



COST AS A BARRIER TO MEDICATION USE

**Illinois Disability and Health Program
Policy Brief Issue #3
June 2015**

The Dilemma: Adults with Disabilities May Avoid Taking Prescribed Medications Due to Cost

Background

When it comes to treating many chronic conditions, high out of pocket costs can be the difference between patient adherence and non-adherence. When the cost of medication becomes too high for someone who needs necessary treatment, they may skip doses or even stop taking their medicine, which could cause the condition to worsen and allow the illness to spread, resulting in unhealthier communities and a rise in overall medical costs.

In Illinois, 24.3 percent of adults with disabilities reported cost as a barrier to medication use compared to only 9.6 percent of adults without a disability. (Illinois County Behavioral Risk Factor Survey, Round 4, 2007-2009). A number of states have passed laws that put a cap on high out of pocket costs, including Delaware, Louisiana and Maryland (limits monthly out-of-pocket costs), New York (prohibits creating specialty drug tiers), Maine, Montana and Vermont (limits annual out-of-pocket costs). There are access to care resources available that consumers can utilize to help offset cost of prescriptions and other medical expenses.

Why It Matters?

Financial inaccessibility to medications can result in patients with chronic illnesses stopping their treatment, compromising their health and lives and increasing overall medical costs. As an example, cancer patients with monthly cost-sharing of \$500 or more were four times more likely to abandon the prescribed chemotherapy drug than those cancer patients with cost-sharing of \$100 or less per month.¹

Access to Care Resources

Many nonprofit organizations, like the Arthritis Foundation, house access-to-care resources on their websites. Arthritis specific guides include pharmaceutical company programs that help lower the cost of medication; ways to get help paying for Medicare and prescriptions; and financial aid organizations that help pay for medications. These resources are available online: <http://www.arthritis.org/living-with-arthritis/health-care/>

Other online resources include (note: not exhaustive list):

- National MS Society: <http://www.nationalmssociety.org/Resources-Support/Insurance-and-Financial-Information/Health-Insurance/Resources-for-the-uninsured-and-underinsured/Finding-Lower-Priced-Drugs>
- NeedyMeds: www.needymeds.org
- RxAssist: <http://rxassist.org/>
- Extra Help: www.socialsecurity.gov/extrahelp
- Partnership for Prescription Assistance: www.pparx.org
- PhRMA: www.phrma.org
- My Rx Advocate: <http://www.myrxadvocate.com>
- Together Rx Access: www.togetherrxaccess.com

Strategies to Resolve this Dilemma

- Consumers should be advised to speak out, be their own advocates and share their stories.
- Consumers should visit patient advocacy websites like those listed under the resources section. Many of these organizations will have access to care resources available. If unable to find information, consumers can also contact them directly.
- Consumers should learn about state coalitions that are working on issues such as access to care and get involved.

References

- 1 Streeter, Sonya. "Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions". American Journal of Managed Care, 2011