

SCHOOL OF MEDICINE

# Gaps in Access to Care: Uninsured and Underinsured

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## Disclosures

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Disclaimer: Dr. Dusetzina serves on the Medicare Payment Advisory Commission. The views presented are those of the authors and do not reflect those of the Commission. Gaps in Insurance Coverage

#### **Employer Sponsored Insurance**

- Need to be/stay employed.
- Less generous insurance ~ lower pay.
- Trends in high deductibles versus savings.

#### Medicare

• Traditional Medicare versus Medicare Advantage

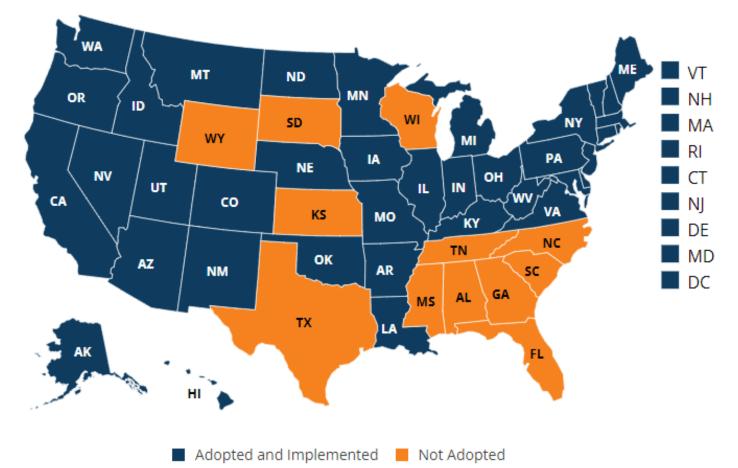
### Medicaid

- Low out-of-pocket costs but limited resources.
- Less stable month-to-month coverage.

#### Uninsured

• Cash payments

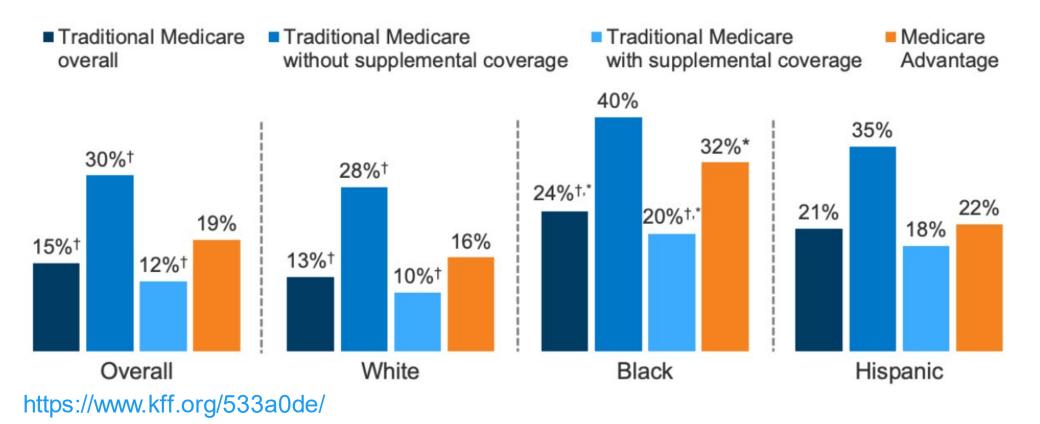
#### Policy Opportunities to Increase Access to Care and Reduce Health Inequities: Medicaid Expansion



SOURCE: <u>https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/</u>

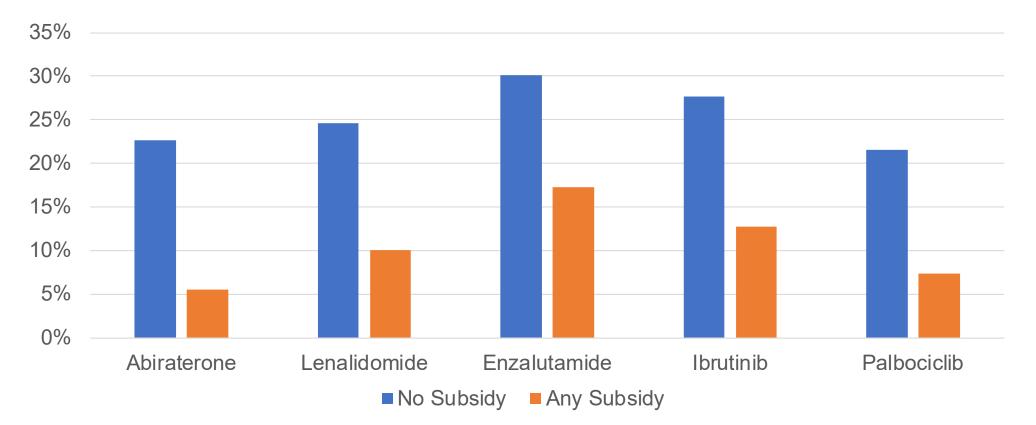
#### Policy Opportunities to Increase Access to Care and Reduce Health Inequities: Improve Medicare Coverage

#### Reported Cost Related Problems in Medicare, Overall and by Race / Ethnicity



### Policy Opportunities to Increase Access to Care and Reduce Health Inequities: Cap Out-of-Pocket Costs on Part D

Non-Initiation of Part D Anticancer Drug by Medicare Beneficiaries, by Receipt of Low-Income Subsidy



Dusetzina SB, Huskamp HA, Rothman RL et al. Medication non-initiation among Medicare beneficiaries. *Under Review*.

Policy Opportunities to Increase Access to Care and Reduce Health Inequities: Address Challenges in the Employer Sponsored Market



HIGH-DEDUCTIBLE HEALTH PLANS OUT-OF-POCKET MAXIMUMS NETWORK ADEQUACY / SUPPLEMENTAL COVERAGE

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