



—Inflation Reduction Act Research Series—

Medicare Part D Enrollees Reaching the Out-of-Pocket Limit by June 2024

More than half a million enrollees who did not qualify for the Low-Income Subsidy hit the Inflation Reduction Act catastrophic cap on out-of-pocket costs by June 30, 2024, saving enrollees nearly \$1 billion out-of-pocket, an average \$1,802 each in the first half of this year.

Kenneth Finegold, Kristen L. King, Bisma A. Sayed, and Rachael Zuckerman

KEY POINTS

- The Inflation Reduction Act (IRA) established a limit on out-of-pocket spending (“the 2024 cap”) for enrollees with very high prescription drug spending in Medicare Part D, for the first time in the history of the program.
- Nearly 1.5 million Part D enrollees hit the cap (about \$3,500) by June 30, 2024, and had no additional cost-sharing on prescription drugs for the year.
- More than 500,000 Part D enrollees who did not have the Low-Income Subsidy (LIS) hit the cap in the first half of the year and saved a total of \$979 million, with average savings of \$1,802 per enrollee. These savings will likely continue over the remainder of the year.
- Proportions of Medicare Part D enrollees hitting the cap by June 30, 2024 were higher for enrollees under age 65, American Indian and Alaska Native enrollees, and African American enrollees than for other enrollees.
- Enrollees hitting the cap in the first half of the year had particularly high out-of-pocket spending on cancer drugs.
- Total savings from the IRA cap were highest in California, Florida, and Texas, with 52,005, 43,845, and 37,554 non-LIS enrollees hitting the cap, respectively.
- In 2025, the IRA sets a lower, uniform cap at \$2,000, which is likely to result in further savings for Medicare enrollees. About 4.6 million Medicare Part D enrollees reached this threshold by June 30, 2024.

BACKGROUND

Out-of-pocket costs for prescription drugs under Medicare Part D vary by benefit phases that reset every calendar year. At the beginning of the year, enrollees with the standard benefit are in the deductible phase, which means they pay the full cost of their medications. After their out-of-pocket spending, combined with other types of payment that also move them forward in the benefit, reaches the deductible limit (\$545 in

2024), enrollees pay 25 percent of drug costs until they reach the catastrophic threshold.* Before the Inflation Reduction Act (IRA), enrollees in the catastrophic phase who did not qualify for the Low-Income Subsidy (LIS) were responsible for 5 percent of their drug costs above the threshold, with no limit on out-of-pocket costs. Out-of-pocket costs for non-LIS enrollees needing the most expensive drugs could total \$60,000 or more, on top of what they paid before reaching the catastrophic threshold.†

Effective January 1, 2024, the IRA eliminated cost sharing in the catastrophic phase, establishing a cap on out-of-pocket costs for prescription drugs for the first time since the benefit became available in 2006.¹ Total prescription drug spending in the catastrophic phase includes contributions by Medicare, which covers 80 percent of these costs in 2024, and by Part D plans, which cover 20 percent of these costs in 2024.‡ For 2024, the most a Medicare Part D enrollee can spend out of pocket will vary depending on LIS status and the mix of brand and prescription drugs obtained. For most enrollees, costs are capped at an average out-of-pocket maximum of about \$3,500.² For 2025, the IRA sets a lower, uniform cap at \$2,000.⁵

This Issue Brief presents findings as of June 30, 2024 on the number of Part D enrollees who hit the cap, their demographic characteristics, how much they saved compared to prior years, the drugs on which they had the most out-of-pocket spending, and the states and territories in which they live.

The cap on out-of-pocket spending is only one of the IRA provisions that are already reducing cost-sharing for Medicare enrollees.³ Other IRA provisions that reduce Medicare out-of-pocket costs for prescription drugs include:

- Inflation rebates on drugs whose prices increase faster than the Consumer Price Index, effective in 2022 for Medicare Part D and in 2023 for Medicare Part B⁴
- A \$35 cap on beneficiary cost-sharing for a month's supply of each covered insulin product in Medicare Part D, and a similar \$35 cap on beneficiary cost-sharing for a month's supply of insulin used in an insulin pump covered under Medicare Part B, effective in 2023⁵
- Elimination of enrollee cost-sharing for Advisory Committee on Immunization Practices (ACIP) recommended adult vaccines covered under Medicare Part D, also effective in 2023⁶
- Expansion of LIS eligibility, effective in 2024⁷
- Negotiation of maximum fair prices for selected drugs, effective for Medicare Part D in 2026 and for Medicare Part B in 2028⁸

* Part D benefit parameters for 2024 are shown in <https://www.cms.gov/files/document/2024-announcement-pdf.pdf>, pp. 134-36. Enrollees who qualify for the Low-Income Subsidy (LIS), based on income at or below 150 percent of the Federal Poverty Level and assets at or below applicable resource limits, do not have any deductible. Benefit phases and thresholds may differ for Part D enrollees in basic alternative or enhanced alternative plans. Basic alternative plans have to provide benefits with actuarial value equal to that of the standard benefit, and enhanced alternative plans have to provide benefits with actuarial better than the standard benefit.

† ASPE calculations from 2022 data in CMS Part D Dashboard (<https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicaid-spending-by-drug/medicare-part-d-spending-by-drug>, downloaded October 9, 2024) and <https://www.cms.gov/files/document/2022-announcement.pdf> (2022 catastrophic threshold of \$7,050, p. 75).

‡ Under the IRA, responsibility for drug costs in the catastrophic phase will be apportioned differently for 2025 and subsequent years, with the Medicare share reduced to 20 percent on brands and 40 percent on generics, the Part D plan share increased to 60 percent, and brand manufacturers responsible for 20 percent. Manufacturers will also be responsible for 10 percent of brand drug costs between the deductible and catastrophic phases. Liability of Part D plans and manufacturers may vary for certain applicable drugs that qualify for a phase-in under the Manufacturer Discount Program. See <https://www.kff.org/medicare/issue-brief/explaining-the-prescription-drug-provisions-in-the-inflation-reduction-act/>.

⁵ Part D benefit parameters for 2025 are shown in <https://www.cms.gov/files/document/2025-announcement.pdf>, pp. 121-22.

FINDINGS

Nearly 1.5 million enrollees reached the catastrophic phase of the Medicare Part D benefit by June 30, 2024. From the time their spending reached the cap through December 31, 2024, these enrollees—and others who hit the cap before the end of the year—have no cost-sharing on covered prescription drugs. As of June 30, 2024, 4.6 million enrollees would have hit their out-of-pocket limit based on the lower threshold that will be in effect for 2025 (Appendix Table A-1). An earlier ASPE Issue Brief estimated that out-of-pocket savings to enrollees from a number of IRA drug pricing provisions, including the \$2,000 cap, would total \$7.4 billion in 2025.⁹

Table 1. Medicare Part D Enrollees Reaching Catastrophic Phase by June 30, 2024, by Low-Income Subsidy (LIS) and Demographic Characteristics

Medicare Part D Enrollee Category	Number of Enrollees	Number Reaching Catastrophic Phase	Percentage Reaching Catastrophic Phase	Percentage of All Enrollees Reaching Catastrophic Phase
Overall	55,493,760	1,489,590	2.7%	100.0%
Low-Income Subsidy Status				
LIS	14,975,087	946,547	6.3%	63.5%
Non-LIS	40,518,673	543,043	1.3%	36.5%
Age				
Under 65 Years	6,043,899	493,404	8.2%	33.1%
65-69 Years	12,694,528	295,717	2.3%	19.9%
70-74 years	13,455,911	281,259	2.1%	18.9%
75-79 years	10,483,869	207,955	2.0%	14.0%
80-84 Years	6,716,910	123,632	1.8%	8.3%
85+ Years	6,098,643	87,623	1.4%	5.9%
Sex				
Male*	24,217,844	698,496	2.9%	46.9%
Female	31,275,916	791,094	2.5%	53.1%
Race and Ethnicity				
Non-Hispanic White	39,601,587	945,328	2.4%	63.5%
Black or African American	5,927,810	243,521	4.1%	16.3%
Asian/Pacific Islander	2,171,837	63,665	2.9%	4.3%
Hispanic	5,766,557	179,020	3.1%	12.0%
American Indian/Alaska Native	163,683	7,511	4.6%	0.5%
Other/Unknown	1,862,286	50,545	2.7%	3.4%

Medicare Part D Enrollee Category	Number of Enrollees	Number Reaching Catastrophic Phase	Percentage Reaching Catastrophic Phase	Percentage of All Enrollees Reaching Catastrophic Phase
CBSA Type				
Metropolitan	46,041,891	1,247,313	2.7%	83.7%
Micropolitan	5,549,106	144,138	2.6%	9.7%
Rural or Unknown	3,902,763	98,139	2.5%	6.6%

Notes: Percentage Reaching Catastrophic Phase is Number Reaching Catastrophic Phase divided by Number of Enrollees. Percentage of All Enrollees Reaching Catastrophic Phase is Number Reaching Catastrophic Phase for each Medicare Part D Enrollee Category divided by the Overall Number Reaching Catastrophic Phase (1,489,590).

Source: CMS OEDA analysis of the Medicare Prescription Drug Event (PDE) and Medicare enrollment data files.

* Includes unknown sex.

As Table 1 shows, although a majority of Medicare Part D enrollees are not enrolled in LIS, LIS enrollees were more than four times as likely to reach the catastrophic phase by June 30, 2024 than non-LIS enrollees.

Although most LIS enrollees would have had no cost-sharing in the catastrophic phase even before the IRA took effect,¹⁰ those with incomes between 135 and 150 percent of the Federal Poverty Level (FPL) only qualified for Partial LIS in prior years and had some cost sharing in the catastrophic phase.

About 543,000 non-LIS Medicare Part D enrollees reached the cap by June 30, 2024. Before 2024, such enrollees would have had to pay 5 percent of their drug costs in the catastrophic phase. The IRA reduced their catastrophic cost-sharing to \$0.

Table 1 also shows the number and percentage of Medicare Part D enrollees who reached the catastrophic phase by June 30, 2024 by demographic characteristics. A greater share of enrollees under age 65 reached the catastrophic phase than enrollees ages 65 and above. As grouped here, enrollees ages 65 to 74 account for the largest share of enrollees who reached the catastrophic phase. American Indian and Alaska Native enrollees and Black enrollees reached the catastrophic phase more frequently than other racial and ethnic groups.

Appendix Table A-1 shows how many LIS and non-LIS enrollees reached the IRA out-of-pocket cap by June 30, 2024 by state and territory. California (158,848), New York (135,179), and Florida (105,650) had the largest number of enrollees hitting the cap. The highest proportion of Medicare Part D enrollees hit the cap in the District of Columbia (5.8 percent), New York (4.1 percent), and Connecticut (3.3 percent). California (106,843), New York (98,792), and Texas (65,516) had the largest number of LIS enrollees hitting the cap, while California (52,005), Florida (43,845), and Texas (37,554) had the most non-LIS enrollees. Table A-1 also shows state and territory totals for the number of enrollees who would have hit their out-of-pocket limit by June 30, 2024 based on the \$2,000 threshold that will be in effect in 2025.

Table 2 shows total IRA savings for non-LIS enrollees and IRA savings per non-LIS enrollee reaching the catastrophic phase by June 30, 2024. Prior to implementation of the IRA out-of-pocket cap, non-LIS enrollees would have been responsible for 5 percent of these costs, so we calculated total IRA savings as 5 percent of total drug spending in the catastrophic phase and averaged across the number of enrollees hitting the cap. Non-LIS enrollees who hit the out-of-pocket limit by June 30, 2024 saved a total of \$978.6 million under the IRA.** We estimate \$1,802 savings per non-LIS enrollee reaching the catastrophic phase compared to what the

** We did not attempt to calculate a savings estimate for LIS enrollees because, as discussed above, most of them would have had no cost-sharing before the IRA, and the Medicare data we analyzed do not have the information on income

enrollee would have paid in prior years for the first six months. These savings will likely continue over the course of the remainder of the year if their prescription drug utilization continues in a similar pattern.

Table 2. Non-Low-Income Subsidy (Non-LIS) Medicare Part D Enrollees Reaching Catastrophic Phase by June 30, 2024 and Inflation Reduction Act (IRA) Savings, by Demographic Characteristics

Medicare Part D Enrollee Category	Number of Non-LIS Enrollees Reaching Catastrophic Phase	Total IRA Savings, Non-LIS Enrollees Reaching Catastrophic Phase	IRA Savings Per Non-LIS Enrollee Reaching Catastrophic Phase
Overall	543,043	\$978,554,955	\$1,802
Age			
Under 65 Years	44,654	\$79,280,812	\$1,775
65-69 Years	113,781	\$186,846,566	\$1,642
70-74 Years	144,096	\$251,977,738	\$1,749
75-79 Years	120,655	\$223,212,001	\$1,850
80-84 Years	73,826	\$144,604,079	\$1,959
85+ Years	46,031	\$92,633,758	\$2,012
Sex			
Male*	295,721	\$516,463,701	\$1,746
Female	247,322	\$462,091,254	\$1,868
Race			
Non-Hispanic White	429,694	\$780,100,582	\$1,815
Black or African American	43,589	\$80,928,194	\$1,857
Asian/Pacific Islander	11,008	\$20,139,375	\$1,830
Hispanic	37,197	\$60,384,519	\$1,623
American Indian/Alaska Native	1,690	\$1,990,257	\$1,178
Other/Unknown	19,865	\$35,012,028	\$1,762
CBSA Type			
Metropolitan	466,006	\$839,428,509	\$1,801
Micropolitan	46,223	\$83,740,736	\$1,812
Rural or Unknown	30,814	\$55,385,710	\$1,797

Source: CMS OEDA analysis of the Medicare Prescription Drug Event (PDE) and Medicare enrollment data files.

* Includes unknown sex.

Table 2 also shows total and average savings by demographic characteristics. Average savings among non-LIS enrollees 65 and above increased with age. Average savings were higher for women than for men. Black and Asian American and Pacific Islander enrollees had the largest average savings, whereas savings were below the overall average for Hispanic and American Indian and Alaska Native enrollees.

IRA savings under the IRA out-of-pocket limit by state and territory are shown in Appendix Table A-2. Total non-LIS savings were highest in California (\$91.7 million), Florida (\$78.5 million), and Texas (\$63.0 million).

needed to assess which current LIS enrollees would have been limited to Partial LIS before the IRA expansion of Full LIS eligibility for 2024.

Savings per non-LIS enrollee hitting the cap were largest in Minnesota (\$2,149), Maine (\$2,113), and Utah (\$2,053).

Table 3 shows the top 10 drugs by average out-of-pocket spending among enrollees reaching the cap. The last column shows what patients using each drug patient paid on that drug alone before reaching the 2024 cap. Nine of the top ten drugs were oncology drugs treating forms of cancer. The highest out-of-pocket costs were for the generic version of the cancer drug lenalidomide, with average out-of-pocket costs of \$2,921 before the cap; the branded version, Revlimid, was also in the top ten with \$1,984 in average out-of-pocket costs before the cap. The other eight drugs in the top 10 are all brand drugs.

Table 3. Top 10 Medicare Part D Drugs Taken by 5,000 or More Enrollees Reaching the Catastrophic Phase by June 30, 2024, Ranked by Out-Of-Pocket Spending

Brand Name	Generic Name	Used to Treat	Number of Enrollees Utilizing Drug	Average OOP Costs for Drug per Enrollee Using Drug
lenalidomide (generic)	lenalidomide	Cancer	17,367	\$2,921
Brukinsa	zanubrutinib	Cancer	11,844	\$2,182
Jakafi	ruxolitinib phosphate	Cancer	12,171	\$2,062
Calquence	acalabrutinib maleate	Cancer	11,241	\$2,000
Imbruvica	ibrutinib	Cancer	13,206	\$1,998
Revlimid	lenalidomide	Cancer	29,335	\$1,984
Vyndamax	tafamidis	Cardiovascular disease	10,199	\$1,888
Cabometyx	cabozantinib s-malate	Cancer	5,810	\$1,876
Pomalyst	pomalidomide	Cancer	10,408	\$1,786
Venclexta	venetoclax	Cancer	10,269	\$1,744

Source: CMS OEDA analysis of the Medicare Prescription Drug Event (PDE) and Medicare enrollment data files.

CONCLUSION

Before the IRA, Medicare Part D, as enacted in 2003 and implemented in 2006, had no limit on out-of-pocket spending. Enrollees needing expensive prescription drugs for cancer or other life-threatening conditions might have had to spend \$60,000 or more in out-of-pocket costs to receive the treatment they needed.

The IRA, enacted in 2022, created a cap (equating to around \$3,500, on average) on out-of-pocket spending that took effect at the beginning of 2024. In the first half of the year, over 500,000 non-LIS enrollees hit the cap and saved a total of \$978.6 million, with average savings of \$1,802 per enrollee. These enrollees will have more savings in the second half of the year because they will be able to obtain all additional prescription drugs covered under Part D with no cost-sharing. Additional enrollees will hit the cap during the second half of the year, and these enrollees will also save money due to the IRA. In 2025, the cap will be lowered to \$2,000, likely resulting in greater savings for more Medicare enrollees.

APPENDIX

Table A-1. Medicare Part D Enrollees Reaching Catastrophic Phase by June 30, 2024, by State or Territory and Low-Income Subsidy (LIS) Status

Medicare Part D Enrollee Category	Total Part D Enrollees	Total Enrollees Reaching Catastrophic Phase	Percentage Reaching Catastrophic Phase	Number of LIS Enrollees Reaching Catastrophic Phase	Number of Non-LIS Enrollees Reaching Catastrophic Phase	Enrollees Spending \$2,000 Out-of-Pocket in First Half of 2024*
Overall^a	55,493,760	1,489,590	2.7%	946,547	543,043	4,577,759
Alabama	908,344	26,259	2.9%	16,983	9,276	90,535
Alaska	82,411	2,029	2.5%	1,397	632	7,511
Arizona	1,217,927	27,407	2.3%	16,800	10,607	76,779
Arkansas	547,942	13,918	2.5%	9,778	4,140	44,460
California	5,867,851	158,848	2.7%	106,843	52,005	433,632
Colorado	841,079	18,483	2.2%	10,633	7,850	51,117
Connecticut	635,957	20,798	3.3%	14,249	6,549	68,985
Delaware	200,944	5,391	2.7%	3,126	2,265	17,621
District of Columbia	73,211	4,231	5.8%	3,631	600	8,758
Florida	4,295,086	105,650	2.5%	61,805	43,845	321,043
Georgia	1,581,861	45,845	2.9%	28,878	16,967	151,593
Hawaii	234,353	5,551	2.4%	3,412	2,139	17,041
Idaho	312,121	7,555	2.4%	4,575	2,980	21,157
Illinois	1,996,045	49,526	2.5%	31,515	18,011	155,567
Indiana	1,173,045	32,650	2.8%	21,725	10,925	112,177
Iowa	585,649	12,702	2.2%	7,858	4,844	41,579
Kansas	474,663	11,296	2.4%	6,962	4,334	34,904
Kentucky	834,482	24,411	2.9%	15,988	8,423	85,501
Louisiana	796,870	23,518	3.0%	16,916	6,602	83,796
Maine	314,460	7,145	2.3%	4,837	2,308	24,608
Maryland	838,430	23,797	2.8%	14,830	8,967	69,932
Massachusetts	1,223,452	37,278	3.0%	24,361	12,917	109,827
Michigan	1,943,671	43,506	2.2%	25,565	17,941	150,861
Minnesota	970,951	20,690	2.1%	12,388	8,302	57,478
Mississippi	516,974	15,017	2.9%	10,687	4,330	52,162
Missouri	1,114,004	31,199	2.8%	21,665	9,534	94,157
Montana	202,332	3,841	1.9%	2,165	1,676	11,272
Nebraska	311,301	8,321	2.7%	5,316	3,005	24,081
Nevada	470,972	10,171	2.2%	5,900	4,271	29,836
New Hampshire	263,819	5,564	2.1%	3,047	2,517	16,212
New Jersey	1,436,355	42,693	3.0%	22,235	20,458	138,320
New Mexico	367,040	7,861	2.1%	5,436	2,425	21,505
New York	3,299,939	135,179	4.1%	98,792	36,387	399,629

Medicare Part D Enrollee Category	Total Part D Enrollees	Total Enrollees Reaching Catastrophic Phase	Percentage Reaching Catastrophic Phase	Number of LIS Enrollees Reaching Catastrophic Phase	Number of Non-LIS Enrollees Reaching Catastrophic Phase	Enrollees Spending \$2,000 Out-of-Pocket in First Half of 2024*
North Carolina	1,834,385	52,986	2.9%	34,452	18,534	162,688
North Dakota	117,689	2,258	1.9%	1,380	878	7,567
Ohio	2,177,560	55,864	2.6%	36,297	19,567	177,330
Oklahoma	615,525	19,062	3.1%	12,577	6,485	57,851
Oregon	777,414	15,403	2.0%	9,536	5,867	42,602
Pennsylvania	2,506,055	64,048	2.6%	38,029	26,019	208,834
Rhode Island	205,004	5,381	2.6%	3,681	1,700	15,000
South Carolina	990,931	28,138	2.8%	16,754	11,384	88,514
South Dakota	153,987	3,421	2.2%	1,768	1,653	10,131
Tennessee	1,218,267	34,014	2.8%	21,847	12,167	107,671
Texas	3,833,805	103,070	2.7%	65,516	37,554	321,618
Utah	374,171	6,967	1.9%	3,751	3,216	22,257
Vermont	134,266	3,581	2.7%	2,063	1,518	10,566
Virginia	1,267,670	30,349	2.4%	19,009	11,340	95,056
Washington	1,136,367	24,323	2.1%	14,564	9,759	70,485
West Virginia	358,122	9,636	2.7%	6,694	2,942	36,173
Wisconsin	1,056,281	25,851	2.4%	16,738	9,113	74,554
Wyoming	93,500	1,841	2.0%	1,040	801	5,730
American Samoa	742	14	1.9%	**	**	36
Guam	3,157	26	0.8%	**	**	122
Northern Mariana Islands	**	**	**	**	**	**
Puerto Rico	678,808	14,767	2.2%	500	14,267	38,612
Virgin Islands	12,225	202	1.7%	12	190	556

Note: Percentage Reaching Catastrophic Phase is Total Enrollees Reaching Catastrophic Phase divided by Total Part D Enrollees.

Source: CMS OEDA analysis of the Medicare Prescription Drug Event (PDE) and Medicare enrollment data files.

* The IRA sets the cap at \$2,000 for 2025.

** Data suppressed as per CMS disclosure rules (<https://resdac.org/articles/cms-cell-size-suppression-policy>).

^a Total includes suppressed territory estimates and enrollees residing outside the United States.

Table A-2. Inflation Reduction Act (IRA) Savings for Non-Low-Income Subsidy (Non-LIS) Medicare Part D Enrollees Reaching Catastrophic Phase by June 30, 2024, by State and Territory

Medicare Part D Enrollee Category	Number of Non-LIS Enrollees Reaching Catastrophic Phase	Total IRA Savings, Non-LIS Enrollee Reaching Catastrophic Phase	IRA Savings Per Non-LIS Enrollee Reaching Catastrophic Phase
Overall ^a	543,043	\$978,554,955	\$1,802
Alabama	9,276	\$16,565,246	\$1,786
Alaska	632	\$839,628	\$1,329
Arizona	10,607	\$19,914,346	\$1,877
Arkansas	4,140	\$8,309,466	\$2,007
California	52,005	\$91,723,588	\$1,764
Colorado	7,850	\$15,641,453	\$1,993
Connecticut	6,549	\$12,852,695	\$1,963
Delaware	2,265	\$3,503,507	\$1,547
District of Columbia	600	\$960,186	\$1,600
Florida	43,845	\$78,502,377	\$1,790
Georgia	16,967	\$30,458,814	\$1,795
Hawaii	2,139	\$3,613,325	\$1,689
Idaho	2,980	\$5,610,492	\$1,883
Illinois	18,011	\$32,419,093	\$1,800
Indiana	10,925	\$19,297,264	\$1,766
Iowa	4,844	\$9,758,078	\$2,014
Kansas	4,334	\$8,673,799	\$2,001
Kentucky	8,423	\$14,425,398	\$1,713
Louisiana	6,602	\$11,383,798	\$1,724
Maine	2,308	\$4,877,667	\$2,113
Maryland	8,967	\$14,730,415	\$1,643
Massachusetts	12,917	\$23,590,953	\$1,826
Michigan	17,941	\$32,989,390	\$1,839
Minnesota	8,302	\$17,840,955	\$2,149
Mississippi	4,330	\$8,530,200	\$1,970
Missouri	9,534	\$18,962,803	\$1,989
Montana	1,676	\$3,242,722	\$1,935
Nebraska	3,005	\$5,996,337	\$1,995
Nevada	4,271	\$7,908,571	\$1,852
New Hampshire	2,517	\$4,802,461	\$1,908
New Jersey	20,458	\$34,256,828	\$1,674
New Mexico	2,425	\$4,335,527	\$1,788
New York	36,387	\$60,089,940	\$1,651
North Carolina	18,534	\$33,433,236	\$1,804
North Dakota	878	\$1,612,935	\$1,837
Ohio	19,567	\$38,551,938	\$1,970
Oklahoma	6,485	\$10,700,137	\$1,650
Oregon	5,867	\$10,975,442	\$1,871
Pennsylvania	26,019	\$49,633,594	\$1,908
Rhode Island	1,700	\$3,484,044	\$2,049
South Carolina	11,384	\$20,071,310	\$1,763

Medicare Part D Enrollee Category	Number of Non-LIS Enrollees Reaching Catastrophic Phase	Total IRA Savings, Non-LIS Enrollee Reaching Catastrophic Phase	IRA Savings Per Non-LIS Enrollee Reaching Catastrophic Phase
South Dakota	1,653	\$3,176,072	\$1,921
Tennessee	12,167	\$22,604,569	\$1,858
Texas	37,554	\$62,960,783	\$1,677
Utah	3,216	\$6,602,300	\$2,053
Vermont	1,518	\$2,801,996	\$1,846
Virginia	11,340	\$21,076,461	\$1,859
Washington	9,759	\$18,494,445	\$1,895
West Virginia	2,942	\$4,885,540	\$1,661
Wisconsin	9,113	\$17,279,141	\$1,896
Wyoming	801	\$1,567,687	\$1,957
American Samoa	*	*	*
Guam	*	*	*
Northern Mariana Islands	*	*	*
Puerto Rico	14,267	\$21,523,514	\$1,509
Virgin Islands	190	\$432,610	\$2,277

Source: CMS OEDA analysis of the Medicare Prescription Drug Event (PDE) and Medicare enrollment data files.

* Data suppressed as per CMS disclosure rules (<https://resdac.org/articles/cms-cell-size-suppression-policy>).

^a Total includes suppressed territory estimates and enrollees residing outside the United States.

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Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

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ABOUT THE AUTHORS

Kenneth Finegold is a Senior Social Science Analyst in the Office of Health Policy at ASPE

Kristen L. King is a Data Scientist in the Office of Enterprise Data & Analytics at CMS

Bisma A. Sayed is an Economist in the Office of Health Policy at ASPE

Rachael Zuckerman is a Division Director in the Office of Health Policy at ASPE

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