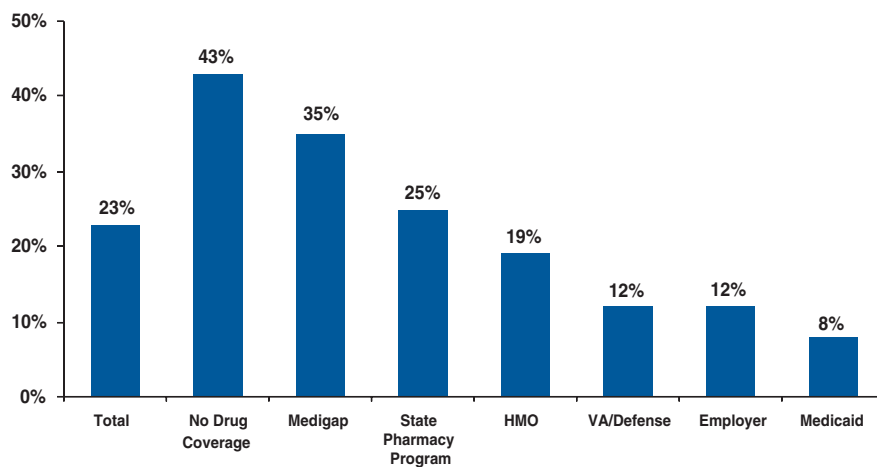
Figure 7
Monthly Out-of-Pocket Expenses for Prescription Drugs Among Seniors in Eight States, With and Without Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage; out-of-pocket drug costs exclude premiums. Columns may not total to 100 percent due to rounding.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 8
Percent of Seniors in Eight States Who Spend \$100+ Per Month on Drugs, by Source of Drug Coverage

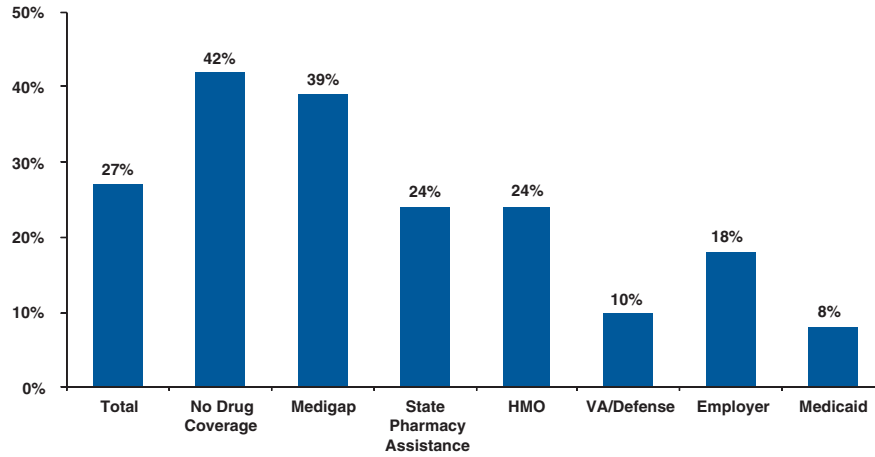


Note: Analysis of seniors in sample with classifiable drug coverage; out-of-pocket drug costs exclude premiums.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 9

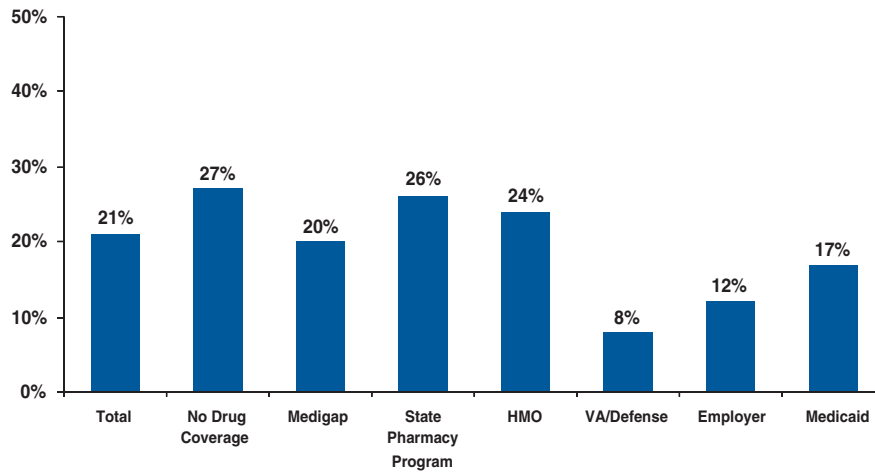
Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Spend \$100+ Per Month on Drugs, by Source of Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage; out-of-pocket drug costs exclude premiums.
SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 10

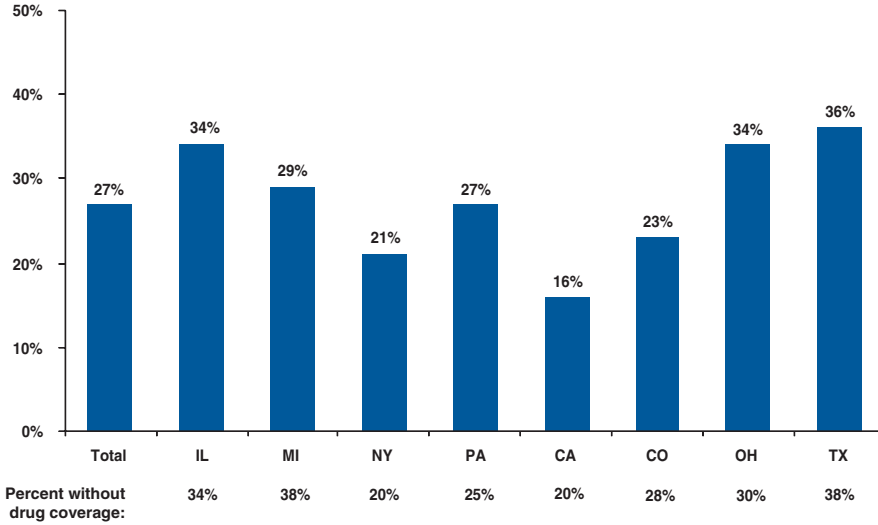
Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Spend Less on Basic Needs in Order to Afford Medicines, by Source of Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage.
SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 11

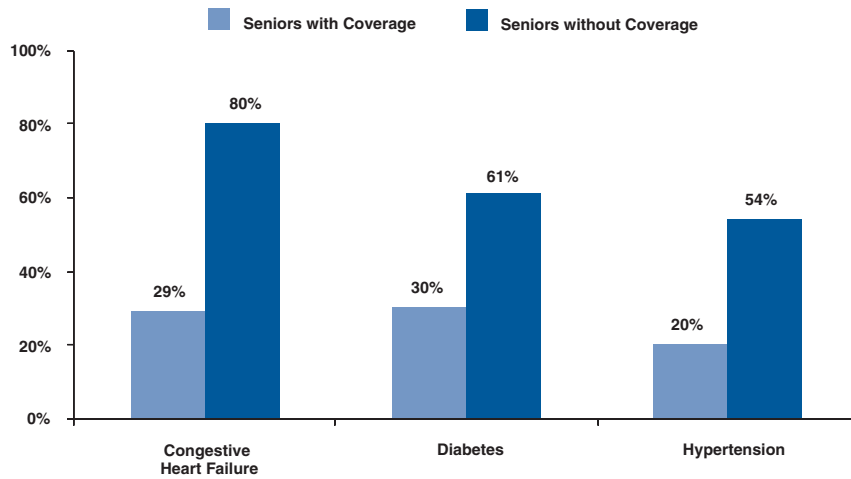
Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Spend \$100+ Per Month on Drugs



Note: Analysis of seniors in sample with classifiable drug coverage; out-of-pocket drug costs exclude premiums.
SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 12

Percent of Seniors in Eight States Who Spend \$100+ Per Month on Drugs, by Chronic Condition and Prescription Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage.
SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.



SKIPPING DOSES OR NOT FILLING PRESCRIPTIONS DUE TO COST

Among seniors, prescription drug coverage dramatically improves access to and the use of medications. Seniors without drug coverage are substantially more likely than those with drug coverage to report not filling a prescription due to costs or skipping doses of their medications to make them last longer.

Even patients with severe and chronic medical conditions like heart disease and diabetes that can be successfully controlled with medications often go without medications because of their cost. Low-income seniors and those with no drug coverage or coverage through an HMO or Medigap were most likely to forgo prescription drugs.

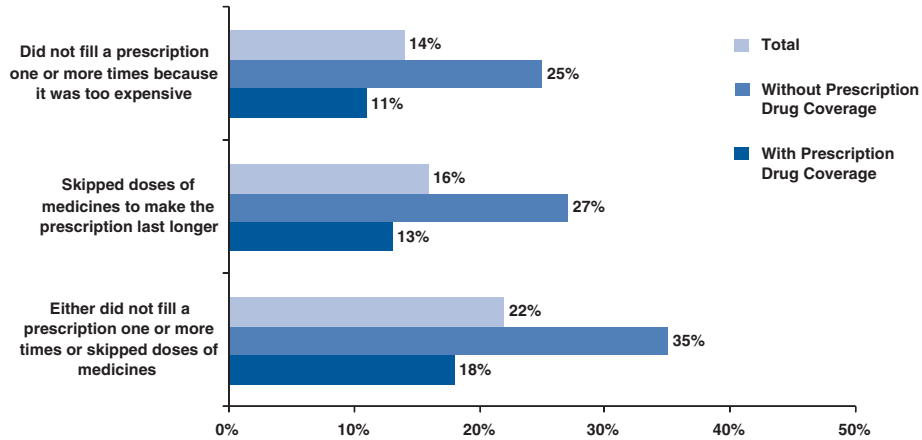
- Overall, nearly one-quarter of all seniors did not fill a prescription or skipped doses of their medications. Among those who lacked drug coverage, more than a third (35%) did at least one of these things (Figure 13).
- Seniors with chronic conditions reported high rates of skipping doses and not filling prescriptions, with higher rates reported by those who lacked drug coverage. Among seniors with diabetes, for example, nearly a third of those without drug coverage skipped doses (30%) or didn't fill a prescription (31%); among those diabetics with drug coverage, the comparable figures were 17 and 14 percent, respectively. A similar pattern was observed among seniors with heart disease and hypertension (Figure 14).
- Low-income patients struggle to meet their pharmaceutical needs even if they have drug coverage. Nearly one-third of all low-income seniors (31%) either didn't fill a prescription due to costs or skipped doses. As expected, a greater share (42%) of those who had no drug coverage reported not filling or skipping doses (Figure 15).
- Among low-income seniors with coverage, rates of skipping or not filling prescriptions due to costs varied widely by source of drug benefits. More than one-third (37%) of low-income seniors with HMO drug benefits and 31 percent of those with Medigap drug benefits reported not filling prescriptions or skipping doses, as did 28 percent of those with state pharmacy assistance programs. On average those with drug benefits through Medicaid or employer plans were least likely to forgo taking needed medications (24% Medicaid and 19% employer) (Figure 15).
- Income was directly related to seniors' ability to afford their prescription drugs, regardless of whether they had coverage. Among seniors without coverage, 41 percent of those below the federal poverty level, 30 percent of those between poverty and

twice poverty, and 18 percent of those with incomes more than twice poverty did not fill prescriptions because of cost. The pattern was similar for skipping doses of medications to stretch them. Among seniors who have drug coverage, those with incomes below poverty were more than twice as likely as those with incomes twice poverty to have not filled prescriptions or skipped doses (Figure 16).

- The experiences of low-income seniors with respect to not filling prescriptions because of costs or skipping doses also varied across states. Almost half (44%) of all low-income seniors in Texas either did not fill a prescription or skipped medication doses. More than one-third of low-income seniors in Ohio (40%) and Illinois (35%) either did not fill a prescription or skipped doses to make their medications last longer (Figure 17).

Figure 13

Percent of Seniors in Eight States Who Did Not Fill a Prescription One or More Times Due to Cost or Skipped Doses to Make a Prescription Last Longer in the Last 12 Months, by Drug Coverage

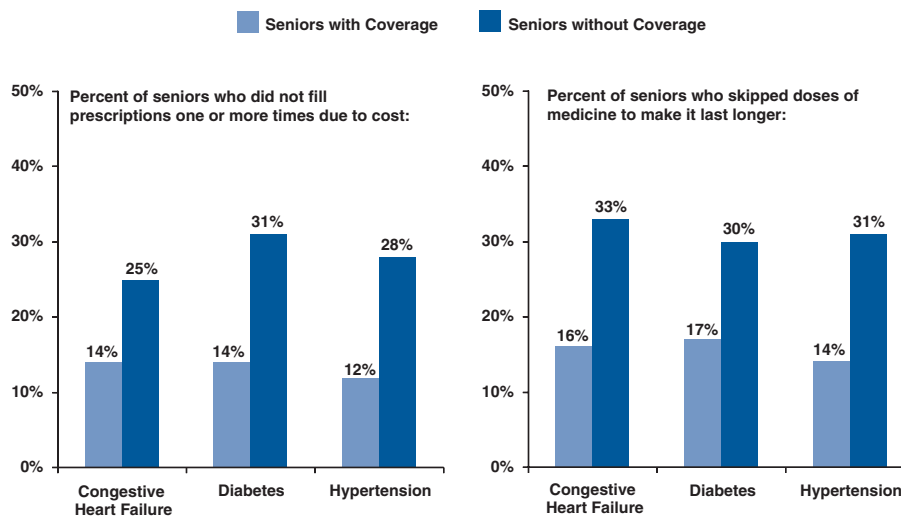


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 14

Percent of Seniors in Eight States Who Reported Forgoing Needed Medicines, by Chronic Condition and Prescription Drug Coverage

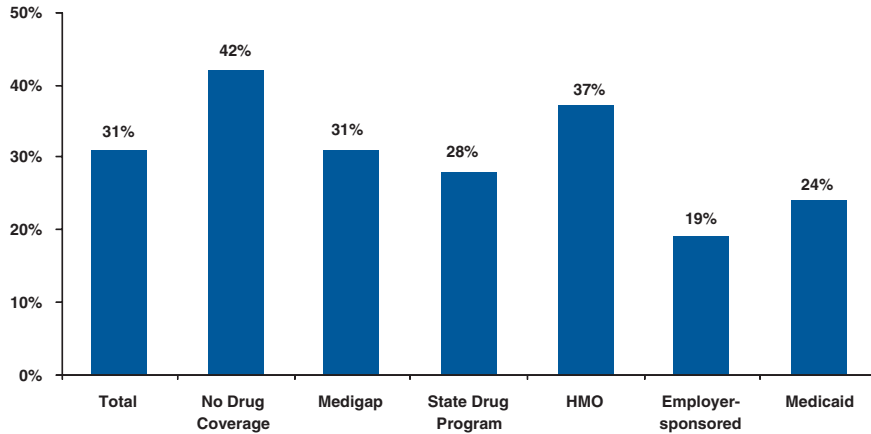


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 15

Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Either Didn't Fill a Prescription One or More Times or Skipped Doses of a Medicine to Make it Last Longer, by Source of Drug Coverage

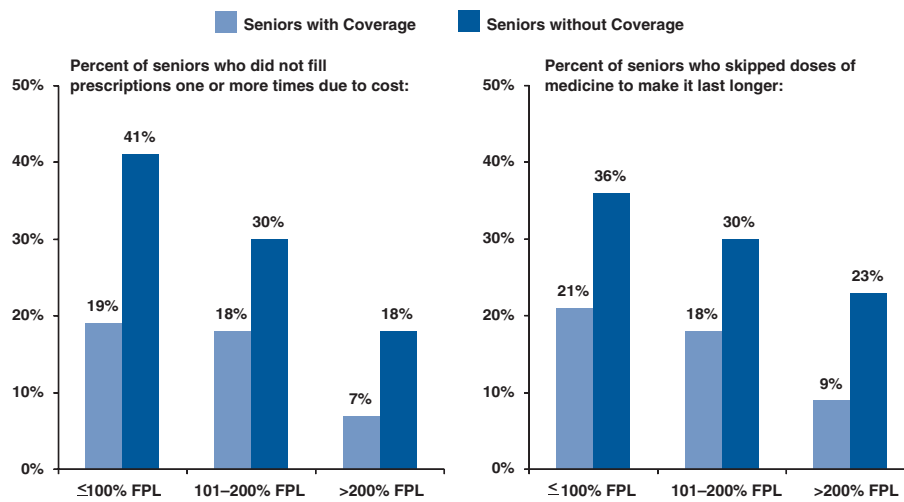


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 16

Percent of Seniors in Eight States Who Reported Forgoing Needed Medicines, by Poverty and Prescription Drug Coverage

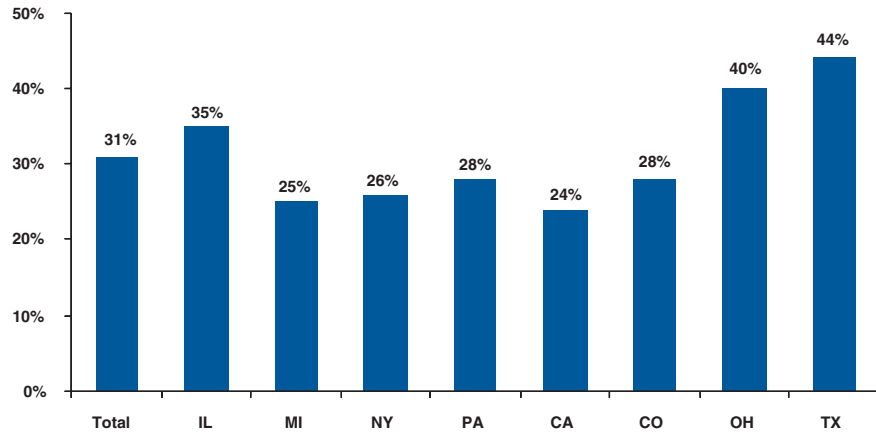


Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 17

Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Either Didn't Fill a Prescription One or More Times or Skipped Doses of a Medicine to Make it Last Longer



Note: Analysis of seniors in sample with classifiable drug coverage.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.



ROLE OF MEDICAID

For many of the poorest seniors in all states, Medicaid is a key source of drug coverage. Still, Medicaid provided drug coverage to less than half of all seniors below poverty living in seven of the eight survey states, and to less than one-third or fewer poor seniors in four of the eight states. California's Medicaid program covered the largest share of poor seniors for drug benefits (56%), most likely as a result of MediCal's relatively high-income eligibility requirements (Figure 18).

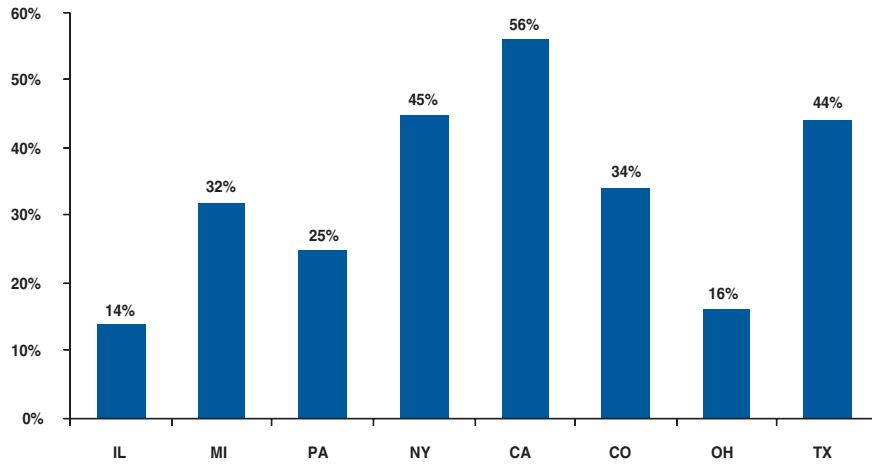
Overall, Medicaid plays an important role in protecting low-income seniors against high out-of-pocket spending for drugs. This role is particularly important, given the relatively high rates of chronic disease and health problems reported by Medicaid seniors compared with those covered by private sources of drug benefits. In the survey, 42 percent of Medicaid seniors reported three or more chronic health conditions, one-fourth had diabetes, and two-thirds (65%) rated their health as fair or poor. These rates were often double those reported by seniors covered by employer, Medigap, or HMO plans with drug benefits (Table 3).

Despite their higher disease burden and greater reliance on prescription medications, seniors with Medicaid drug coverage reported the lowest out-of-pocket prescription costs compared with seniors with any other source of drug coverage; Medicaid beneficiaries were also among those with the lowest rates of medication skipping. Yet, even among low-income seniors with Medicaid coverage there was tremendous variability by state in drug spending and cost-related skipping.

- Only 8 percent of low-income seniors with Medicaid reported spending \$100 or more per month on prescription drugs compared with 39 percent of low-income seniors with Medigap, 24 percent with HMO coverage, and 18 percent with employer-sponsored coverage (Figure 19).
- State pharmacy assistance programs appear to offer notably less financial protection to low-income seniors than Medicaid, with a quarter (24%) in state drug programs reporting prescription drug costs of \$100 or more per month (Figure 19).
- Low-income seniors with Medicaid reported rates of medication skipping similar to those of seniors with employer coverage (24% and 19%, respectively), but rates below that of low-income seniors with HMO (37%), Medigap (31%), or state pharmacy assistance (28%) coverage (Figure 19).
- Medicaid seniors' reports of out-of-pocket costs and skipping varied considerably by state.

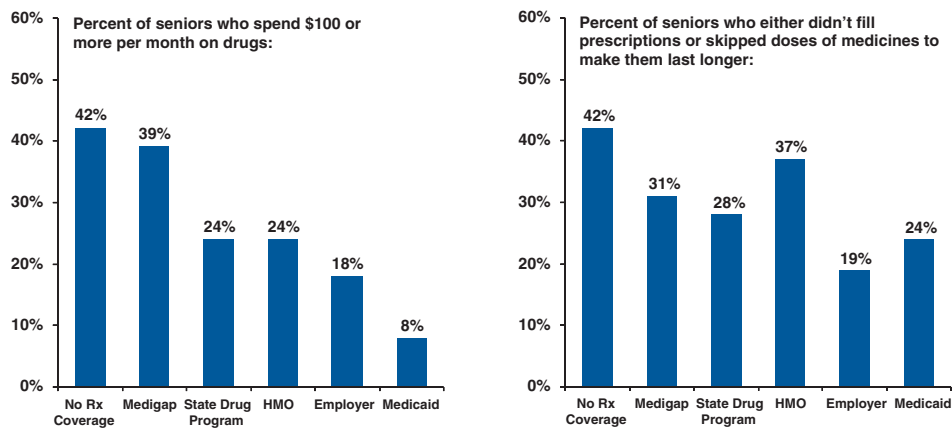
- Low-income Medicaid enrollees in New York, Michigan, Pennsylvania, and Colorado reported both the lowest rates of monthly spending for prescription drugs (4% reported spending \$100 or more per month on drugs) and the lowest rates of skipping doses of medications and going without a prescription one or more times (Figures 20 and 21).
- In Ohio (17%), Illinois (15%), and Texas (14%), Medicaid beneficiaries were significantly more likely to spend \$100 or more per month on medications than were Medicaid enrollees in the other five states (Figure 20).
- Among Medicaid enrollees, the rates of skipping doses or not filling a prescription ranged from a low of 13 to 16 percent (CO, MI, NY, and PA) to a high of more than one-third (35% in Texas).

Figure 18
Percent of Seniors in Eight States with Incomes at or Below 100% of Poverty with Medicaid Drug Coverage



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

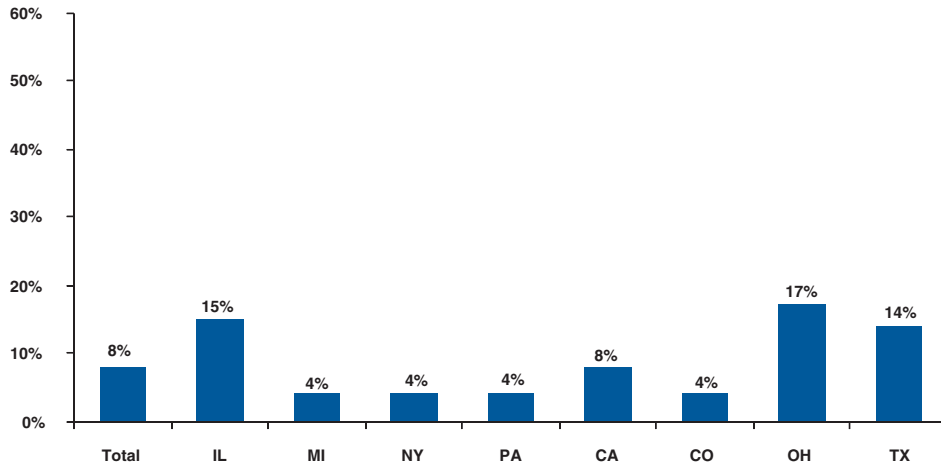
Figure 19
Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Spend \$100+ Per Month on Drugs or Forgo Medicines to Make Them Last Longer, by Source of Drug Coverage



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 20

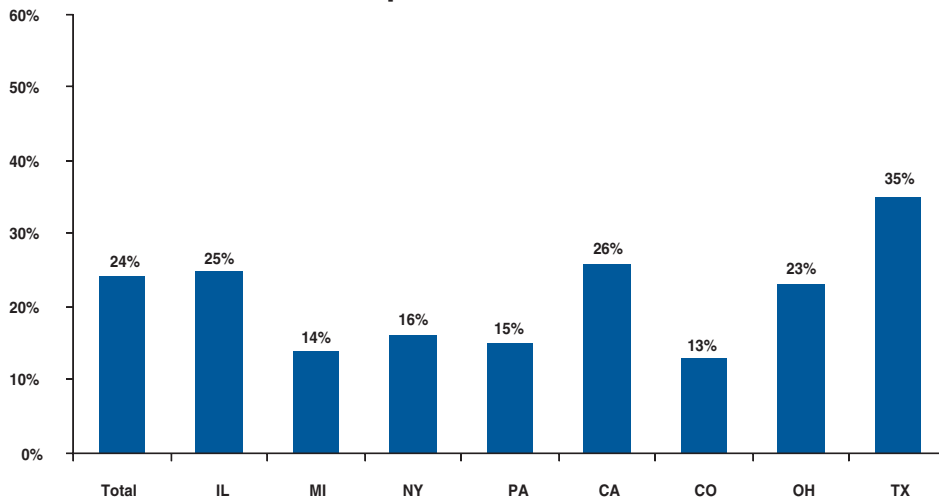
Percent of Seniors in Eight States with Medicaid Drug Coverage Who Spend \$100+ Per Month on Drugs



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 21

Percent of Seniors in Eight States with Medicaid Drug Coverage Who Skipped Doses of a Medication or Didn't Fill a Prescription One or More Times



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.



KNOWLEDGE AND PARTICIPATION IN MEDICAID AND STATE PHARMACY ASSISTANCE PROGRAMS

Many low-income seniors who may qualify for Medicaid and state pharmacy programs do not enroll in these programs and lose out on benefits that could provide significant savings and improved health outcomes. Virtually all seniors living below poverty have heard of Medicaid, but many do not apply to the program because they think they would not qualify.

Few low-income seniors said they were aware of the Medicare Savings programs, including the Qualified Medicare Beneficiary program (QMB) and the Specified Low-Income Medicare Beneficiary program (SLMB). These programs help pay Medicare's premiums and other cost-sharing requirements for some low-income Medicare beneficiaries. Informal word of mouth among friends and family members was the most common way that seniors said they learned about available programs, followed by pharmacists, television, newspaper, and radio.

- Familiarity with Medicaid is extremely high among poor seniors. In most states, approximately nine in 10 seniors with incomes below the federal poverty level have heard of the program. In Texas, for example, 96 percent of poor seniors have heard of Medicaid (Figure 22).
- In contrast, familiarity with the Medicare Savings programs (QMB/SLMB)¹ is very low. One in 10 or fewer had heard of these programs in four of the survey states. Familiarity was highest in Texas (33%) and Ohio (20%) (Figure 22).
- Seniors with incomes below poverty do not enroll in Medicaid for a variety of reasons. One-third of poor seniors said they never thought about applying (35%) and 30 percent said they thought they had too much money to qualify. A smaller percentage (16%) was deterred by their association of Medicaid with welfare. Others cited a fear of losing other benefits or their home (14%), or complicated application forms (9%) (Figure 23).
- Medicaid is regarded as a useful program. Only 6 percent of poor seniors said they did not enroll because they thought Medicaid benefits “were not worth it” (Figure 23).

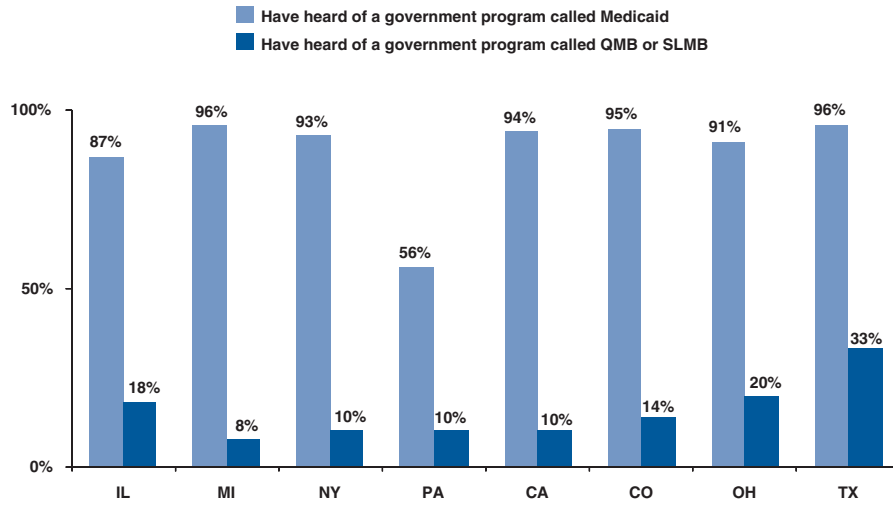
¹QMB is the Qualified Medicare Beneficiary program that pays all Medicare premiums and cost-sharing charges for seniors at or below the federal poverty level. SLMB is the Specified Low-Income Medicare Beneficiary program that pays Medicare's monthly Part B premiums for individuals between 100 and 120 percent of the poverty level.

In contrast to Medicaid, fewer low-income seniors said they had heard of their state pharmacy assistance program, even though all four programs had been operating since 1990 or before. Awareness of state pharmacy programs varied substantially by state. Nearly nine of 10 low-income seniors in Pennsylvania (88%) said they had heard of their state pharmacy program compared with only 10 percent of low-income seniors in Michigan (Figure 24).

- In states with pharmacy programs, friends and family were the most common way that low-income seniors heard about programs (36%), followed by pharmacists (22%) and mass media (TV–22%, newspaper/radio–20%). Smaller numbers heard about them from physicians (14%). Government offices and posters reached far fewer poor seniors (Figure 25).
- Eligibility guidelines for state pharmacy programs are not well understood. Nearly half (45%) of low-income seniors with incomes at or below 200 percent of poverty in the states with pharmacy assistance programs said they did not think they qualified for coverage (Figure 26). Yet, based on eligibility criteria in three of the four study states (NY, PA, and IL), seniors with incomes in this range would likely be eligible to participate (Table 1).
- Fourteen percent of low-income seniors did not know how to apply for the state pharmacy assistance program in their state. Few were deterred from enrolling because they believed the program costs too much (4%), they did not want help from a state program (3%), or the application forms were too complicated (2%) (Figure 26).

Figure 22

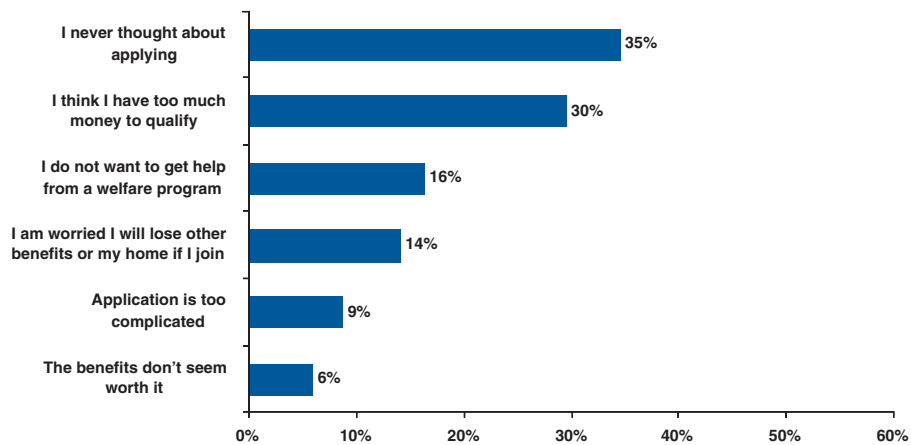
Percent of Seniors in Eight States with Incomes at or Below 100% of Poverty Who Have Heard of Medicaid and QMB/SLMB Programs



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 23

Reasons Why Seniors in Eight States with Incomes at or Below 100% of Poverty Report They Are Not Enrolled in Medicaid

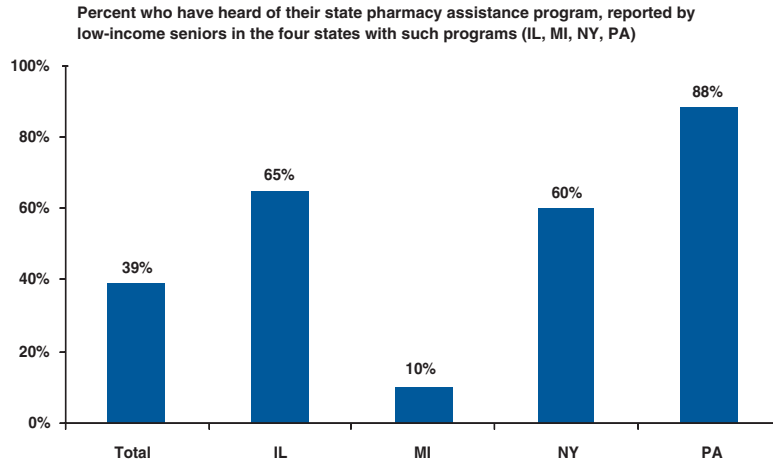


Note: Among seniors below poverty not covered by Medicaid.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 24

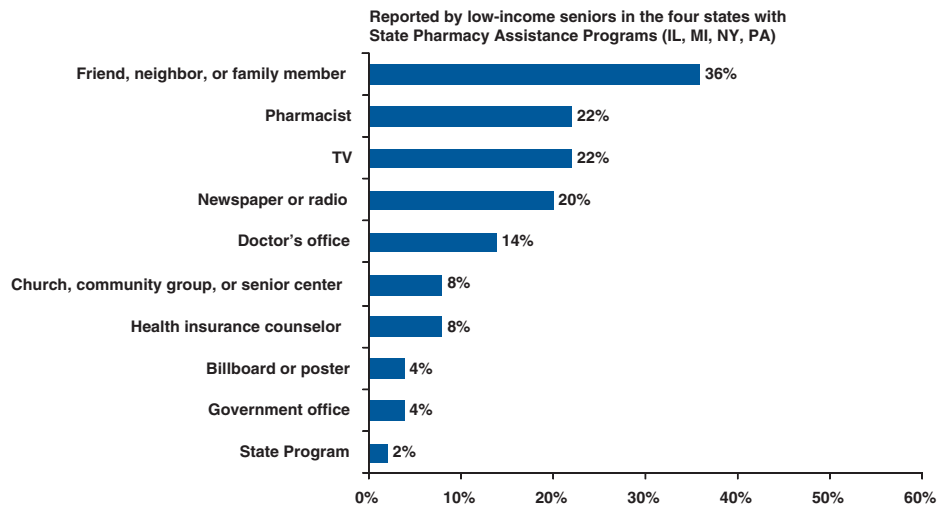
Awareness of State Pharmacy Assistance Programs Among Seniors with Incomes at or Below 200% of Poverty



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 25

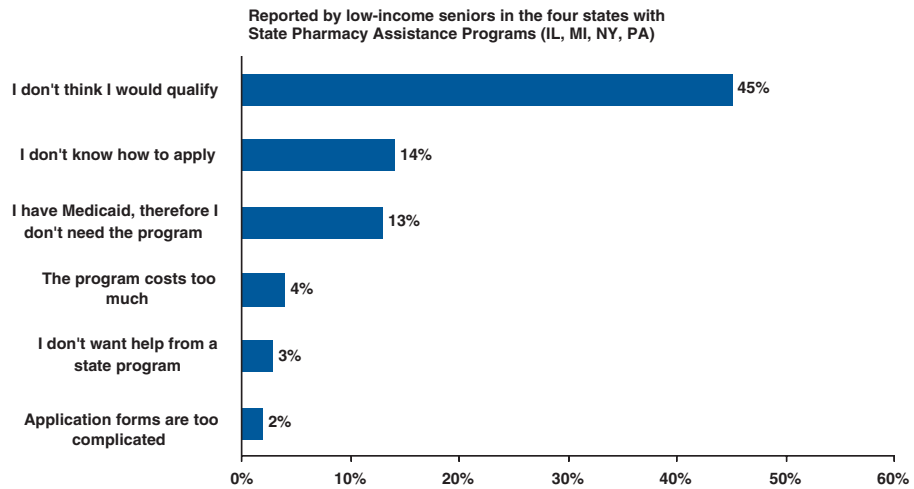
Most Commonly Reported Sources for Hearing About State Pharmacy Assistance Programs by Seniors with Incomes at or Below 200% of Poverty



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 26

Reasons Why Seniors with Incomes at or Below 200% of Poverty Are Not Enrolled in Their State Pharmacy Assistance Programs



SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.



APPENDIX

**TABLE 1
Selected Demographics, Medicaid Program, and Pharmacy Assistance Program Characteristics for the Eight Study States, 2001**

	STATES							
	IL	MI	NY	PA	CA	CO	OH	TX
DEMOGRAPHICS								
Number 65+ (in millions)	1.3	1.2	2.4	1.7	3.4	0.4	1.4	1.9
Percent 65+ below poverty	13%	11%	18%	11%	13%	8%	10%	19%
PROGRAM FEATURES								
MEDICAID								
Income Eligibility (% of FPL) ^a	85%	100%	87%	100%	135%	79%	67%	74%
Medically Needy (% of FPL) ^a	40%	57%	87%	59%	84%	No program	No program	No program
Rx Benefits								
Formulary	Closed	Closed	Open	Open	Closed	Closed	Closed	Closed
Monthly Rx Limit ^b	None	None	None	None	6	None	None	3
STATE PHARMACY PROGRAM^c								
Enrollment ^d	145,089	12,000	234,916	234,711	N/A	N/A	N/A	N/A
Eligibility—single (% of FPL) ^a	≤247%	≤150%; Monthly Rx costs >10% of income	≤407%	≤186%	N/A	N/A	N/A	N/A
Annual Enrollment Fee	\$5 or \$25	None	\$8-\$300e	None	N/A	N/A	N/A	N/A
Limits on Benefit (beyond copayments, deductibles, and formularies)	Only select conditions covered; Senior pays 20% after \$2,000 paid by program	Coverage limited to 3 months per year	None	None	N/A	N/A	N/A	N/A

Notes: ^aFor states where 2001 income eligibility requirements were in dollar terms, they were converted to a percentage of the 2001 Federal Poverty Level, which was \$8,590 for singles and \$11,610 for couples.

^bThe monthly Rx limit for California Medicaid may be overridden with prior authorization from a physician. The monthly Rx limit for Texas Medicaid is fixed, although a six-month supply may be obtained and only counts toward one month's allocation.

^cCalifornia offers a discount on retail price of drugs for Medicare beneficiaries but does not subsidize the purchase of drugs and thus is not considered a state pharmacy assistance program for the purposes of this study.

^dThe number enrolled in Illinois' program includes non-elderly disabled. All other state program enrollment figures reflect elderly only.

^eFor beneficiaries with income between 233% and 407% of FPL, a deductible (\$530-\$1,715) is charged instead of the enrollment fee.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States. State data derived from Urban Institute & Kaiser Commission on Medicaid & the Uninsured analysis of 1998, 1999, and 2000 Current Population Surveys; National Association of State Medical Directors, "Aged, Blind & Disabled State Summaries," October 2001, <<http://medicaid.aphsa.org/research/ABD/abd.htm>> (25 June 2002); National Pharmaceutical Council, "Pharmaceutical Benefits Under State Medical Assistance Programs, 2000," <http://www.npcnow.org/issues_productlist/medicaidpharmaceutical.asp> (25 June 2002); National Governor's Association, "State Pharmaceutical Assistance Programs," December 2001, <<http://www.nga.org/cda/files/STATEPHARM.pdf>> (25 June 2002); National Conference of State Legislatures, "State Senior Pharmaceutical Assistance Programs," July 2001, <<http://www.ncsl.org/programs/health/drugaid.htm>>. (15 December 2001 and 25 June 2002). Personal communication with state Medicaid offices.

TABLE 2
Number of Seniors in the Eight Study States, by Income Level and Source of Prescription Drug Coverage

	STATES								
	TOTAL	CA	CO	IL	MI	NY	OH	PA	TX
TOTAL	10,927	2,500	1,238	1,051	1,176	1,691	1,070	1,117	1,084
INCOME									
≤100% of poverty	2,868	436	322	283	353	546	279	319	330
101–200% of poverty	3,256	801	347	306	346	442	367	375	272
>200% of poverty	4,803	1,263	569	462	477	703	424	423	482
DRUG COVERAGE									
Total	10,416	2,380	1,181	1,004	1,128	1,605	985	1,085	1,048
Medicaid	2,420	637	292	123	280	426	198	256	208
Employer-Sponsored	2,909	551	282	278	420	507	346	269	256
HMO	1,297	589	210	55	41	102	91	113	96
Medigap	806	142	83	78	97	115	80	121	90
State Pharmacy Program	374	N/A	N/A	133	10	133	N/A	98	N/A
Other	470	79	67	43	30	70	47	46	88
No Drug Coverage	2,140	382	247	294	250	252	223	182	310

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

TABLE 3
Health Status of Seniors in Eight Study States, by Source of Drug Coverage and Poverty

	Source of Drug Coverage					
	Medicaid	Employer-Sponsored	HMO	Medigap	State Drug Program	None
TOTAL (N=10,416)	n=2420	n=2909	n=1297	n=806	n=374	n=2140
Percent with health problem:						
% Fair or Poor health	64.9	30.6	33.7	32.3	54.0	36.5
% CHF	15.0	7.6	7.6	9.7	21.0	7.4
% Diabetes	25.2	18.1	20.6	16.2	20.2	14.4
% Hypertension	65.3	58.0	58.2	59.3	69.8	54.8
% 3+ chronic conditions	41.5	25.8	27.1	26.2	42.3	23.5
< 200% FPL (N=5,758)	n=2,364	n=787	n=552	n=329	n=296	n=1,215
Percent with health problem:						
% Fair or Poor health	65.1	45.3	46.9	47.0	56.7	46.3
% CHF	15.1	9.9	8.1	11.6	25.0	8.6
% Diabetes	25.2	22.4	20.6	19.6	20.4	16.9
% Hypertension	65.3	60.6	57.2	56.9	68.3	56.5
% 3+ chronic conditions*	41.3	31.8	30.3	29.3	45.3	27.0

* The survey asked about eight different chronic or serious health conditions: congestive heart failure, diabetes, hypertension, heart attack, asthma/emphysema/COPD, arthritis, any cancer, and depression.

SOURCE: Kaiser/Commonwealth/Tufts-New England Medical Center 2001 Survey of Seniors in Eight States.

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