

Projections indicate that between the years 2016 through 2025, national health spending will grow at an average rate of 5.6 percent annually and “the health share of GDP is expected to rise from 17.8 percent in 2015 to 19.9 percent by 2025 (Centers for Medicare and Medicaid Services (CMS), 2017d).

Approximately 16.7% of overall personal health spending was for prescription drugs and it is estimated that “expenditures on prescription drugs are rising and are projected to continue to rise faster than overall health spending thereby increasing this sector’s share of health care spending” (U.S. Department of Health and Human Services [HHS], 2016, p.1). Spending on medicines was \$450 billion in 2016, an increase of 4.8% from 2015. “The average list price for brands averaged 12 times higher than the average out of pocket cost for patients in 2016 compared to 3 times higher for generics” (Institute for Healthcare Informatics, 2017). Brand name drug out-of-pocket cost averaged \$28.31 and generic drug out-of-pocket average was \$5.54.

Many insurance companies have removed certain drugs from their coverage or increased beneficiary payments, increasingly making healthcare less affordable. Consumers have been gradually forced to resort to generic drugs, pill-splitting, or even the forgoing of necessary medicine. An August 2015 survey found that during the past 12 months, 24% of American adults did not fill a prescription, and 19% cut pills in half or skipped doses of medicine, because of cost (Henry J. Kaiser Family Foundation [KFF], 2015).

Several government and other assistance programs exist to help ensure prescription drugs will be distributed to those who need them, particularly to senior citizens, to those with low incomes, and to children.

#### **MEDICARE**

Medicare is a federal health insurance program that extends health care coverage to persons age 65 or older regardless of income. This also applies to persons, 1) under age 65 who receive Social Security Disability Insurance (SSDI) for a period of 24 months due to a severe disability, 2) have begun to receive SSDI due to ALS/Lou Gehrig’s Disease or, 3) have End-Stage Renal Disease (Medicare Interactive, 2017).

Medicare offers four types of insurance (A & B are considered Original Medicare):

- Hospital (A) – Covers inpatient/hospice and home health care.
- Medical (B) – Covers outpatient/preventative services and medical supplies.
- Advantage Plans (C) – Health plans offered by private companies that contract with Medicare to provide benefits. Most advantage plans offer prescription drug coverage.
- Prescription drug coverage (D) – Provided only through private insurance companies.

(CMS, 2017c)

Medicare spending represented 20% of the total national healthcare expenditures in 2015 and is projected to increase an average of 5.9% per year through 2025. 2015 national Medicare expenditure was \$646.2 billion (CMS, 2017d). In

2015, Medicare spending in Texas averaged \$10,733 per enrolled individual (CMS, 2017b).

“In FY 2017, the Office of the Actuary has estimated that gross current law spending on Medicare benefits will total \$709.4 billion. Medicare will provide health insurance to 58 million individuals who are 65 or older, disabled, or have end-stage renal disease” (HHS, 2017, p.65).

*Prescription Drug Coverage*

Everyone enrolled in Medicare is eligible to register for prescription drug coverage. There are two possible ways to supplement the basic Medicare Plan with prescription drug coverage. The first is to join a Medicare Prescription Drug Plan (PDP); the second requires enrolling in a Medicare Advantage Plan, for example, an HMO. Both of these services charge an extra premium, separate from the Original Medicare Plan (CMS, 2017c).

The primary difference between the two options is existing Medicare coverage. A PDP enrollment requires existing Part A and/or Part B coverage, whereas an Advantage Plan membership requires Part A *and* B coverage.

Monthly premiums, yearly deductibles, and co-payments vary with service coverage. Medicare programs rank prescription drugs in tiers, with generic brands as the lowest, least expensive option. Most Medicare plans have a “coverage gap” which results in out-of-pocket payments after a specific amount of prescription drug coverage.

For 2017 the coverage gap begins once a person has spent \$3,700 on covered prescription drugs. While in the gap a person pays 40% of the plan’s cost for covered name-brand drugs and 51% of the plan’s cost for covered generic drugs. The coverage gap ends once \$4,950 out-of-pocket has been spent. Out-of-pocket spending calculations include both the amount the person pays *and* the discount paid by the drug company. Once out of the gap, only a copayment is required for each covered drug until the end of the year (CMS, 2017a).

In 2015, “more than 5.1 million beneficiaries reached the coverage gap and saved more than \$5.4 billion on their medications due to the prescription drug discount program. These savings averaged about \$1,054 per person” (HHS, 2017a, p.67).

Cost-sharing in the coverage gap will gradually decrease each year until 2020 when it is expected that typical payment for drugs will be no more than 25% at any point during the year (post-deductible) (CMS, 2017a).

In 2017, the number of beneficiaries enrolled in Medicare Part D is expected to increase by about 4 percent to 44.5 million, including about 12.7 million beneficiaries who receive the low-income subsidy (HHS, 2017).

In the San Antonio Area, Part D (Prescription Drug Plans) actual enrollment remains far below the amount of people eligible for services:

| Prescription Drug Enrollment, July 2017 |                 |                 |         |
|---|-----------------|-----------------|---------|
|   | Part D Eligible | Part D Enrolled | Percent |
| <b>Bandera County</b>                   | 5,895           | 2,478           | 42.04%  |
| <b>Bexar County</b>                     | 276,921         | 69,878          | 25.23%  |
| <b>Comal County</b>                     | 29,369          | 12,145          | 41.35%  |
| <b>Kendall County</b>                   | 9,862           | 4,425           | 44.87%  |
| (CMS, 2017e)                            |                 |                 |         |

*Extra Help*

This is a low-income subsidy available from Medicare to help qualified individuals pay for prescription drug costs.

*Extra Help* includes (CMS, 2017c):

- Help with paying
  - Drug plan monthly premium
  - Yearly deductible, coinsurance, and copayments
- No coverage gap
- No late enrollment penalty
- Ability to switch plans at any time

Individuals who have Medicare and meet one of the following conditions automatically qualify for *Extra Help*:

- Have full Medicaid coverage

- Get help from state Medicaid program paying Part B premiums
- Receive Supplemental Security Income (SSI) benefits  
(CMS, 2017c)

For people who qualify in 2017, drug costs will be no more than \$3.30 for each generic drug and \$8.25 for each brand-name drug. Current yearly income requirements (based on 2016 income) include:

- Single person – income less than \$17,820 and resources less than \$13,640
- Married person living with a spouse and no other dependents – income less than \$24,030 and resources less than \$27,250  
(CMS, 2017c)

### **MEDICAID**

Medicaid is a health care program, jointly state and federally funded, which serves primarily low-income families, children, related caretakers of dependent children, pregnant women, people age 65 and older, and adults and children with disabilities (Texas Health and Human Services [Texas HHS], 2017).

Eligibility rules for Medicaid vary by state; in Texas, recipients eligible for full coverage (acute care services, prescription drugs, and long-term services and supports) fall into four categories, with children being the largest group of beneficiaries:

- *Low income families and children* (based on income level, caring for a related Medicaid eligible child or pregnancy)
- *Cash assistance recipients* (Temporary Assistance for Needy Families [TANF] and Supplemental Security Income [(SSI)])
- *Seniors (65 and over) and disabled* (based on income level, age, and physical or mental disability)
- *Former foster care youth* aged 18 or older until their 26<sup>th</sup> birthday

Texas also has two categories of recipients eligible for limited benefits:

- *Medicare beneficiaries* (based on income level and age)
- *Non-citizens* (legal permanent residents and

undocumented person who are not eligible for Medicaid based on citizenship status may receive emergency services)  
(Texas HHS, 2017)

Funding for the Texas Medicaid program for FY 2016-2017 is “\$61.2 billion in All Funds, including \$25.1 billion in General Revenue Funds and General Revenue-Dedicated Funds, an increase of \$1.9 billion in General Revenue Funds” (Legislative Budget Board [LBB], 2016, p.163).

### *Prescription Drug Coverage*

“Medicaid is the primary source of medical assistance for millions of low income and disabled Americans, providing health coverage to many of those who would otherwise be unable to obtain health insurance” (Texas HHS, 2017, p.92).

92% of Texas Medicaid services are provided through a comprehensive managed care framework (Texas HHS, 2017).

The State of Texas Access Reform (STAR) program administers services through managed care organizations to provide covered services, including pharmacy, to low income pregnant women, children, TANF clients, and adults receiving SSI who do not receive Medicare.

STAR+PLUS is a Texas Medicaid managed care program for people who have disabilities or are age 65 or older. People in STAR+PLUS get Medicaid health-care and long-term services and support.

STAR and STAR+PLUS both provide unlimited prescription drug benefits and are available in all four of the Kronkosky counties of interest.

STAR Kids provides managed care to youth and children age 20 or younger who get disability-related Medicaid.

TANF adults, people who are age 65 and older, and those with a disability who are enrolled in Medicare fee-for-service programs are limited to three prescriptions per month (Texas HHS, 2017).

### **DUAL ELIGIBILITY**

It is possible to be enrolled, simultaneously, in both Medicare and Medicaid. However, for

dual enrollees, prescription drug coverage is only provided by Medicare. The Dual Eligible Integrated Care Demonstration Project provides services for individuals age 21 or older who receive services through the STAR+PLUS Medicare Plan. For now this project is limited to only six Texas counties, one of which is Bexar County (Texas HHS, 2017).

#### **CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

Congress enacted the State Children’s Health Insurance Program (CHIP) to protect uninsured children and their families who are just above the Medicaid eligibility threshold. States have the option of using the provided funding as an extension of Medicaid.

In Texas, residents who are U.S. citizens under the age of 19 (and their families) are qualified to apply. Acceptance is based on family size, income, and total assets. CHIP does include prescription drug coverage for its recipients in Texas (Texas HHS, 2017).

Funding for the Texas CHIP program in FY 2016-2017 is “\$1.8 billion in All Funds, a decrease of \$201.7 million, mostly due to the transition of certain children to Medicaid pursuant to the federal Affordable Care Act” (LBB, 2016, p.163).

“As of April 2017, Texas has enrolled 4,747,287 individuals in Medicaid and CHIP — a net increase of 6.88% since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013. Texas has not adopted one or more of the targeted enrollment strategies outlined in guidance CMS issued on May 17, 2013, designed to facilitate enrollment in Medicaid and CHIP” (CMS, n.d.b). 74% of those enrolled in Medicaid/CHIP (3,494,601 individuals) are children (CMS, n.d.a).

#### **CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)**

This program provides a variety of benefits, including prescription medications, to children with special medical needs due to a chronic medical condition. To qualify, a child (under 21 years old) must have a long-term condition that, if not treated, may result in limits to one or more major life activities.

CSHCN is also available to anyone who has cystic fibrosis. All other health benefits (commercial health insurance, Medicaid, CHIP) must be used before using CSHCN (Texas Department of State Health Services [DSHS], 2017a).

#### **KIDNEY HEALTH CARE PROGRAM (KHC)**

Available to individuals with end stage renal disease (ESRD), this program provides payment for covered ESRD related medical services including dialysis, prescription drugs, travel for ESRD related services, and Medicare premium payment. The individual must meet income requirements and can NOT get Medicaid medical, drug, or travel benefits (DSHS, 2017b).

In Texas, the Vendor Drug Program is responsible for processing prescription drugs for Medicaid, CHIP, CSHCN, and KHC programs at program contracted pharmacies (Texas HHS, n.d.).

#### **PRESCRIPTION ASSISTANCE PROGRAMS (PAP)**

Around the country, private and public Prescription Assistance Programs (PAP) have been established to provide prescription drugs for those who would otherwise have no access to medicine, mostly due to financial obstacles. Major drug companies voluntarily participate in these programs (Partnership for Prescription Assistance, n.d.). Though eligibility requirements tend to vary, generally recipients have incomes at or below 200% of the Federal Poverty Level. Existing Medicare and Medicaid coverage may or may not affect eligibility, depending on the specific program (StateRxPlans.us, n.d.). Nationally, the Partnership for Prescription Assistance matches patients with one of more than 475 programs to meet their medicinal needs (Partnership for Prescription Assistance, n.d.).

Other PAPs are managed by nonprofit organizations to assist clients with the sometimes cumbersome and exacting paperwork involved in applying for assistance to individual pharmaceutical company programs. For example, in the KCF counties of interest, Any Baby Can San Antonio provides an assistance program that enables families without medical insurance or the ability to

afford the full cost of prescriptions to apply for financial aid (Any Baby Can of San Antonio, 2013).

These PAPs provide the staff and software to process and maintain the required paperwork and the means to dispense the prescription drugs to the patients. As a result, more doctors are now willing to participate in PAP programs. The doctors write the prescriptions and the PAP organizations complete the process to provide affordable prescription drugs to the patients.

Texas State Pharmacy Assistance Programs exist for two specific populations: HIV/AIDS patients and individuals with end-stage renal disease. For both populations, eligibility requirements include being enrolled in Medicare (Medicare.gov, n.d.).

The Texas Drug Card is a free Statewide PAP that offers discounts of up to 75% on over 20,000 name brand and generic drugs to all Texas residents with no restrictions. “For the year 2012 the average savings was 32% off retail pricing for brand and generic drug prescriptions” (Texas Drug Card, 2017).

## REFERENCES

- Any Baby Can of San Antonio. (2013). *Prescription assistance*. Retrieved from <http://www.anybabycansa.org/services/prescription-assistance/>
- Centers for Medicare and Medicaid Services (CMS). (n.d.a). *April 2017 Medicaid and CHIP application, eligibility determination, and enrollment report*. Retrieved July 18, 2017, from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>
- Centers for Medicare and Medicaid Services (CMS). (n.d.b). *Medicaid & CHIP in Texas*. Retrieved July 18, 2017, from <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=texas>
- Centers for Medicare and Medicaid Services (CMS). (2017a). *Closing the coverage gap: Medicare prescription drugs are becoming more affordable*. Retrieved from <https://www.medicare.gov/Pubs/pdf/11493-Coverage-Gap.pdf>
- Centers for Medicare and Medicaid Services (CMS). (2017b). *Graphic variation in standardized Medicare spending: Texas*. Retrieved [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/GeoVar-State/GeoVar\\_State.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/GeoVar-State/GeoVar_State.html)
- Centers for Medicare and Medicaid Services (CMS). (2017c). *Medicare & you 2017*. Retrieved from <https://www.medicare.gov/Pubs/pdf/10050.pdf>
- Centers for Medicare and Medicaid Services (CMS). (2017d). *National health expenditures fact sheet*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html>
- Centers for Medicare and Medicaid Services (CMS). (2017e). *PDP State/County Penetration*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/PDP-State-County-Penetration.html>
- Henry J. Kaiser Family Foundation (KFF). (2015). *Kaiser health tracking poll: August 2015*. Retrieved from <http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-august-2015/>
- Institute for Healthcare Informatics (IMS). (2017). *Medicines use and spending in the U.S. – A Review of 2016 and outlook to 2021*. Retrieved from [http://www.imshealth.com/en\\_US/thought-leadership/quintilesims-institute/reports/medicines-use-and-spending-in-the-us-review-of-2016-outlook-to-2021](http://www.imshealth.com/en_US/thought-leadership/quintilesims-institute/reports/medicines-use-and-spending-in-the-us-review-of-2016-outlook-to-2021)
- Legislative Budget Board (LBB). (2016). *Fiscal Size-Up 2016-2017 Biennium*. Retrieved from [http://www.lbb.state.tx.us/Documents/Publications/FiscalSizeUp/2939\\_Fiscal\\_Size-up\\_2016-17.pdf](http://www.lbb.state.tx.us/Documents/Publications/FiscalSizeUp/2939_Fiscal_Size-up_2016-17.pdf)
- Medicare.gov. (n.d.). *State pharmaceutical assistance programs*. Retrieved July 18, 2017, from <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>
- Medicare Interactive. (2017). *What is Medicare?* Retrieved from <http://www.medicareinteractive.org/get-answers/introduction-to-medicare/explaining-medicare/what-is-medicare>
- Partnership for Prescription Assistance. (n.d.). *About PPA*. Retrieved July 18, 2017, from [https://www.pparx.org/about\\_us](https://www.pparx.org/about_us)
- StateRxPlans.us. (n.d.). *Texas assistance programs*. Retrieved September 8, 2016, from <http://www.staterxplans.us/texas.html>
- Texas Department of State Health Services (DSHS). (2017a). *Children with special health care needs*. Retrieved from <http://www.dshs.texas.gov/cshcn/>
- Texas Department of State Health Services (DSHS). (2017b). *Kidney health care program (KHC)*. Retrieved from <http://www.dshs.texas.gov/kidney/default.shtm>
- Texas Drug Card. (2017). *Texas drug card highlights*. Retrieved from <http://www.texasdrugcard.com/about.php>
- Texas Health and Human Services (Texas HHS). (n.d.). *Vendor drug program*. Retrieved July 18, 2017, from <https://www.txvendordrug.com/>
- Texas Health and Human Services (Texas HHS). (2017). *Texas Medicaid and CHIP in perspective: 11th edition*. Retrieved from <https://hhs.texas.gov/services/health/medicaid-chip/about-medicicaid-chip/texas-medicicaid-chip-perspective>
- U.S. Department of Health and Human Services [HHS]. (2016). *Observation on trends in prescription drug spending*. Retrieved from [https://aspe.hhs.gov/sites/default/files/pdf/187586/Drugs\\_pending.pdf](https://aspe.hhs.gov/sites/default/files/pdf/187586/Drugs_pending.pdf)
- U.S. Department of Health and Human Services (HHS). (2017). *HHS FY2017 Budget in brief*. Retrieved from <https://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf>