

Why Health Care Reform is Important in the District of Columbia



Health care reform is critical in the District of Columbia as the population ages.

In 2008, the total population in the District of Columbia was 582,325. The District has a significant older population who can be at greater risk for chronic illnesses: 13% of the population is age 65 and older and 17% is age 50-64.¹

Nearly 7,300 District residents age 50-64 are uninsured; many more are under-insured.

Too young for Medicare, but old enough to face higher insurance premiums, many 50-64 year olds have difficulty accessing affordable health care coverage. In 2007, there were 7,284 50-64 year olds in the District who were uninsured, and many with insurance were under-insured due to the high cost of coverage for this age group.² Additionally, 13% of District residents age 19-64 are without health care insurance.³

Nearly one in eight residents has Medicare.

In 2008, there were 74,805 Medicare beneficiaries in the District.⁴ In 2004, 85% of the District's Medicare beneficiaries were age 65 and older and 15% were eligible due to disabilities.⁵ Nationally, on average Medicare beneficiaries typically spend almost 30% of their income on health care costs.⁶

Over one in four Medicare beneficiaries falls into the Part D "doughnut hole."

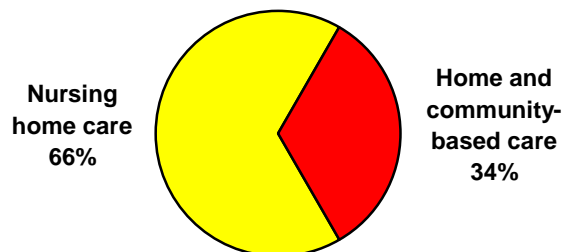
In 2007, of the Medicare beneficiaries in the District age 65 and older, 35% lived close enough to the poverty line to make them eligible for the Medicare Part D Low-Income Subsidy.⁷ Of those not eligible for the subsidy, 27% fell into "the doughnut hole," or had to pay the full cost of their prescriptions for a portion of the year.⁸ In the District, that would be about 3,700 people who had to pay 100% of their prescription drug costs for at least part of the year, and this number is increasing each year.^{9,10}

Rehospitalizations are costly to Medicare and its beneficiaries.

Medicare spent \$12 billion nationally in 2005 on unnecessary or potentially preventable hospital readmissions.¹¹ In 2004, 23% of the District's Medicare beneficiaries discharged from the hospital were re-admitted within 30 days.¹² Providing a follow-up benefit for Medicare beneficiaries could save billions and improve outcomes for patients.

The District of Columbia spends most of its Medicaid funds on institutional care.

Many older people and those with multiple chronic conditions and long-term care needs rely on Medicaid. Even though people prefer to remain at home, the District spends 66% of its Medicaid long-term care dollars for older people and adults with physical disabilities on nursing home care, and only 34% on home care services.¹³



District residents spend more on prescription drugs than the rest of the nation.

In 2007, Americans filled an average of 10 prescriptions at an average cost of \$53 per prescription. District residents filled about 9 prescriptions at an average cost of \$67 per prescription.¹⁴ In 2005, about 42% of prescriptions for District residents were filled with generics.¹⁵ If generic equivalents of biologic treatments were also available, District residents could save millions of dollars each year.

End Notes

¹Claritas, Inc. and AARP Insight Database, 2008. Compiled by AARP Knowledge Management.

²Health Care Reform: What's at Stake for the 50-64 Year Olds? Pg. 12. AARP Public Policy Institute, March 2009. <http://infonet/SocialImpact/AdvocDept/docs/50509HCRStakes50-64ReportFINAL.pdf>.

³Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements). <http://www.statehealthfacts.org/profileind.jsp?ind=130&cat=3&rgn=21>.

⁴The Kaiser Family Foundation State Health Facts. Mathematica Policy Research analysis of CMS State/County Market Penetration Files, July 2008. <http://www.statehealthfacts.kff.org/comparemactable.jsp?id=290&cat=6>.

⁵The Kaiser Family Foundation State Health Facts. CMS Statistics: Medicare State Enrollment, Centers for Medicare and Medicaid Services <http://www.statehealthfacts.kff.org/comparetable.jsp?ind=292&cat=6>.

⁶University of Maryland School of Pharmacy analysis of Medicare Current Beneficiary Survey 2005 Cost and Use File.

⁷The Kaiser Family Foundation State Health Facts. <http://www.statehealthfacts.kff.org/comparetable.jsp?ind=313&cat=6>.

⁸Hoadley, J., Hargrave, E., Cubanski, J., Neuman, T. "The Medicare Part D Coverage Gap: Costs and Consequences in 2007." Pg. 6. The Kaiser Family Foundation. August 2008. <http://www.kff.org/medicare/upload/7811.pdf>.

⁹The Kaiser Family Foundation State Health Facts. <http://www.statehealthfacts.kff.org/comparetable.jsp?ind=307&cat=6>.

¹⁰The Kaiser Family Foundation State Health Facts. <http://www.statehealthfacts.kff.org/comparetable.jsp?ind=312&cat=6>.

¹¹"Rehospitalizations among Patients in the Medicare Fee for Service Program," Abstract Page. New England Journal of Medicine, April 2009. <http://content.nejm.org/cgi/content/full/360/14/1418?ijkey=3CQjS3yxXjOtY&keytype=ref&siteid=nejm>.

¹²The Kaiser Family Foundation State Health Facts. <http://www.statehealthfacts.kff.org/comparemactable.jsp?id=688&cat=6>.

¹³Gibson, Mary Jo, Fox-Grage, Wendy, Houser, Ari. Across the States 2009: Profiles of Long-Term Care and Independent Living. Pg. 86. AARP Public Policy Institute. Washington, D.C.: 2009. http://www.aarp.org/research/longtermcare/trends/d191052008_at.html.

¹⁴AARP Rx Watchdog Report: A Consumer Newsletter on Prescription Drug Price Trends. Pg. 3. June 2007. http://assets.aarp.org/www.aarp.org/_cs/elec/watchdog_june_2007.pdf

¹⁵Express Scripts Research Study Findings: Geographic Variation in Generic Fill Rate. Pg. 3. 2003. <http://www.express-scripts.com/industryresearch/outcomes/onlinepublications/study/regionalgenericvariation.pdf>

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