

## African-Americans most likely to stop taking meds in Medicare Part D's coverage gap

August 13 2015, by Bert Gambini

---



Medicare Part D provides help to beneficiaries struggling with the cost of prescriptions drugs, but the plan's coverage gap hits some populations harder than others, particularly African-Americans age 65 and older. Reaching, or even approaching, the gap affects access to medication and influences whether those medications are taken as prescribed.

"Don't assume that the existence of Part D means that people aren't having a difficult time affording their meds," says Louanne Bakk, an

assistant professor in the University at Buffalo School of Social Work. "There are certain groups that continue struggling with prescription [drug costs](#) regardless of this federal benefit being in place."

Previous research has looked at the gap across the general population, but a new study by Bakk published online in the journal *Social Work in Public Health* is the first to examine how race and gender relate to the coverage gap.

The results have important implications for [social workers](#) who need to be mindful of the cost difficulties the gap creates and the potential resources that exist to get people through that period, according to Bakk.

Under the 2010 standard benefit, the period referenced in the study, beneficiaries went into the coverage gap when their prescription drug spending reached \$2,830. At this point, they pay 100 percent of their prescription drug costs until their additional prescription drug spending brought their total to \$4,550. While the Affordable Care Act decreases the amount beneficiaries are responsible for when reaching the coverage gap, costs associated with this benefit threshold can still be problematic.

But reaching what's known as the catastrophic limit – or, a point where out-of-pocket costs decrease significantly – rarely happens. People in the coverage gap often can't afford the full cost of their medications and stop taking them. As a result, their spending never reaches the amount required to receive the catastrophic coverage benefit.

"We've known that people in poor health or those with low incomes are more likely to stop taking their medication when they go into the gap, but as we look at this demographically, although there wasn't a significant difference between males and females, we did find that older blacks are having a much harder time affording their meds than whites, and this difference is largely driven by the coverage gap."

Available assistance meantime isn't always easy to find. The Low Income Subsidy Program, for instance, is available through Medicare and was signed into the law at the same time Medicare Part D was enacted, but only about 50 percent of those who qualify are using this assistance.

"It's mainly a lack of awareness," she says.

Medicare Part D is complicated, with more than 50 different enrollment options and benefits that can change annually. Yet only 10 percent of beneficiaries are in the most cost-effective plan based on their medication needs.

"People need help because of this complexity and social workers can have a direct role in providing this help," says Bakk. "People who struggle can be linked to the resources they need and connected to the best plan based on their needs, making changes if necessary during the annual enrollment period in October and November."

Those who stop taking their meds because of costs associated with the coverage gap put their health at risk and increase the likely need for [medical](#) care, says Bakk.

Skipping meds or not taking them properly creates the possibility of further health care issues including a greater likelihood of an emergency room visit and an increased possibility of hospitalization.

"People need to have access to the drugs that have been prescribed to them by their physician," she says. "Properly taking medications can prevent more costly health conditions."

Bakk says that as policy discussions continue there is a critical need to recognize that some individuals are continuing to have difficulties. For

those struggling with prescription drug costs, resources such as the Low Income Subsidy and Elder Pharmaceutical Insurance Coverage program are available.

**More information:** "Medicare Part D Coverage Gap: Race, Gender, and Cost-Related Medication Nonadherence." [DOI: 10.1080/19371918.2015.1052607](https://doi.org/10.1080/19371918.2015.1052607)

Provided by University at Buffalo

Citation: African-Americans most likely to stop taking meds in Medicare Part D's coverage gap (2015, August 13) retrieved 3 May 2024 from <https://medicalxpress.com/news/2015-08-african-americans-meds-medicare-d-coverage.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.