

## SICK ECONOMY, SICKER PATIENTS

The Commonwealth of Massachusetts recently announced that its senior citizens are going to experience significant increases in their copayments for prescription drugs as a result of an \$11 million cut in the state-funded Prescription Advantage program that was set up to defray pharmacy costs for eligible seniors. The cut is part of the \$1 billion in funds slashed by the Governor Duval Patrick in October 2008 due to the economic recession.

Many other states facing similar huge deficits are also reducing services to the most vulnerable citizens. At least 19 states have proposed or implemented cuts that will affect low-income children's or families' eligibility for health insurance or reduce their access to health care services. For example, Rhode Island eliminated health coverage for 1,000 low-income parents; South Carolina is limiting coverage for many services, such as psychological counseling, physician's visits, and routine physicals; and California and Utah are reducing the types of services covered by their Medicaid programs.: At least 17 states plus the District of Columbia are cutting medical, rehabilitative, home care, or other services needed by low-income people who are elderly or have disabilities.

Almost 90 percent of individuals, age 65 and older, take an average of five or more prescription drugs daily. Many of these same individuals are retired and on a fixed income; 25% report that they do not fill one or more of the prescriptions their doctors write for them because of the cost. Others skip days or cut their dosage to make the prescriptions last longer.

In 2005, The New England Journal of Medicine reported that 33 – 69 percent of medication-related hospital admissions in the U.S. were due to poor medication adherence with a resultant cost to the American public of over \$100 billion a year, because non-adherence results in more hospitalizations and more emergency room visits. This was part of the reason why Medicare instituted the drug benefit

program, hoping Medicare Part D would make prescriptions more accessible and affordable.

In spite of the economic glitches that we face, as a society we have a responsibility to provide basic and essential health services to all individuals. What is going on with prescription drug co-payments and its impact on medication adherence should be concerning to payers, physicians and patients. When we accept short term solutions, such as cutting the budget for health reimbursement, we create longer term costly problems. When we force bands of citizens to seek care in emergency departments or end up as in-patients, the costs mound at a much steeper rate than if we foot the bills that keep co-payments at an affordable level. Doctors and patients need to work together to look at all possible options for addressing immediate and chronic health medication needs, including greater use of generics, and cooperative arrangements with pharma companies, associations and public agencies that might help fund some of the medical requirements of citizens who cannot afford to pay the full tab that is being asked of them. A sicker society is not an answer for anyone!!