

Arthritis Foundation Position Statement on Out-of-Pocket Medication Costs

Issue

Health insurers have historically charged fixed co-pays for different tiers of medications. As an example, the co-payments might be set at \$10/\$20/\$50 for the three tiers. Some health insurance policies are now moving vital medications (mostly biologics) into a fourth specialty tier. Specialty tiers require people with arthritis and other conditions to pay a percentage (co-insurance) of their drug cost – often 25% to 50% – rather than a fixed dollar amount co-pay.

Background

High cost sharing, also known as co-insurance, is a barrier to medication access for people with chronic, disabling, and life threatening conditions. Cost-sharing for prescription medications should not be so burdensome that it restricts or interferes with access to necessary medications, which can lead to negative health outcomes and additional costs to the health care system.

Since many people with arthritis also suffer with chronic diseases such as diabetes or heart disease, their monthly medication expenditures to lead productive lives can include several types of medications. Ensuring that people with arthritis have access to affordable quality treatments and medications is a guiding principle of the Arthritis Foundation.

Our Position

The Arthritis Foundation supports legislation that limits out-of-pocket costs and should provide the following:

- Limit the cost of a 30-day (one-month) supply of any single prescription medication to no more than \$150.
- Limit the total aggregate monthly out-of-pocket cost for all prescription medications.
- Limit the total annual out-of-pocket expenditures for all prescription medications.

