

www.nytimes.com

The New York Times
 ON THE WEB

April 9, 2002

Many on Medicaid Lack Drugs, Study Says

By ROBERT PEAR

WASHINGTON, April 8 — States have become so aggressive in trying to control Medicaid spending on prescription drugs that many Medicaid recipients do not get all the drugs prescribed for them, researchers said today.

Although Medicaid covers prescription medicines in every state, one-fourth of patients enrolled in the program reported that they could not afford to fill some of their prescriptions in the last year, the researchers said. In an environment of rapidly rising drug prices, they said, states' cost-control efforts were the leading factor.

Most states are experiencing fiscal problems, and drug spending for Medicaid recipients has been rising 15 percent to 20 percent a year. So state officials have adopted numerous measures to rein in costs — some of them requiring co-payments, for instance, others limiting the number of each patient's prescriptions.

"It appears that a consequence of aggressive cost-control policies is a reduction in beneficiary access to prescription drugs," said the researchers, from the nonpartisan Center for Studying Health System Change, who were led by Peter J. Cunningham.

The study was based on a survey of 39,000 adults, including nearly 1,800 on Medicaid. By most measures, it said, Medicaid recipients and people with private insurance have similar access to medical care. But, it said, prescription drugs appear to be an exception; some Medicaid recipients have almost as much difficulty as the uninsured in obtaining medications.

Twenty-six percent of Medicaid beneficiaries ages 18 to 64 reported that they could not afford to get all their prescriptions filled in the last year, the report said. That was just slightly less than the 29 percent of uninsured people who reported similar difficulty.

By contrast, 8 percent of people with employer-sponsored health coverage and 8 percent of elderly people with Medicare said costs prevented them from obtaining medicines. (Medicare generally does not cover prescription drugs outside the hospital, but about two-thirds of Medicare beneficiaries have drug coverage from other sources.)

Len M. Nichols, vice president of the Center for Studying Health System Change, said, "The findings are surprising because Medicaid is expected to ensure access to affordable care for the poorest and sickest Americans."

Medicaid is financed jointly by the federal government and the states. The states have broad discretion to decide on the details of their individual programs, within federal guidelines, and all have chosen to cover prescription drugs. Having made that choice, states must cover most drugs that have been approved by the Food and Drug

Advertisement



[Why spend hundreds on a bigger monitor enlarge the one you have!](#)

[Now that everything important is on your computer, copy it!](#)

[A floor lamp that spreads sunshine all over a room...](#)

[Your webcam, digital camera and video camera into one compact unit, under \\$80!](#)

[Scientist invents easy solution for hard water problems](#)

[Heat-sensitive material turns mattress into customized sleep surface...](#)

[Clean everything inside and out of your house, without the chemicals & the expense!](#)

[Click for the complete story](#)

Advertisement

Administration. They cannot arbitrarily refuse to cover drugs for a particular illness.

Cost-control methods vary by state. Some states charge a co-payment of \$1 to \$3 for each prescription. Some limit the number of prescriptions, allowing no more than three to six in a month. Some require doctors to get authorization before prescribing certain drugs. Some require the substitution of generic drugs for brand-name medicines, or require doctors to try lower-cost drugs before prescribing more costly ones.

But Ray Hanley, the Medicaid director in Arkansas, which requires co-payments, said he found it hard to believe that people were going without prescription drugs because of cost controls. "If anything," Mr. Hanley said, "the co-payments need to be higher. The limits on co-payments have not changed in 20 years, and many people, including children and pregnant women, are exempt from co-payments."

Joan Henneberry, a health policy expert at the National Governors' Association, said: "There's no question that cost-containment measures affect access to prescription drugs, but that may be a positive outcome. We know that Medicaid beneficiaries are often getting too many medications, duplicative medications from various doctors and, in some cases, medications that are contraindicated and dangerous."

Some of the cost-control techniques used by Medicaid are also used by private insurers. But Mr. Cunningham, the lead author of the new study, said these measures were more likely to curtail access to prescription drugs among Medicaid recipients because they had lower incomes and were more likely to have chronic illnesses. About 40 percent of Medicaid recipients with two or more chronic ailments reported that they could not afford prescription drugs that they needed, the study said.

No cost-control technique by itself severely impaired access to prescription drugs, the study said. But a combination of such techniques made it more likely that Medicaid recipients would be unable to afford medicines, it said.

In states with four or five cost-control techniques, an average of 33 percent of Medicaid recipients reported that costs kept them from filling some prescriptions, the study said. By contrast, 15 percent of beneficiaries said they had trouble filling prescriptions in states using one cost-control technique, or none.

The states with four or five cost-control measures, the report said, are Arkansas, North Carolina, South Carolina and West Virginia.