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## Oklahoma Policy Institute

### **OKLAHOMA SHOULD NOT HIKE MEDICAID COPAYS**

The Oklahoma Health Care Authority (OHCA), the state Medicaid agency, is facing a \$85-\$90 million shortfall and needs to make cuts. One option currently on the table is to raise copayments on medication and services. This would shift costs onto the poorest and sickest Oklahomans, make it harder for doctors to effectively treat patients, and cause greater health problems that will mean higher costs later. OHCA should find other ways to cover their shortfall without hiking copays for these reasons:



#### **Increased copays will hurt poorest & sickest**

Medicaid only covers the poorest and sickest in Oklahoma, for whom even a small increase in copayment can be a significant burden. An increase from \$0 or \$0.65 to \$4 for medication, or from \$3 to \$4 to see a doctor, is more than many can afford. Patients who need more medical care and prescriptions - and are therefore least able to pay - will see the largest cost hikes.

#### **Increased copays mean patients don't get the care they need and have worse health**

Reviewing studies in multiple states, the Kaiser Family Foundation found that Medicaid recipients did not obtain needed medical care due to cost after copayments increased. In one study, use of essential medication dropped by 9 percent after copays increased.

When people can't afford to access needed health care and medication, they become sicker. Reviewing one study, the Center on Budget and Policy Priorities found, "The copayments led to a 78 percent increase in the occurrence of adverse events, including death, hospitalization and nursing home admissions, apparently because the reduction in the use of essential medications led to poorer health. The copayments also led to an 88 percent increase in emergency room use."

#### **Increased copays now mean higher costs later**

When patients are worried about the cost of medication or a doctor's visit, they go without needed care until health problems become even worse. This creates even higher costs over the long-term. For example, diabetes is much more expensive to treat if a patient goes undiagnosed and untreated until being hospitalized than if they are able to receive regular care.

#### **Increased copays make it harder for doctors to do their jobs**

Doctors shouldn't need to worry about whether their patients can afford even the cheapest prescriptions available or judge which medications are most essential for patients who can only afford a few of the medications they need. Doctors need to be able to focus on their patients' health, not their pocketbooks.