



NEW REPORT

How High Drug Prices Hurt Hispanic And Latino People

July 2021

THE CAMPAIGN TO
Reduce Drug Prices

PROTECT
OUR CARE

NEW REPORT:

How High Drug Prices Hurt Hispanic And Latino People

Racial inequity is pervasive within the American health care system, and high prescription drug costs are no exception. Nearly 30 percent of individuals taking prescription medication struggle to afford the cost, with the burden most severely impacting those who make less than [\\$40,000](#) a year and have medication costs over \$100. These factors disproportionately impact Hispanic and Latino individuals, who are more likely to require medications for chronic health conditions, and earn household median incomes nearly [\\$20,000](#) less than non-Hispanic white counterparts, resulting in reduced ability to pay at the pharmacy counter.

Additionally, Hispanic and Latino individuals are more likely to live in one of the [13 states](#) yet to implement Medicaid expansion, with people of color comprising [60 percent](#) of individuals living in the coverage gap. Overall, more than [19 percent](#) of Hispanic and Latino individuals are uninsured, a rate 2.5 times higher than white Americans. These figures are particularly troubling in light of the fact many prescription drugs disproportionately required by Hispanic and Latino patients experience unrelenting price increases from pharmaceutical companies. From diabetes to hepatitis C, Hispanic and Latino people are forced to pay higher drug costs, with fewer resources. Requiring Hispanic and Latino individuals to make the impossible choice between life saving medications and putting food on the table has had devastating and [deadly consequences](#). For example, while Hispanic and Latino individuals experience hepatitis C at a lower rate than other groups, they are [40 percent](#) more likely to die from the disease than white individuals.

We must act now to lower prescription drug prices and end preventable illness. Big Pharma's profittering knows no bounds. A recent Committee on Oversight and Reform report found that between 2016 and 2020, 14 drug manufacturers spent a whopping [\\$577 billion](#) on stock buybacks and dividends. This figure is \$56 billion more than what was spent on research and development over the same period, proving that high drug prices are funding profits, not innovation. Congress must pass the Lower Drug Costs Now Act (H.R. 3), which would provide the federal government necessary power to negotiate prescription drug prices and rein in Big Pharma's endless greed. Negotiation would save the government and patients nearly [\\$600 billion](#) on prescription drug costs, which could be [reinvested](#) to strengthen health care for millions of Americans.

KEY POINTS

- **Income and health coverage inequity disproportionately harm Hispanic and Latino people.** Compared with their white counterparts, Hispanic and Latino individuals are more likely to have lower median [incomes](#) and live in states [without Medicaid](#) expansion. These disparities have profound impacts on health outcomes for Hispanic and Latino people that result in reduced ability to access lifesaving drugs with [tragic results](#).
- **Hispanic and Latino people are regularly forced to navigate chronic health conditions with reduced access to needed drugs.** Compounding social, economic, and political forces make Hispanic and Latino individuals more likely to suffer from ongoing health issues and be faced with outrageous medication prices. Inequitable drug access due to cost creates additional medical problems that disproportionately impact Hispanic and Latino individuals.
- **Drug pricing reform is crucial in addressing racial health disparities.** Hispanic and Latino individuals are significantly more likely to be [uninsured](#) than their white counterparts, pushing up the cost of prescription drugs in a country that is already paying nearly [three times](#) what individuals in other countries are spending on the same drugs. Wealth and health disparities perpetuated by systemic racism increase the strain of drug costs for Hispanic and Latino people.

Income And Health Coverage Inequity Disproportionately Harm Hispanic and Latino People

Income Inequity Pushes Lifesaving Drugs Out Of Reach For Many Hispanic and Latino Individuals. The wealth gap between white Americans and Hispanic Americans is staggering. According to data from the U.S. Census Bureau, in 2017, the annual median household income for white Americans was nearly [\\$20,000](#) higher than for Hispanic households. A prescription price increase of just \$10 can result in reduced ability to access prescription drugs, often with [fatal consequences](#).

Refusal Of Medicaid Expansion Disproportionately Impacts Hispanic and Latino People. Hispanic and Latino individuals are significantly more likely to be uninsured than their white counterparts. Hispanic and Latino individuals are [more likely](#) to live in one of

the [13 states](#) that have not implemented Medicaid expansion and have one of the highest rates of uninsurance at [19 percent](#). In 2019, [60 percent](#) of people in the Medicaid expansion gap were people of color, stressing long-standing racial and ethnic disparities in health care access. Medicaid expansion has demonstrated the ability to improve [racial health equity](#), particularly for disease-specific [diagnosis and treatment](#).

High Prescription Drug Prices Perpetuate Racial Disparities. On average, Hispanic Medicare beneficiaries without drug coverage use [10 to 40 percent](#) fewer prescription drugs than their white counterparts being treated for the same health issues. Inability to afford needed drugs is likely a critical element in why Hispanic and Latino individuals suffer from many chronic illnesses at a greater level of [severity](#).

Patient Assistance Programs Are Inaccessible For Many Hispanic and Latino People. Many pharmaceutical corporations fund independent drug assistance programs. These deceptive programs function under the guise of providing needed medications, but in reality, tend to cover expensive, brand name drugs, even when cost-effective generic [alternatives](#) are available. Even more shocking is that [97 percent](#) refused assistance to those who needed it most, individuals [without insurance](#), who are disproportionately Hispanic and Latino.

Hispanic and Latino People Are Regularly Forced To Navigate Chronic Health Conditions With Reduced Access To Lifesaving Drugs

Systemic Racism Places Additional Medication Burdens On Hispanic and Latino Individuals. Due to socio-economic and political circumstances contributing to systemic racism, Hispanic and Latino people are more likely to suffer from chronic health issues and experience greater difficulty accessing medications for conditions such as diabetes, hepatitis C, HIV, and COVID-19.

Diabetes. [34.2 million](#) Americans, more than 10 percent of the population, have diabetes, with Hispanic and Latino individuals more likely to be [hospitalized](#) and more likely to die from diabetes complications. The cost of the four most popular types of insulin have [tripled](#) in the past 10 years, with the average monthly price rising to \$450 in 2016. As many as one in four of the [7.5 million](#) Americans dependent on insulin are skipping or skimping on doses, which can lead to [death](#).

Hepatitis C. While Hispanic and Latino individuals experience hepatitis C at a lower rate than other groups, they are [40 percent](#) more likely to die from the disease than their white counterparts. The drugs available to treat the disease, Sovaldi and Harvoni, cost [\\$84,000 and \\$94,500](#) respectively, for a complete round of treatment lasting 12 weeks. The approximate cost for a single pill of either of these medications is more than [\\$1,000](#).

HIV. [1.2 million](#) Americans are HIV-positive, with a disproportionate [distribution](#) among individuals who are Hispanic and Latino (22 percent). Hispanic men and women are [four times](#) more likely to have HIV, with Hispanic men are twice as likely to die from the condition as their white counterparts and Hispanic women dying at a rate [three times](#) higher than white women. A 2020 study found that Medicare beneficiaries without low-income subsidies can face annual [out-of-pocket](#) costs of \$3,000 to \$4,000 for HIV prescription drugs.

COVID-19. The COVID pandemic has disproportionately impacted Hispanic and Latino populations across the U.S., with many overrepresented in essential jobs increasing their exposure risk. Fewer than [20 percent](#) of Hispanic and Latino workers have been able to perform their jobs remotely during the pandemic. Hispanic and Latino individuals are more likely to become infected with COVID, and [twice as likely](#) to die from the virus. COVID complications can result in [damage](#) to major organs such as the heart, kidneys, and lungs. While the full scope of these complications is yet to be known, groups with the highest infection rates will also be most likely to suffer from the long-term health and financial consequences of the virus.

Drug Pricing Reform Is Crucial In Addressing Racial Health Disparities

People Are Forgoing Medications Due To Cost. [29 percent](#) of adults taking prescription drugs report not taking them as instructed due to cost, with nearly two in ten simply not filling a prescription at all. Income and health disparities caused by systemic racism make Hispanic and Latino households more likely to make less than [\\$40,000](#) per year and take more than one prescription medication, increasing the likelihood of struggling with prescription costs.

Big Pharma Forces Patients To Overspend On Drugs. Americans are paying nearly [three times](#) what people in other countries are spending on the same prescription drugs, producing worse health outcomes, particularly for people who are Hispanic or Latino. Democratic leaders have proposed legislation to establish a [price ceiling](#) for all negotiated drugs by tying it to the average price in other countries and penalizing drug manufacturers who will not negotiate a fair price. [65 percent](#) of Americans favor tying what Medicare pays for prescription drugs to the amounts paid by other countries and nearly nine in ten Americans support empowering Medicare to negotiate prescription drug prices.

Hispanic and Latino Individuals Remain Underinsured. As of 2018, Hispanic and Latino people are experiencing uninsured rates more than 2.5 times that of white Americans. Not only can health coverage aid in medication costs, but nearly all [patient assistance programs](#) for prescription drugs are only available to those with insurance, ripping lifesaving assistance from many Hispanic and Latino patients.