

Internists in Wisconsin have identified some significant barriers to care for low income persons enrolled in the Accountable Care Act through the Federal Exchange. The following case describes a common problem:

Ms. B is 54 years old and healthy except for chronic asthma. Prior to enrolling in her current insurance she was well controlled with the regular use of Advair and occasional need for an albuterol rescue inhaler both of which she obtained at no cost through patient assistance programs from a pharmaceutical companies. Her income full-time in a minimum wage job is \$15,000 annually, which is about 125% of the Federal Poverty Level. (FPL) She selected an insurance plan with what seemed to be an affordable premium of \$50 per month. Much to her surprise, when she took her physician's prescriptions for Advair and albuterol to her pharmacy, she was told that the cost would be \$385 for one month and that she would have to pay this amount each month until she reached her annual deductible of \$5000. Unless she also had other medical expenses during the year, she would never even reach her deductible, and would pay the full amount each month. She decided she would have to do without the medication. She wondered if she would be better off without insurance. Her annual penalty for not having insurance would be less than the cost of one month of inhalers.

The case raises a number of issues with the current insurance available to low income residents of Wisconsin.

First, that while insurance premiums may be affordable, the expected copays and deductibles for medications and other services are often unaffordable. This is of critical importance for patients with chronic illnesses.

Second, especially for asthma and diabetes, first line agents like inhalers and insulin are not available as Tier 1 generics, thus requiring higher copays in every insurance plan offered in the Market Place in Wisconsin. This is even more significant with very expensive tier of more expensive medications such as biologics, which are charged to the patient as a "co-insurance" (i.e. the patient pays 20-30% of the cost each month to their out-of pocket maximum, which is very high for a drug that may cost \$18,000 per year.)

Third, the decision of Wisconsin not to accept federal funds to expand the eligibility for Medicaid from 100% to 133% of the FPL puts persons with chronic illnesses, who live at this income level, into insurance plans that are not well designed for them.

What are possible answers to these problems?

First Wisconsin must expand Medicaid eligibility to 133% of FPL. These are some of most vulnerable residents.

Second, insurers who offer plans for persons below 250% of FPL should redesign them to radically reduce copays and eliminate annual deductibles. Either raising the monthly premiums, or even implementing lower "monthly" copay, would allow patients to absorb the deductible over time, not all up-front, before they can access their insurance benefits. Medications would be more likely to be purchased and used and not left at the pharmacy.

Third, insurers should design plans with very low co-pays that include standard of care medications for common chronic illnesses that are available with low copays.

The Health and Public Policy Committee of the Wisconsin Chapter of the ACP would like to hear about your patients who are struggling to make their insurance plans work for them. Please email your stories to the HPCC at [tomjackson@wi.rr.com](mailto:tomjackson@wi.rr.com) or [igilson@mcw.edu](mailto:igilson@mcw.edu).