

In Every State, Far Too Many People Are Skipping or Changing Medications Because They Are Too Expensive

In every U.S. state, a disturbingly high percentage of people face the impossible choice of foregoing or rationing medications so they can afford other basic needs. This pattern is consistent year over year, with an average of 29% of people across the country forced to make this choice in a given year. Below we lay out the stark numbers. In almost every state, at least one in five people skips or alters a doctor's orders for financial reasons. In 32 states, that number is at least one in four, and in 15 states it's at least one in three.

Table 1 (page 2) captures the rates of adults between the ages of 19 and 64 who reported that they did not fill and/or follow a prescription because of cost during a 12-month period. The U.S. Centers for Disease Control and Prevention survey that collected these data underscores the variety of desperate strategies people use every day to mitigate the impact of extraordinarily high drug prices: delaying refills, taking less medication than prescribed, skipping doses, asking the doctor to substitute a cheaper medication, using "alternative therapies" (typically without a physician's guidance), and/or buying medications from another country.¹

No one in America should be forced to choose between financial ruin and access to the prescription drugs that their physician has ordered. No other advanced country forces its people to choose between paying rent or paying for their medications. But this dire choice has become a fact of life in the United States, with Americans paying several times more than they would pay in Canada² for the same medication. As shown in the table below, for too many households these costs are simply not affordable. Millions are forced to roll the dice on their health and do without necessary medications or prescribed dosages.

As Congress considers potential reforms to lower the cost of prescription drugs, most notably by allowing the Medicare program to negotiate fair prices for drugs as other countries' health systems do, it needs to remember the devastating human cost of our current system, costs that is has the power to address.



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June 2021 Fact Sheet

Rates of Individuals in the U.S. Who Did Not Fill and/or Follow a Prescription Because of Cost in a Given Year 3

Alabama	32%
Alaska	24%
Arizona	26%
Arkansas	26%
California	22%
Colorado	38%
Connecticut	17%
Delaware	31%
Dist. of Columbia	23%
Florida	30%
Georgia	32%
Hawaii	19%
Idaho	37%
Illinois	30%
Indiana	38%
Iowa	30%
Kansas	38%
Kentucky	28%
Louisiana	38%
Maine	31%
Maryland	22%
Massachusetts	13%
Michigan	32%
Minnesota	26%
Mississippi	43%
Missouri	35%

Montana	39%
Nebraska	29%
Nevada	31%
New Hampshire	22%
New Jersey	24%
New Mexico	25%
New York	20%
North Carolina	30%
North Dakota	31%
Ohio	29%
Oklahoma	34%
Oregon	22%
Pennsylvania	22%
Rhode Island	21%
South Carolina	33%
South Dakota	24%
Tennessee	34%
Texas	42%
Utah	44%
Vermont	15%
Virginia	23%
Washington	33%
West Virginia	24%
Wisconsin	22%
Wyoming	35%
United States	29%

Endnotes

- ¹ "Strategies Used by Adults Aged 18–64 to Reduce Their Prescription Drug Costs, 2017", Robian Cohen et al., 2019. https://www.cdc.gov/nchs/products/databriefs/db333.htm.
- ² Andrew W. Mulcahy et al., International Prescription Drug Price Comparison: Current Empirical Estimates and Comparisons with Previous Studies (Santa Monica, Calif.: Rand Corporation, 2021). https://www.rand.org/pubs/research_reports/RR2956.html.
- ³ State Health Access Data Assistance Center analysis of 2017 (most recent available) National Health Interview Survey data for people aged 19–64, at statehealthcompare.shadac.org. Estimates were created using the National Health Interview Survey weights, which are calibrated to the total U.S. civilian non-institutionalized population.

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