

A Dose of Reality: Prescription Drugs in Colorado

New Data Highlight Coloradans' Prescription Medication Needs and Affordability Challenges

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Prescription drugs are an essential part of medical treatment and ongoing management of health conditions, from antibiotics that treat infections to lipid-lowering drugs that manage high cholesterol. However, filling a prescription can be a challenge if patients lack insurance coverage or face high prices for refills.

Over the past decade, increases in the retail price of many prescription drugs have substantially outpaced inflation. For example, between 2019 and 2020, the retail prices for 180 specialty drugs widely used by older Americans increased by an average of 4.8% compared to the general inflation rate of 1.3%.¹ Price increases are so common that between 2019 and 2020, the price of half of all prescription drugs covered by Medicare increased faster than inflation.²

Significant price increases, coupled with the development of new specialty drugs to treat diseases such as cancer and Hepatitis C, have rapidly driven up spending on prescription drugs in recent years.³ In 2020, U.S. spending on retail prescription drugs totaled about \$348 billion, 13.3% of which was paid out of pocket by consumers as opposed to through insurance coverage.⁴ As public insurance programs such as Medicare and Medicaid have expanded and increased coverage for pharmaceuticals, insurance has covered an increasing portion of prescription drug spending, resulting in reduced out-of-pocket costs for some.⁵

Despite some positive trends, prescription drug affordability remains elusive for many people — especially those who are uninsured, underinsured, or require specialty medications. As drug prices continue to increase, data from the 2021 Colorado Health Access Survey (CHAS) show that many Coloradans are struggling to access the medications they need — and their health is suffering as a result.

Key Takeaways

- Almost half of all Coloradans take at least one prescription medication.
- In 2021, 9.7% of Coloradans were unable to fill a prescription due to the cost. Of those, 40.0% said their health condition worsened as a result.
- Colorado is implementing policy initiatives to increase prescription drug affordability, including a prescription drug affordability board, Canadian drug importation program, and other cost control and price transparency efforts.



The State of the State on Prescription Drugs

According to the CHAS, which was fielded from February through June 2021, 2.7 million Coloradans of all ages take at least one prescription medication. That's 47.2% of the state's population. Many of these Coloradans face issues affording their medication, with 12.7% of adults who take prescription drugs, or roughly 304,000 people, reporting that they have a somewhat difficult or very difficult time affording their prescriptions.

Findings from the CHAS offer insight into the experience of Coloradans who take prescription drugs by showing who struggles the most to afford their medications and highlighting the implications of forgoing medications, especially due to concerns over the cost. Uninsured populations and those at lower income levels are particularly vulnerable to struggling with high prescription drug costs, leading to skipped medication doses and worse health outcomes.

Fortunately, new legislation on both the federal and state levels is poised to bring savings to prescription drug users. The recently signed Inflation Reduction Act has broken a long streak of policy inaction on prescription drugs at the federal level and promises to substantially lower drug costs for Medicare beneficiaries by allowing the program to directly negotiate drug prices, which it has been barred from doing since Medicare Part D (the prescription drug coverage program) was created in 2003.⁶ Several affordability initiatives in Colorado will also take hold in the next few years, including the new Prescription Drug Affordability Board that will establish and enforce upper payment limits on unaffordable prescription drugs.⁷

Note: This analysis focuses on the medical use of prescription drugs, meaning the taking of prescription medicine as prescribed by a medical professional. This analysis does not include information on the misuse of prescription medication or on substance use disorder more broadly. Information on over-the-counter or non-prescription drugs is also not included.

Prescription Drug Survey Questions

To understand Coloradans' use and ability to afford prescription drugs, CHI asked the following questions:

1. Do you currently take any prescription medicine or not?
2. In general, how easy or difficult is it for you to afford to pay the cost of your prescription medicine?
3. Thinking about the past 12 months, was there any time that you did not fill a prescription for medicine because of cost?
4. Thinking in the past 12 months, was there any time that you did not fill a prescription for medicine for a reason other than cost?

For respondents who answered "yes" to questions 3 and 4, they were asked the follow up question:

- Did your condition get worse as a result of not filling your prescription?

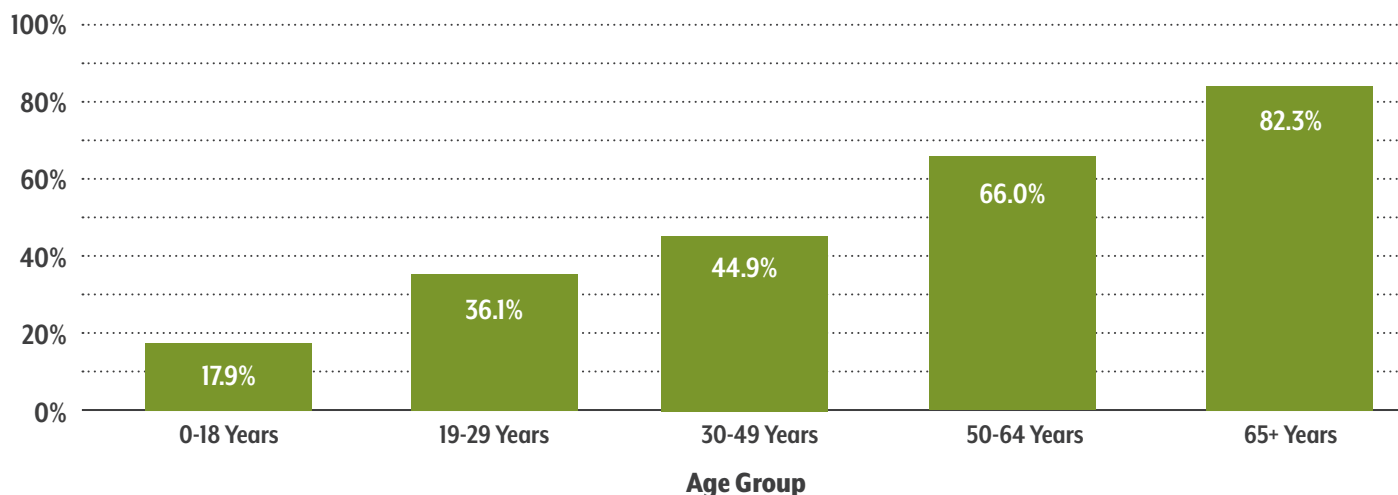
When the person who was the target of the survey was a child under 18, an adult over 18 answered the questions on their behalf. In that case, the wording of the questions changed to ask about the child's use of prescription medicine and health condition and their parent or guardian's ability to afford or fill the child's prescriptions.

Prescription Prevalence in Colorado

While nearly half of Coloradans of all ages report taking at least one prescription medication, prevalence increases with age. As people grow older, they are more likely to develop chronic health conditions that need to be managed with medication. CHAS data clearly show this trend. Fewer than one in five Colorado children (ages 0-18) take prescription medication; by age 30, 36.1% of Coloradans are taking at least one prescription.

Figure 1. Older Populations More Likely to Take Prescription Medication

Percentage taking prescription medication by age group, 2021



Among older adults ages 65 and above, more than four in five take at least one prescription medication (see Figure 1). The rate of prescription drug use for all Coloradan adults over the age of 18 is 56.6%; this is slightly lower than the national rate of 62%.⁸

Women More Likely to Take Prescription Drugs

Women and girls are more likely than men and boys to report taking prescription medication, with 53.3% of women and girls reporting taking at least one prescription drug compared to 40.8% of men and boys. Several factors could contribute to this difference, including prescription contraception use and higher rates of some diseases commonly treated with prescription drugs among women, such as thyroid gland disorders and osteoarthritis.⁹ Additionally, women are more likely to visit a primary care doctor than men, which may increase their likelihood of being prescribed medication.¹⁰

Insurance Coverage Affects Prescription Drug Access and Use

Insurance status plays a key role in access to prescription medicine. Only 20.7% of uninsured Coloradans report taking prescription medication, well below the state average of 47.2%. Those without insurance are more likely to struggle with

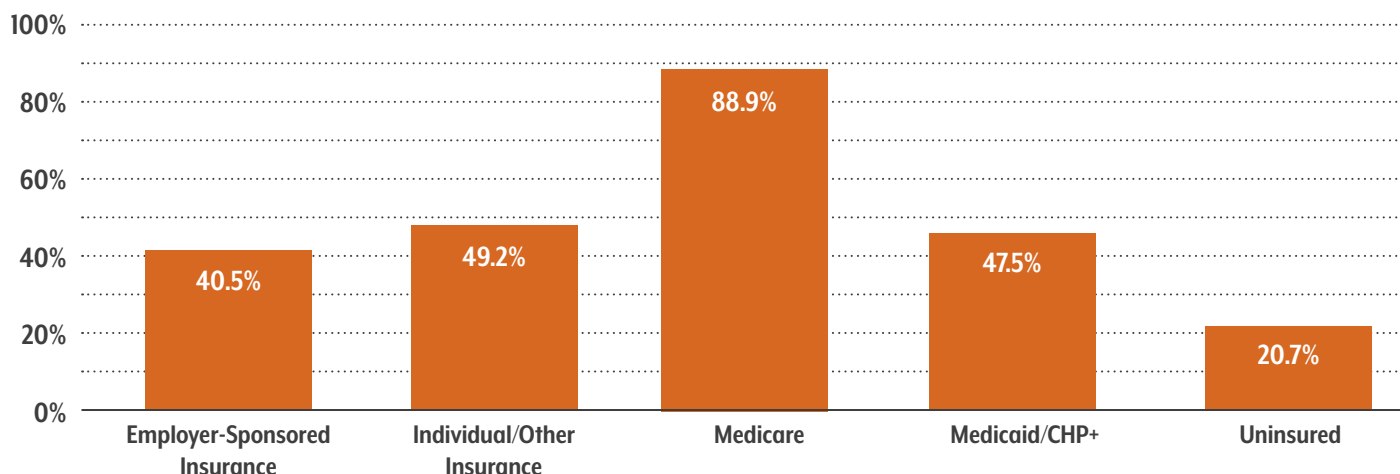


accessing other kinds of care as well, from primary care visits to dental services.

Medicare recipients, on the other hand, report the highest rate of prescription drug use at 88.9%. This is associated with the fact that most Medicare enrollees are older adults and that Medicare beneficiaries have high rates of prescription drug coverage.¹¹ Other insured groups, such as those with employer-sponsored insurance, Medicaid, or Child Health Plan Plus (CHP+), report taking prescription medicine at rates closer to the state average (see Figure 2).

Figure 2. Prescription Drug Use Varies by Insurance Type

Percentage taking prescription medication by insurance type, all ages, 2021

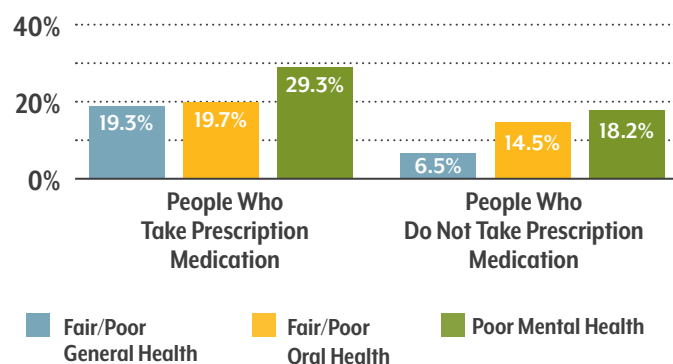


Prescription Drug Users Report Worse Health

CHAS data show that prescription drug users in Colorado are more than three times as likely to report fair or poor general health (as opposed to good or excellent health) than non-prescription drug users. They are also more likely to report fair or poor oral health (see Figure 3).

Figure 3: Prescription Medication Users More Likely to Report Worse Health Status

Percentage of respondents who report fair or poor general and oral health and poor mental health, 2021



Prescription drug users are more likely to experience poor mental health — defined as having eight or more days of poor mental health in the past month — than non-prescription drug users (see Figure 3), and they are more likely to say that they needed, but did not receive, mental health treatment at some point in the past year (16.4% compared to 11.7% for non-prescription users). This is particularly concerning given the increasing need for mental health care across the state since the start of the COVID-19 pandemic, with CHAS data showing that more than one in three Coloradans ages 16 and older reported a decline in their mental health due to the pandemic.¹²

The association between prescription drug use and worse general and mental health status makes sense, as prescription medication is used to treat both physical and mental illness. Often, prescription drugs are used to manage chronic illnesses such as heart disease, depression, diabetes, and arthritis. Therefore, while some prescriptions are used to treat acute conditions, many prescription drug users face complex or long-term health challenges.

Additionally, national data suggest that 38% of adults who use prescription drugs take at least four prescription medications, likely indicating the presence of co-occurring health issues.¹³ Although

taking multiple prescriptions is necessary for some people, it poses its own set of challenges. Multiple prescriptions can be difficult to manage and expensive to refill, especially for people with less access to providers and pharmacies, such as those who are homebound or live in rural areas. The use of multiple medications also increases the risk of drug interactions and adverse drug effects, such as falls and cognitive impairment.^{14, 15} All of these factors likely contribute to the disparity in health status between Coloradans who take prescription drugs and those who do not.

Prescription Drug Affordability

Of Colorado adults who take prescription drugs, 12.7%, or roughly 304,000 Coloradans, say they have a somewhat difficult or very difficult time affording their medication. In comparison, nationally 24% of adults who use prescription drugs report difficulty affording their medication.¹⁶

This difference could partly be due to affordability improvements for low-income Coloradans under Colorado's Medicaid expansion in 2014. Studies show that states that expanded Medicaid saw larger declines in uninsured rates among prescription drug users than states that did not expand Medicaid and that previously uninsured prescription drug users benefitted from significant cost-savings under Medicaid.^{17, 18} To date, 38 states and Washington, D.C., have expanded Medicaid, whereas 12 states have not.¹⁹

Affordability Depends Largely on Insurance

The ease with which people can afford prescription drugs depends heavily on their insurance status. Since 2015, the uninsured rate in Colorado has stayed relatively low at around 6.6%; however, this group of uninsured Coloradans faces persistent challenges with access and affordability. Nearly half (49.8%) of uninsured Coloradans who take prescription drugs report difficulty affording their medication.

But having insurance doesn't guarantee ease in affording prescription drugs. Roughly one in five Coloradans (19.5%) who take prescription medication and have insurance coverage through the individual market said they have difficulty affording medicine. By comparison, 8.1% of

Coloradans who take prescription drugs and have employer-sponsored insurance report difficulty affording their medication. Premiums on the individual market are expensive because customers can't share the cost with an employer. As a result, those who get coverage from the individual market have to choose plans with more limited benefits and higher copays and co-insurance.²⁰

Coloradans with Medicaid or CHP+ also report affordability challenges, with 19.1% of those enrollees who take prescription drugs saying they have difficulty affording medications. However, unlike Coloradans with individual-market or employer-sponsored insurance, prescription drug costs for Coloradans with Medicaid or CHP+ are relatively low. Medicaid does not have a prescription drug deductible and copayments are capped at \$3 per refill, and some members qualify for \$0 copayments, including children and pregnant women. All Medicaid members are exempt from copayments once they exceed their monthly copayment maximum, which is 5% of monthly household income. Additionally, pharmacies are directed to dispense medication to members who request a refill even if they are unable to afford the copayment.^{21, 22} CHP+ also has low prescription drug copayments that are based on an individual's income level and are capped at \$15 per refill.²³

Since Medicaid and CHP+ members tend to have low incomes, even the presence of a relatively small copayment may represent a real or perceived barrier. Alternatively, it's possible that Medicaid and CHP+ members may not be aware of their pharmacy benefits, and the CHAS findings may indicate that building additional awareness of benefits is needed for Medicaid and CHP+ members. CHI hopes to further explore the factors contributing to affordability challenges for prescription drugs and other medical services among Medicaid and CHP+ members in future iterations of the CHAS.

Medicare beneficiaries who take prescriptions report the least trouble affording their medication, with only 5.8% reporting a somewhat or very difficult time affording prescription drugs. This is likely due to a high rate of prescription drug coverage among Medicare beneficiaries: in 2020, 72.7% of Medicare beneficiaries in Colorado had Medicare Part D, also called the Medicare prescription drug benefit.²⁴

National data show that Medicare beneficiaries under the age of 65 — those who typically qualify due to disability or end-stage renal disease — are three times more likely to report difficulty affording prescription medication than Medicare beneficiaries over the age of 65. Younger Medicare beneficiaries are more likely to have comorbidities and lower incomes than beneficiaries 65 years and older, likely contributing to the difference in prescription drug affordability between these two Medicare populations.²⁵

Table 1. Half of Uninsured Coloradans Struggle to Afford Prescription Medication

Percentage taking prescription medication who report difficulty affording their prescription, by insurance, 2021

Insurance Status/Type	Percentage
Uninsured	49.8%
Individual Insurance	19.5%
Medicaid/CHP+	19.1%
Employer-Sponsored Insurance	8.1%
Medicare	5.8%

Compounding Affordability Issues: Other Health Costs

Coloradans who take prescription medicines face affordability problems beyond the ability to pay for their prescriptions.

People who use prescription drugs are more likely to report that they had problems paying their medical bills in the past year compared to people who do not take prescription drugs (13.4% compared with 8.9%). Prescription drug users are also more likely to say that they had received a surprise medical bill, or one they thought would be covered by insurance but was not, than non-prescription drug users (23.3% compared with 16.1%).

Going Without: Factors Associated with Skipping a Prescription

With high prescription drug prices and other affordability challenges, many Coloradans are forced to choose between their medications and other expenses, such as food, transportation, or

housing. Over 540,000 Coloradans (9.7%) report not filling a prescription due to cost in the past year — more people than live in Colorado Springs. This figure has stayed consistent over the past six years, demonstrating a systemic issue with prescription affordability amid rapidly rising drug prices and other consumer cost pressures. An additional 222,000 Coloradans report not filling a prescription due to some reason other than cost. Although the CHAS does not specifically ask why, other reasons might include inconvenience or fear of medication side effects.

Coloradans don't feel the burden of paying for prescription medications and other necessities equally. Women are more likely than men to report not filling a prescription due to cost (13.4% compared to 9.2%). This finding is reflective of larger health care affordability trends, as women are more likely than men to incur greater health care costs and to report problems paying medical bills.^{26, 27}

Similar to the findings displayed in Table 1, insurance status plays a large role in the ability of Coloradans to fill their prescriptions. The uninsured were the most likely miss medications, with one in four (25.3%) uninsured Coloradans reporting not filling a prescription due to cost, compared to just 9.6% of Coloradans with any type of insurance (see Table 2).

CHI analyzed four racial/ethnic groups — those who identify as non-Hispanic/Latino white, non-Hispanic/Latino Black, Hispanic/Latino, and non-Hispanic other race — to see if some groups were more likely to skip filling a prescription due to cost than others. Due to sample size constraints, statistically significant differences are limited. The CHAS data do show that Hispanic/Latino Coloradans are more likely to skip filling a prescription due to cost than non-Hispanic/Latino White Coloradans (12.2% compared to 8.4%). This may be driven in part by the fact that Hispanic/Latino Coloradans consistently experience a higher uninsured rate than other racial/ethnic groups in state, which serves as a barrier to affording medication.¹²

Of those who said they were unable to fill a prescription due to cost, 40.0% indicated that their health condition got worse as a result of forgoing the medication. Skipping prescription medication can have serious health implications. For example, a national study showed that adults with cardiovascular disease who missed filling their medications due to cost experienced higher rates of chest pain, nonfatal heart attacks, and strokes.²⁸

Table 2. Cost Prohibits Many Coloradans From Filling Prescriptions, Uninsured and Insured

Percentage who did not fill a prescription due to cost, by insurance, 2021

Percentage Who Did Not Fill a Prescription Due to Cost, by Status

Insurance Status	Percentage
Uninsured	25.3%
Insured (All Insurance Types)	9.6%

Percentage Who Did Not Fill a Prescription Due to Cost, by Type

Insurance Type	Percentage
Individual Insurance	15.9%
Medicaid/CHP+	11.2%
Medicare	7.4%
Employer-Sponsored Insurance	6.7%

New Policy, Big Changes

For years, members of Congress have discussed ways to curb the cost of prescription drugs — a policy goal that consistently polls well with Americans of all political backgrounds.²⁹ But despite public enthusiasm, action had proven elusive until the passage of the Inflation Reduction Act of 2022 (IRA), signed into law by President Joe Biden on August 16, 2022.

The IRA includes several provisions that will lower prescription drug costs for Medicare enrollees. Most significantly, the Medicare program will be able to begin directly negotiating the price of high-cost drugs. Any price negotiations will be reflected in lower prices for consumers starting in 2026. In the meantime, starting in 2023, drug companies will be required to pay rebates to Medicare if they increase prices faster than inflation for Medicare-covered drugs. The IRA will introduce other cost-saving measures for Medicare beneficiaries, including a \$2,000 cap on annual out-of-pocket drug spending, a \$35 monthly out-of-pocket spending cap on insulin, and expanded subsidies for low-income beneficiaries.⁶ It is estimated that over 113,000 Medicare members in Colorado stand to benefit from the various cost saving and benefit eligibility expansion measures of the bill.³⁰

At the state level, Colorado became a leader in prescription drug affordability efforts in the face of

years of federal inaction by pursuing several initiatives designed to reduce prescription drug costs and increase price transparency.

In 2019, newly elected Gov. Jared Polis established the Office of Saving People Money on Health Care, which leads policy efforts to reduce health care costs for consumers, including by making prescription drugs more affordable.³¹ That same year, Colorado became the first state in the nation to pass a bill (HB19-1216) capping the monthly price of insulin for people with insurance.³² Another 2019 bill, (SB19-005) established the [Canadian Prescription Drug Importation Program](#) in the Department of Health Care Policy & Financing (HCPF) which seeks to establish a framework to import low cost prescriptions from Canada, once the federal government allows it.³³

There have been setbacks, too. Notable pharmaceutical price transparency bills, such as HB 19-1296, failed in the legislature several years in a row due to inadequate bipartisan support.³⁴ But elected officials managed to break through the logjam in a big way in 2021.

In 2021, the legislature expanded the insulin price cap to all people with diabetes regardless of their insurance status (HB21-1307).³⁵ It also passed bills to constrain how pharmacy benefit managers operate in order to improve affordability for consumers (HB21-1237 and HB21-1297) and allowed Colorado to import drugs from countries besides Canada, if and when the federal government permits it (SB21-123).^{36,37,38,39} The same year, HCPF released an updated report, [Reducing Prescription Drug Costs in Colorado](#), which included state-level strategies in addition to legislation that would save Coloradans and employers money on prescription drugs. Many of these strategies have been implemented or are in progress. For example, in 2021 HCPF introduced a [Prescriber Tool](#) that allows access to patient-specific benefit and cost information, enabling prescribers to know and share the price patients will pay for drugs, giving consumers the ability to consider affordable alternatives. As of July 2022, 42% of prescribers within the Medicaid network had used the Prescriber Tool at least once, indicating uptake of this new resource.⁴⁰

Taken together, these efforts are tackling the issue of high drug costs from a variety of angles — placing Colorado as a leader among states in addressing prescription drug affordability. One of the most significant actions that Colorado is undertaking to increase prescription drug affordability is standing up and empowering a Prescription Drug Affordability Board (PDAB).



Colorado's Prescription Drug Affordability Board

Overview

The PDAB is an independent, nonpartisan entity tasked with reducing state spending on high-cost and high-use drugs. The PDAB is housed in the Department of Regulatory Agencies under the Division of Insurance. Colorado's PDAB was established in 2021 by SB21-175 and represents a new effort to increase prescription drug pricing transparency and rein in the cost of the most expensive drugs on the market.⁴¹ Several states, including Maine, Maryland, New Hampshire, Ohio, and Oregon, have also recently established PDABs. However, unlike some other states, Colorado leaders chose to give the PDAB authority to conduct affordability reviews of certain prescription drugs, and to establish upper payment limits on drugs that are deemed unaffordable.

Targeting the Most Unaffordable Drugs

Starting in 2022, the PDAB has authority to set up to 12 upper payment limits annually. These upper payment limits do not control drug prices; rather, they limit purchase and reimbursement amounts for drugs, which should translate to a lower out-of-pocket cost for consumers overall. Under the law that established the PDAB, health insurance carriers must use the cost savings from the new upper payment limits to reduce out-of-pocket costs for prescription drugs for their plan members.³⁸

To determine which drugs qualify for upper payment limits, the PDAB will conduct affordability reviews of certain prescription medications. This involves collecting and evaluating data from drug manufacturers, insurance carriers, pharmacy benefit managers, and other stakeholders to learn which prescription drugs are too expensive for

consumers. When deciding on the upper payment limits, the board will take into consideration a variety of factors, including potential impacts on safety net providers, patient copays and cost sharing, and how the limits would impact older adults and people with disabilities. Each year, the PDAB will also prepare a report on drug prices for the governor and legislature, which will be released publicly to increase transparency around drug pricing.

Timeline

The PDAB began meeting regularly in November 2021. Before releasing its first round of upper payment limits, the Board must undergo an extensive rulemaking process to determine exactly how affordability reviews will be conducted and how upper payment limits will be determined. This rulemaking process is expected to continue through the end of 2022.

Impact

The impact of the PDAB's efforts will depend largely on which prescription drugs are deemed unaffordable. Since the first round of drugs has yet to be determined, it is difficult to gauge the number of Coloradans who might see cost savings or how extensive those savings might be. However, for some Coloradans who rely on expensive drugs, the impact of the upper payment limits could be transformative. Over time, advocates estimate that upper payment limits could deliver savings of up to 70% on the most expensive drugs for consumers, amounting to a total of \$19 million in savings per year in out-of-pocket costs for Coloradans.⁴²

For more information on the PDAB or to attend the PDAB public meetings, visit the PDAB's [website](#).

Conclusion

Many Coloradans cannot access or afford the prescription drugs they need to be healthy. The scope of the problem for Coloradans — even those with insurance coverage — indicates an urgent need for solutions.

Although significant policy and structural barriers remain, Colorado is on the leading edge nationally in taking actions to address these challenges.

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Endnotes

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About the CHAS

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, use of health care services, and the social factors that influence health in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. Survey data are weighted to reflect the demographics and distribution of

the state's population. The 2021 CHAS was fielded between February 1 and June 7, 2021. The survey was conducted in English and Spanish. New questions were added to the 2021 survey to capture the impact of the COVID-19 pandemic as well as the impact of telehealth, social factors, and other topics. Visit colo.health/CHAS21 for information on the 2021 CHAS and our generous sponsors.

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