### Prescription Drug Coverage in New York State

These charts originally appeared in *New York Seniors and Prescription Drugs: Seniors Remain at Risk Despite State Efforts—Findings from a 2001 Survey of Seniors in Eight States* by David Sandman, Cathy Schoen, Deirdre Downey, Sabrina How, and Dana Gelb Safran. Published December 2002 by The Commonwealth Fund. This report is available at www.cmwf.org.

#### **SURVEY METHODS**

This report describes prescription drug coverage patterns among seniors in New York and seven other states and examines the difference coverage makes in terms of access to medications when needed and protection against high out-of-pocket costs, including how such protections vary by source of drug benefits. Sections on public programs assess the important role played by New York's Medicaid and Elderly Pharmaceutical Insurance Coverage (EPIC) programs in providing coverage for low-income seniors. The analysis also contrasts experiences of New York's seniors with those of seniors in the other seven survey states.

The New York findings are based on a 2001 survey of seniors in eight states that was conducted by researchers at Tufts–New England Medical Center, The Commonwealth Fund, and the Henry J. Kaiser Family Foundation and published as a *Health Affairs* Web Exclusive on July 31, 2002. The 2001 survey included four states that had subsidized pharmacy assistance programs at the time (Illinois, Michigan, New York, and Pennsylvania) and four states without such programs (California, Colorado, Ohio, and Texas). This report provides new representative data that focus on the experiences of seniors in New York.

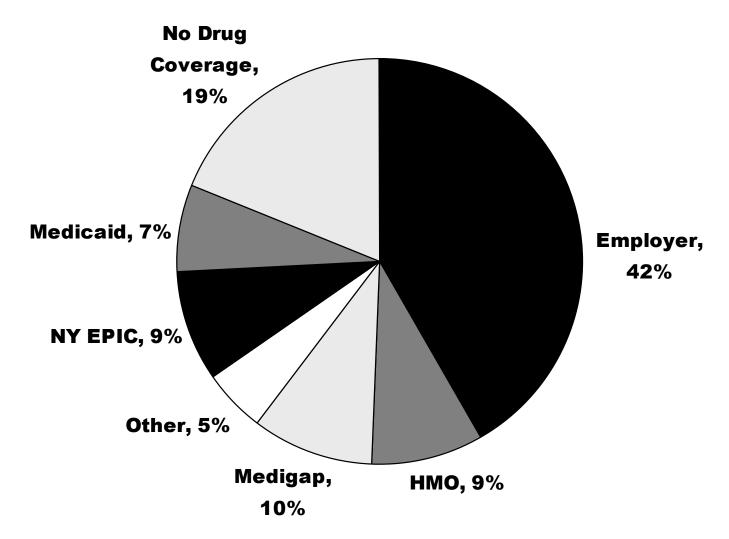
The eight states included in the survey account for 42 percent of U.S. adults ages 65 and older and 41 percent of low-income elderly adults nationwide. (In the survey, low-income seniors are those with incomes at or below 200 percent of poverty.) The states vary both in terms of geography and the programs and policies they use to meet the needs of low-income seniors (Table A-1). The 2001 survey consisted of mail and follow-up phone interviews with 10,927 non-institutionalized seniors living in eight states, including 1,691 seniors in New York. To enable a focus on low-income seniors, the study oversampled seniors enrolled in Medicaid and those residing in low-income neighborhoods. The analysis presented in this report is based on responses from 1,605 New York seniors for whom prescription drug coverage information was available.

The survey was conducted in English and Spanish between May 15, 2001, and August 23, 2001. After accounting for individuals excluded due to death, institutionalization, relocation, non–English/Spanish language, or severe cognitive or physical impairment, the survey response rate for all eight states was 55 percent. The response rate was 51 percent for New York.

The survey elicited information about sources of prescription drug coverage, medication use, and out-of-pocket spending and included questions on health status, income, and other demographic characteristics. For beneficiaries reporting more than one source of prescription coverage, the study assigned a primary coverage source based on the following hierarchy: Medicaid, employer-sponsored, HMO, Medigap, state prescription program, and other. Tables A-2 and A-3 in the Appendix provide additional information on the eight states and profile the health and income of New York seniors by sourceof coverage.

Figure 1.1

#### Sources of Drug Coverage for Seniors in New York



Note: Analysis of seniors in sample with classifiable drug coverage. "Other" includes those with drug coverage through Department of Veterans Affairs (VA)/Department of Defense (DOD).

Figure 1.2

### Sources of Drug Coverage for Seniors in Eight States

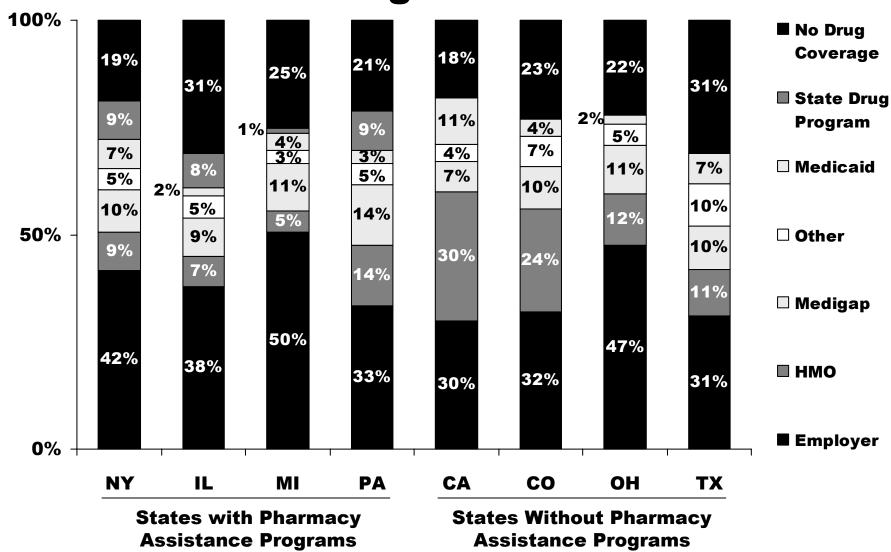


Figure 1.3

### Percent of Seniors in Eight States Without Drug Coverage, by Poverty Level and State

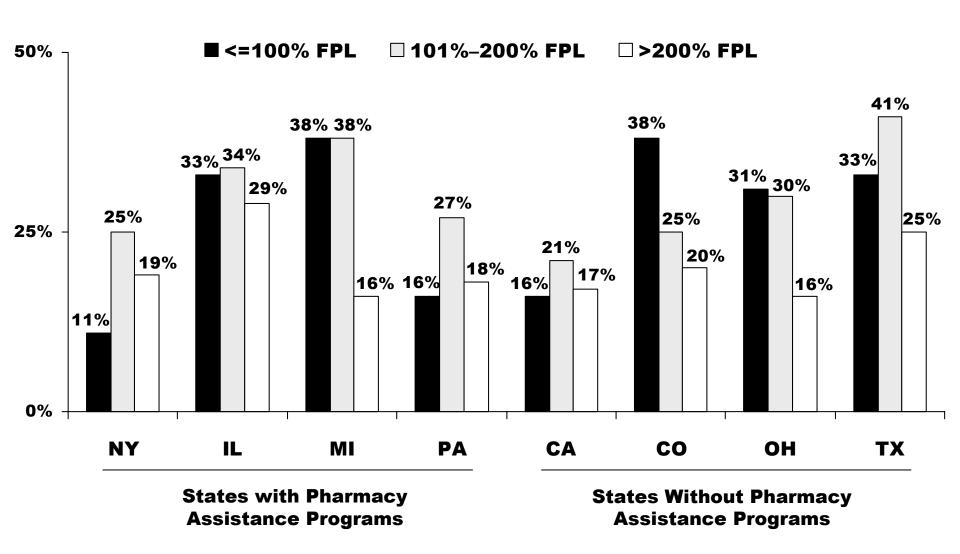


Figure 1.4

### Sources of Drug Coverage for Seniors in New York with Incomes Below 200% of Poverty

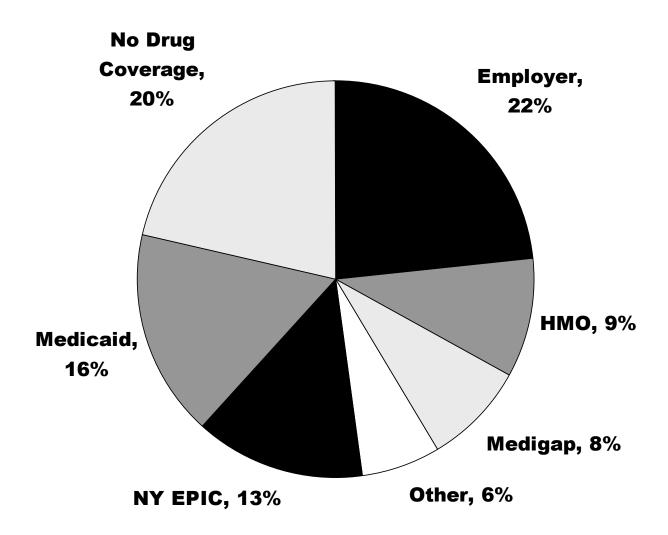


Figure 1.5

### Sources of Drug Coverage for Seniors in New York, by Race/Ethnicity

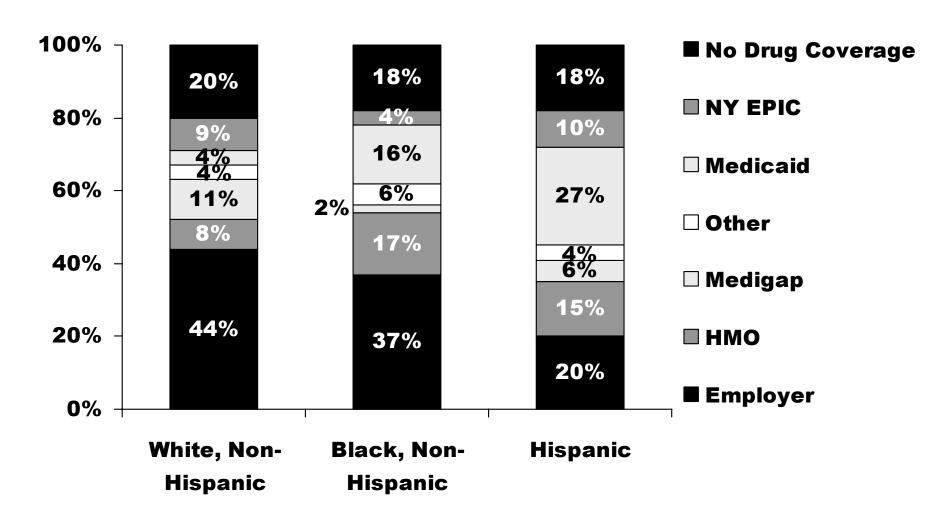
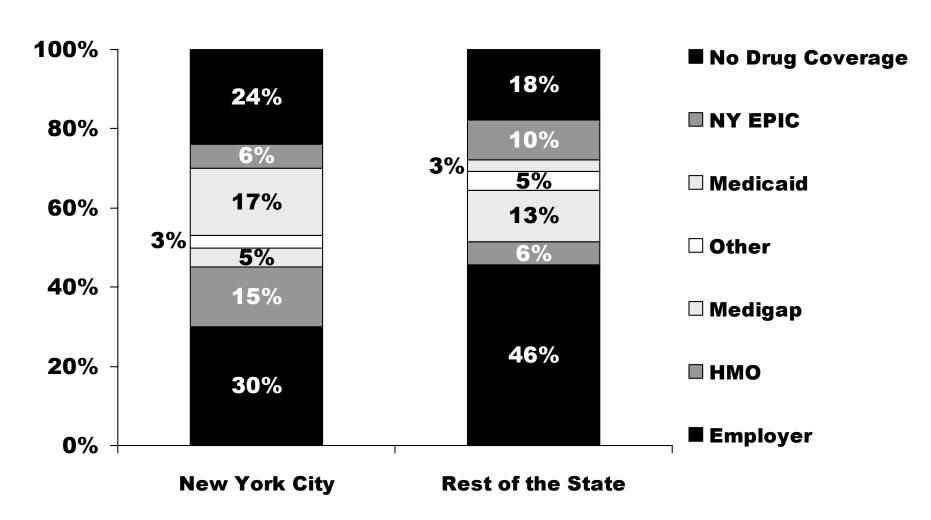


Figure 1.6

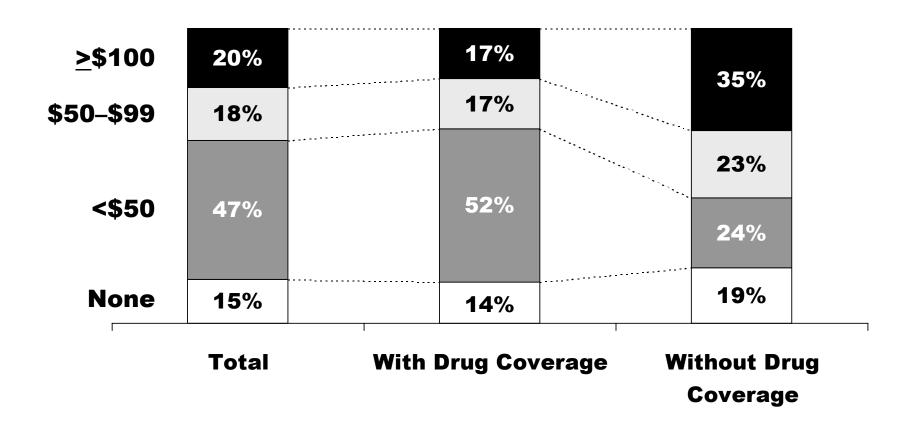
### Sources of Drug Coverage for Seniors in New York, by Region



### Variations in Financial Protections Offered

Figure 2.1

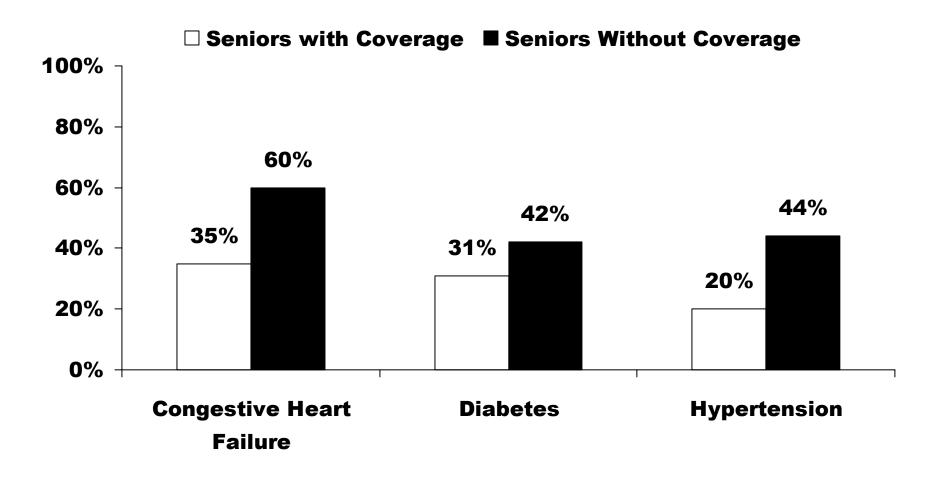
#### Monthly Out-of-Pocket Expenses for Prescription Drugs Among Seniors in New York, With and Without Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage. Out-of-pocket costs exclude premiums. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 2.2

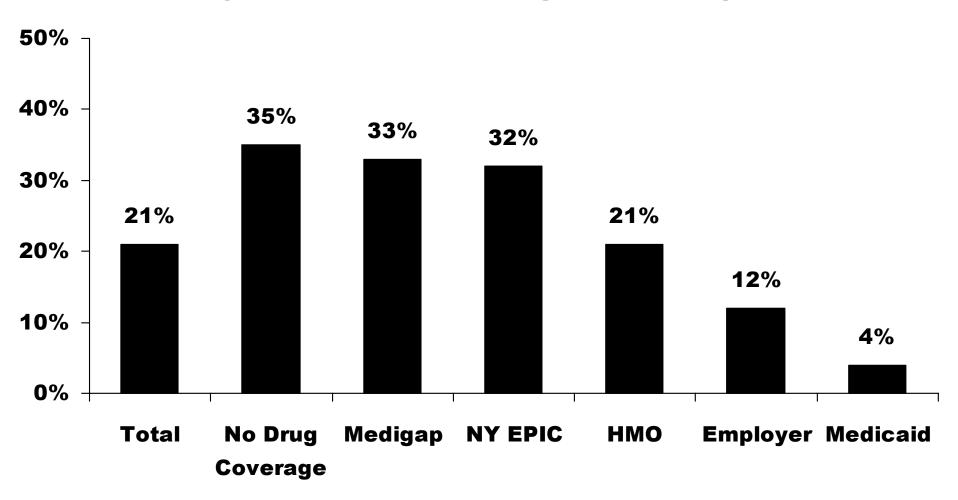
#### Percent of Seniors in New York Who Spend \$100+ per Month on Drugs, by Chronic Condition and Prescription Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 2.3

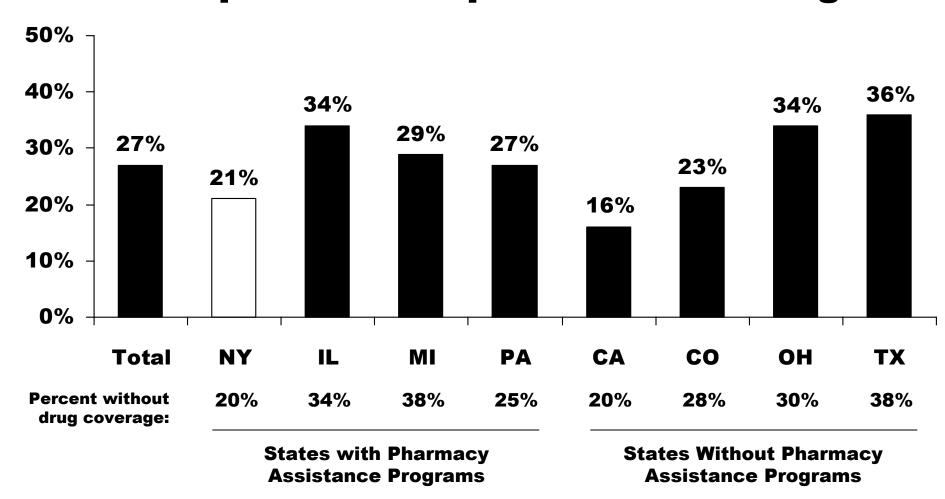
## Percent of Seniors in New York Who Spend \$100+ per Month on Drugs, by Source of Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage. Out-of-pocket costs exclude premiums. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 2.4

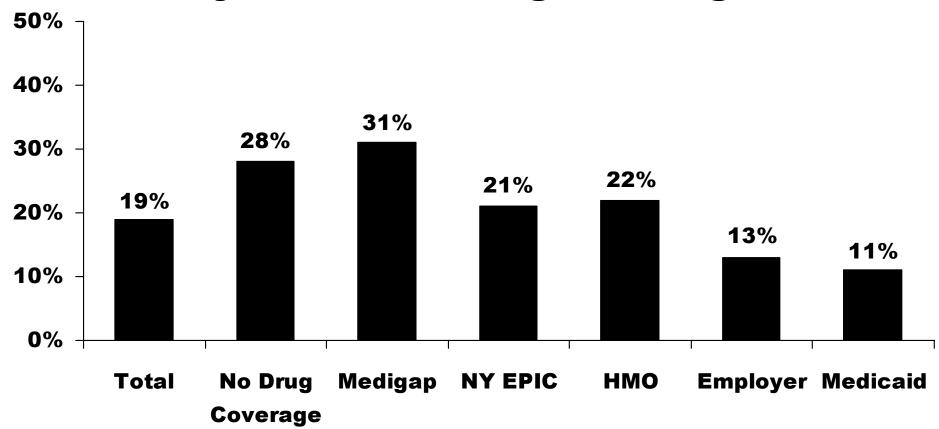
### Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Spend \$100+ per Month on Drugs



Note: Analysis of seniors in sample with classifiable drug coverage. Out-of-pocket costs exclude premiums. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 2.5

Percent of Seniors in New York with Incomes at or Below 200% of Poverty Who Spend Less on Basic Needs in Order to Afford Medicines, by Source of Drug Coverage

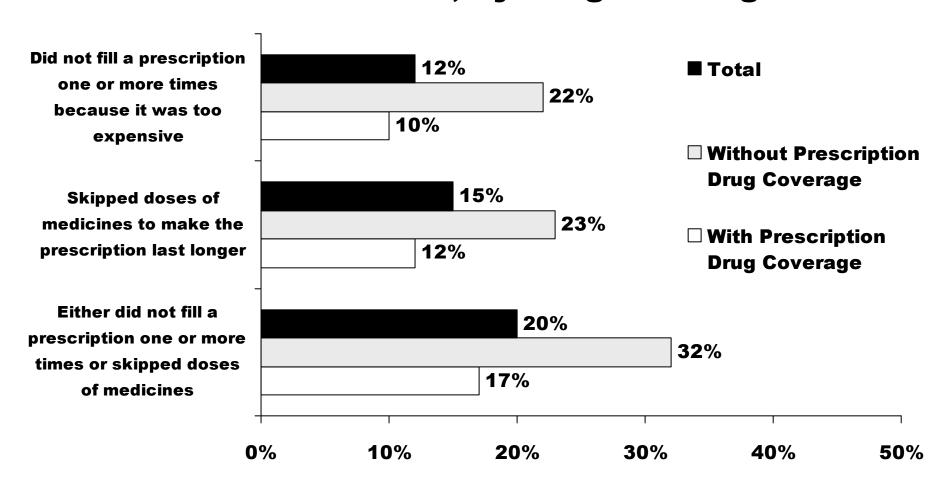


Note: Analysis of seniors in sample with classifiable drug coverage.

#### Skipping Doses or Not Filling Prescriptions Due to Cost

Figure 3.1

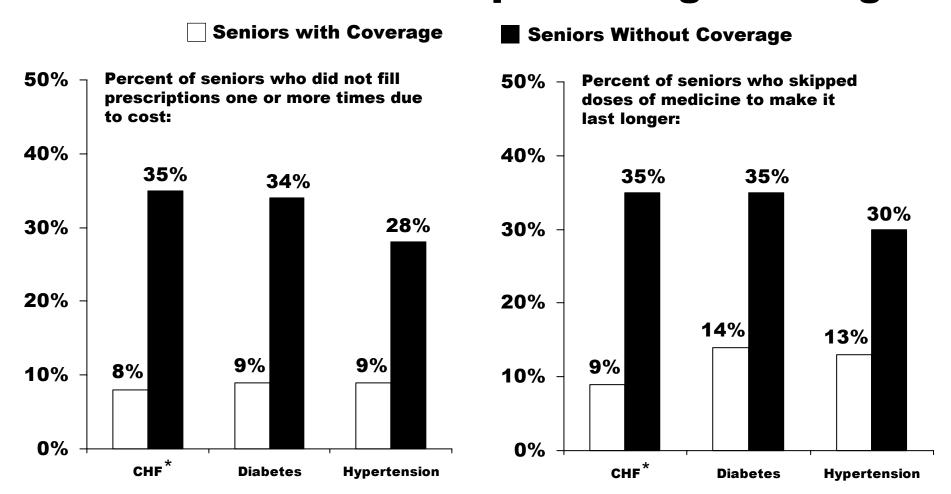
# Percent of Seniors in New York Who Did Not Fill a Prescription One or More Times Due to Cost or Skipped Doses to Make a Prescription Last Longer in the Past Year, by Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage.

Figure 3.2

### Percent of Seniors in New York Who Reported Forgoing Needed Medicines, by Chronic Condition and Prescription Drug Coverage

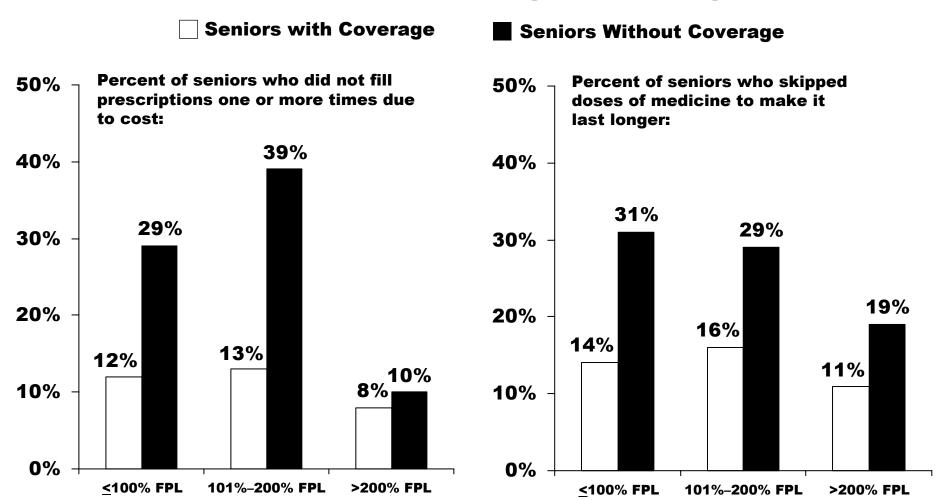


<sup>\*</sup> CHF = Congestive Heart Failure.

Note: Analysis of seniors in sample with classifiable drug coverage.

Figure 3.3

# Percent of Seniors in New York Who Reported Forgoing Needed Medicines, by Poverty and Prescription Drug Coverage

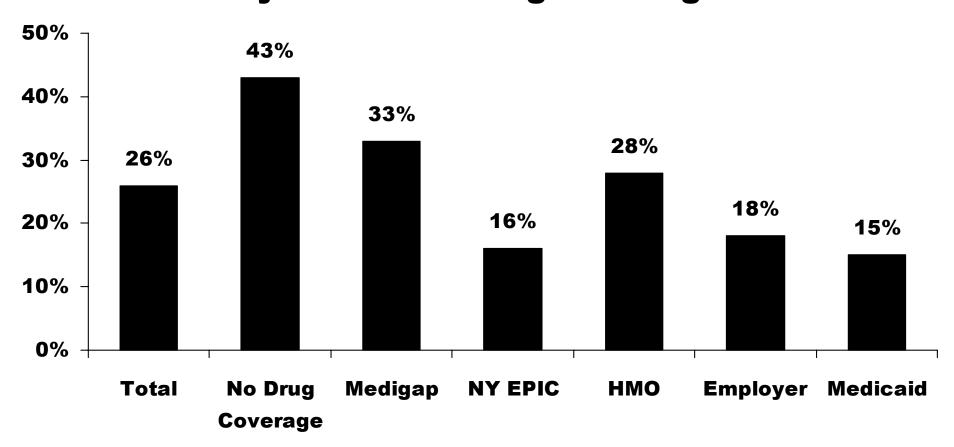


Note: Analysis of seniors in sample with classifiable drug coverage.

Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 3.4

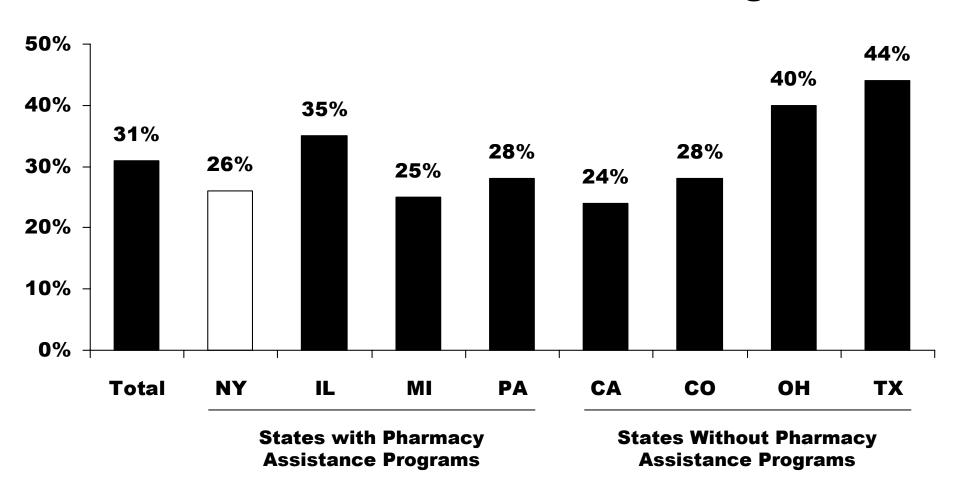
Percent of Seniors in New York with Incomes at or Below 200% of Poverty Who Either Didn't Fill a Prescription One or More Times or Skipped Doses of a Medicine to Make It Last Longer, by Source of Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage.

Figure 3.5

# Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty Who Either Didn't Fill a Prescription One or More Times or Skipped Doses of a Medicine to Make It Last Longer

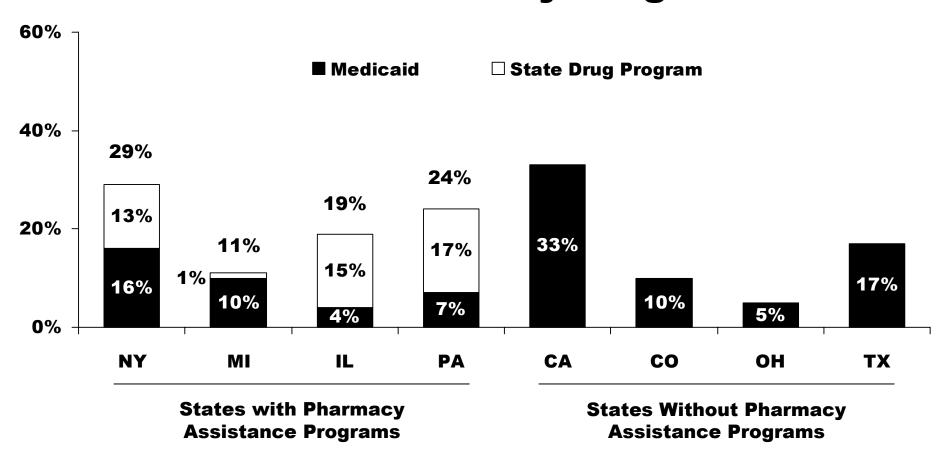


Note: Analysis of seniors in sample with classifiable drug coverage.

### Public Programs: Roles of Medicaid & New York EPIC

Figure 4.1

# Percent of Seniors in Eight States with Incomes at or Below 200% of Poverty with Drug Coverage Provided by Medicaid or State Pharmacy Programs

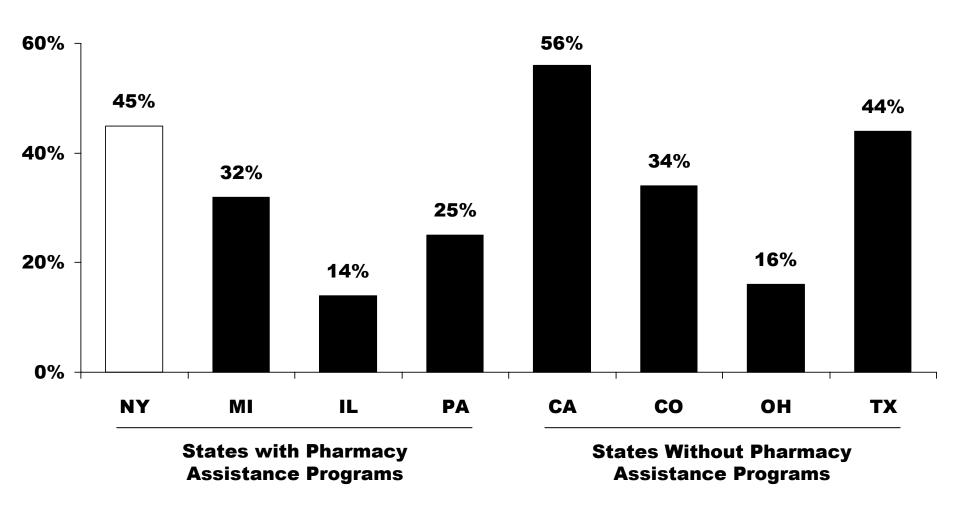


Note: Analysis of seniors in sample with classifiable drug coverage.

Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 4.2

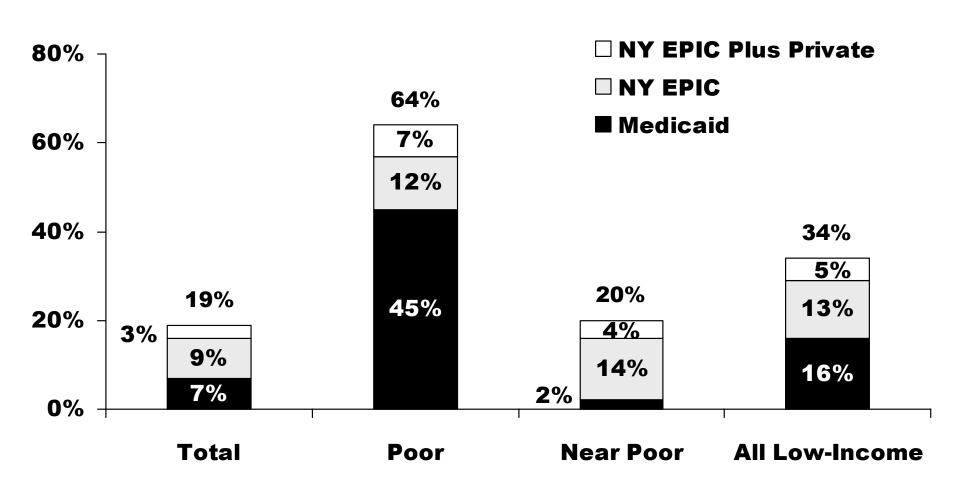
### Percent of Seniors in Eight States with Incomes at or Below 100% of Poverty with Medicaid Drug Coverage



Note: 2001 federal poverty level: \$8,590 (single); \$11,610 (couple).

Figure 4.3

# Percent of Seniors in New York with Medicaid or New York's EPIC Program, by Poverty Level

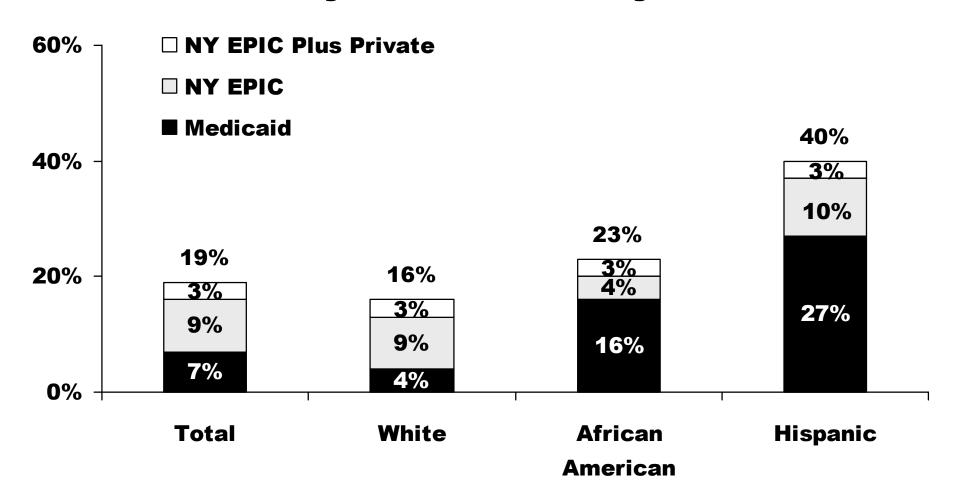


Note: Analysis of seniors in sample with classifiable drug coverage.

Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 4.4

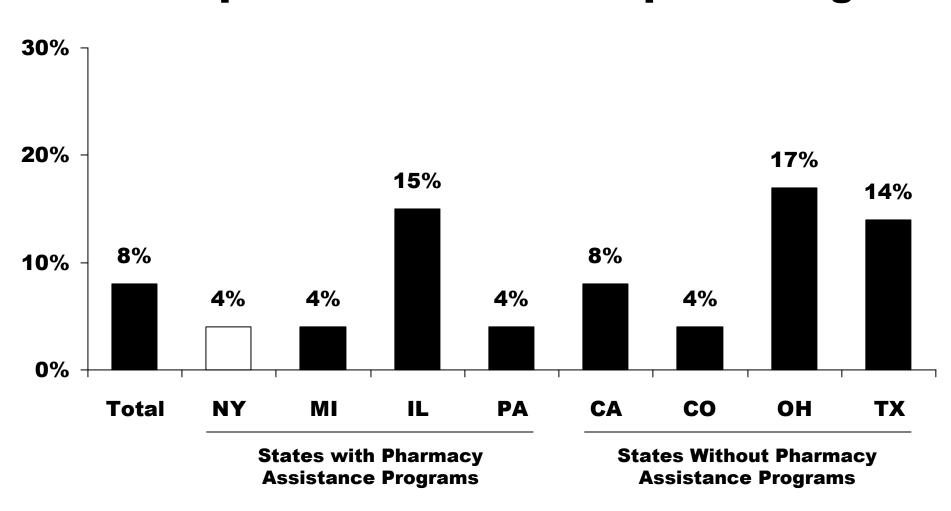
# Percent of Seniors in New York with Medicaid or New York's EPIC Program, by Race/Ethnicity



Note: Analysis of seniors in sample with classifiable drug coverage.

Figure 4.5

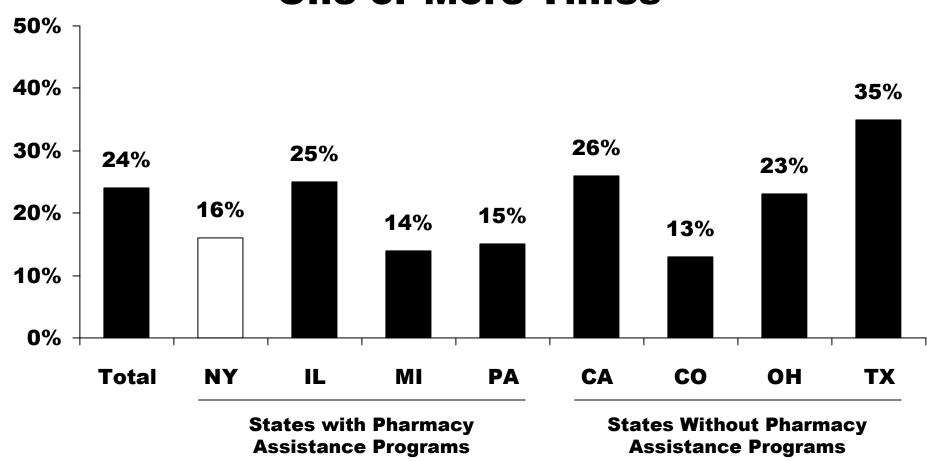
### Percent of Seniors in Eight States with Medicaid Drug Coverage Who Spend \$100+ per Month on Prescription Drugs



Note: Analysis of seniors in sample with classifiable drug coverage. Out-of-pocket costs exclude premiums. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

Figure 4.6

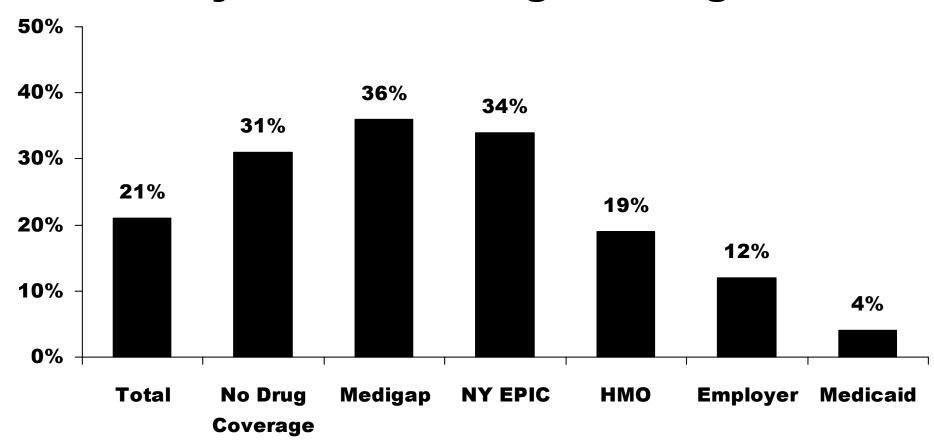
# Percent of Seniors in Eight States with Medicaid Drug Coverage Who Skipped Doses of a Medication or Didn't Fill a Prescription One or More Times



Note: Analysis of seniors in sample with classifiable drug coverage.

Figure 4.7

# Percent of Seniors in New York with Incomes at or Below 200% of Poverty Who Spend \$100+ Per Month on Drugs, by Source of Drug Coverage



Note: Analysis of seniors in sample with classifiable drug coverage. Out-of-pocket costs exclude premiums. Source: Kaiser/Commonwealth/Tufts–New England Medical Center 2001 Survey of Seniors in Eight States.

# Knowledge and Participation in Medicaid and State Pharmacy Assistance Programs

Figure 5.1

## Percent of Seniors in New York with Incomes at or Below 200% of Poverty Who Have Heard of Medicaid and New York's EPIC Program

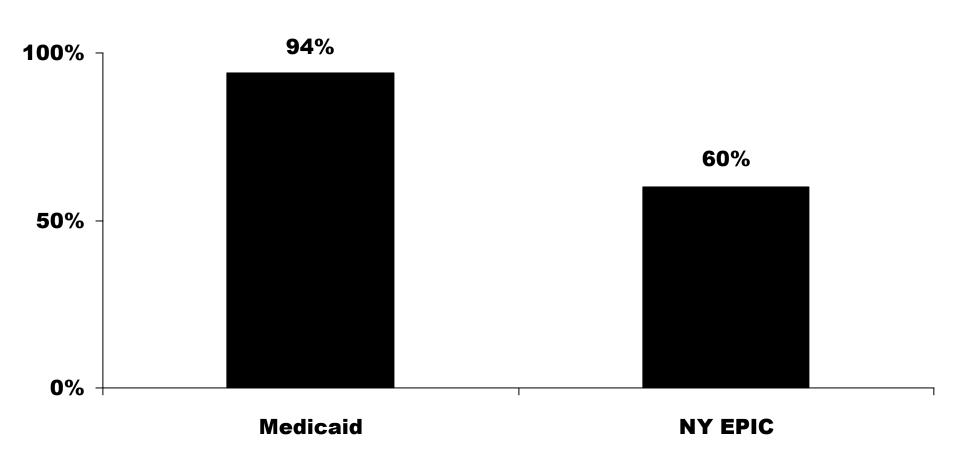


Figure 5.2

#### Awareness of State Pharmacy Assistance Programs Among Seniors with Incomes at or Below 200% of Poverty

Percent who have heard of their state pharmacy assistance program

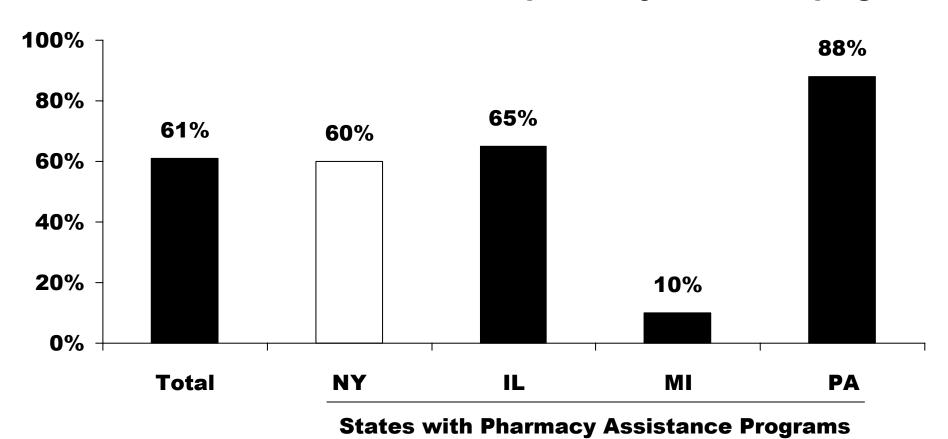


Figure 5.3

# Most Commonly Reported Sources for Hearing About New York's EPIC Program by Seniors with Incomes at or Below 200% of Poverty

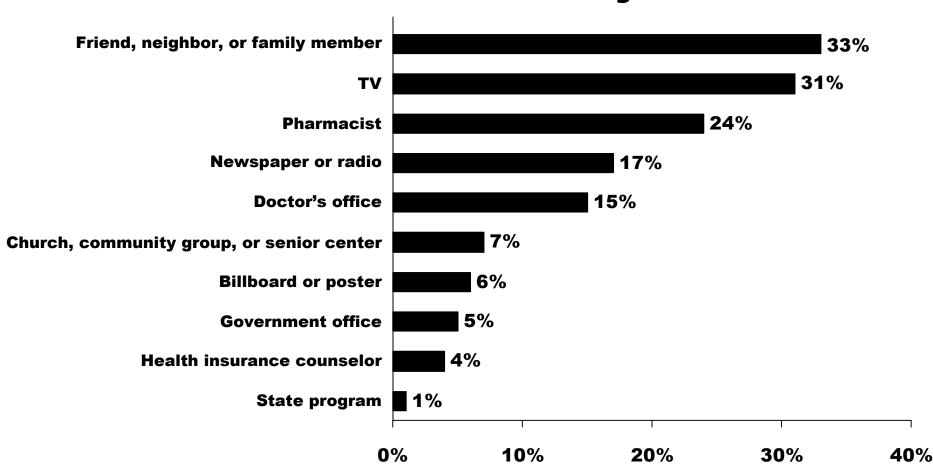


Figure 5.4

# Reasons Why Seniors in New York with Incomes at or Below 100% of Poverty Who Have Heard of Medicaid Report They Are Not Enrolled

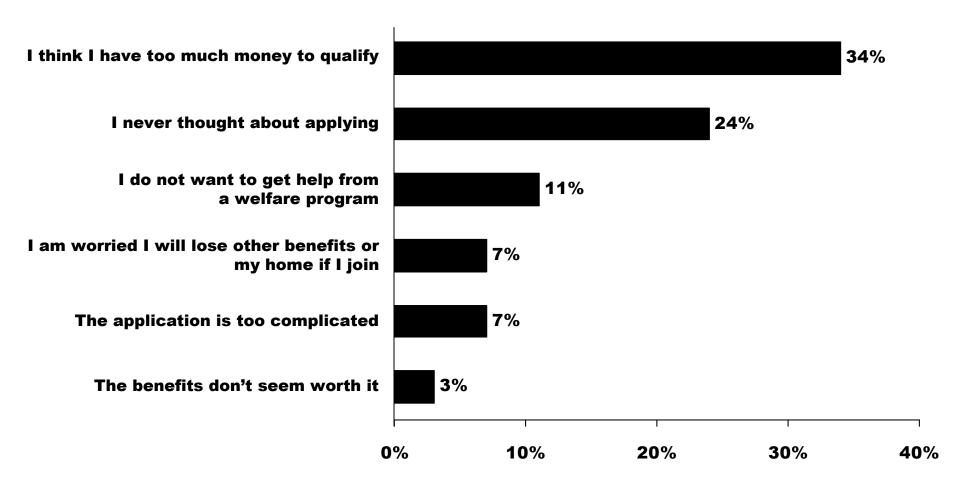


Figure 5.5

# Reasons Why Seniors with Incomes at or Below 200% of Poverty Who Have Heard of New York's EPIC Program Report They Are Not Enrolled

