



—Inflation Reduction Act Research Series—

Projected Impacts for Black Medicare Enrollees

The Inflation Reduction Act (IRA) is helping people with Medicare, including the 5.8 million Medicare Part D enrollees who identify as Black. Our review shows that in 2020, about 158,000 Black enrollees would have benefited from the IRA's \$35 insulin cap and in 2021, about 266,000 enrollees would not have had any out-of-pocket costs for recommended Part D covered adult vaccines. Under the IRA's Part D redesign, about 107,000 Black enrollees who do not receive financial assistance are projected to save \$1,000 or more in 2025. Additional benefits are expected for this population from other IRA drug-related provisions.

KEY POINTS

- Black Medicare enrollees have disproportionately higher rates of certain health conditions relative to their non-Black peers, including higher rates of hypertension, diabetes, stroke, some types of cancer, and heart failure. They also report greater health care cost related problems and difficulty affording prescription drugs.
- In 2024, under the IRA, expansion of low-income subsidy (LIS)^{*} eligibility goes into effect, which could result in a reduction of about \$300 in average annual out-of-pocket costs for eligible enrollees from all racial and ethnic groups. In 2021, about 51,000 Black Medicare enrollees received partial LIS benefits.¹ This provision is expected to expand full LIS benefits to these individuals and others who meet the expanded eligibility criteria under the IRA.
- The IRA caps the monthly out-of-pocket costs for each covered insulin product to \$35, which may result in greater access to and affordability of insulin for Black enrollees.[†] This provision went into effect in January 2023 for covered insulin products under Part D and July 2023 for covered insulin products under Part B. Under Medicare Part B and Part D, about 158,000 Black Medicare enrollees would have benefited from the insulin cap if it had been in effect in 2020.
- The IRA vaccine provision made recommended Part D covered adult vaccines available without enrollee cost-sharing starting on January 1, 2023. Among the 3.4 million enrollees who received a vaccine under Medicare Part D in 2021, about 266,000 were Black enrollees. These enrollees

^{*} For eligible enrollees whose income and resources are limited, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 established extra help for prescription drugs. Subsidies are paid by the Federal government to drug plans and provide assistance with premiums, deductibles, and co-payments.

[†] The \$35 cap for a month's supply of each covered insulin product went into effect for Part D enrollees on January 1, 2023 and for Part B covered insulin on July 1, 2023.

would have had no out-of-pocket costs under the IRA vaccine provision if the IRA provision had been in effect in 2021.

- The annual \$2,000 out-of-pocket cap that takes effect in 2025 and is indexed to inflation annually thereafter is expected to help enrollees who take high-priced drugs, including Black enrollees, who have higher rates of certain health conditions that require costly medications (e.g., cardiovascular disease).
- Among Black non-LIS enrollees projected to have out-of-pocket savings under the IRA's Part D redesign provisions, a sizeable number will have savings of \$1,000 or more in out-of-pocket costs: about 107,000, or 4 percent of Black non-LIS enrollees, are estimated to save an average of \$2,800 on out-of-pocket prescription drug costs in 2025.²
- Of the 10 drugs covered under Part D selected for participation in the Medicare Drug Price Negotiation Program for initial price applicability year 2026, the share of enrollees using these drugs that are Black is highest for Januvia (16 percent), Farxiga (16 percent), Entresto (18 percent) and Fiasp* (17 percent). These proportions are relatively higher than Black representation in the Part D population (11 percent).

BACKGROUND

The Inflation Reduction Act (IRA) is improving affordability of prescription drugs for all Medicare enrollees through a variety of drug related provisions, including:[†]

- capping out-of-pocket spending for prescription drugs covered under Part D,
- improving coverage of certain drugs including insulin and vaccines,
- expanding eligibility for financial assistance,
- changing the Part D benefit structure, and
- authorizing the Secretary of Health and Human Services to negotiate prices directly with participating manufacturers for selected drugs that have high total spending and are high expenditure, single source drugs without generic or biosimilar competition.

This fact sheet outlines the potential impacts of the IRA's key drug-related provisions for Black Medicare enrollees.

Medicare Enrollment

About 11 percent of the 65 million Americans enrolled in Medicare reported their race as Black[‡] (about 7.2 million people).^{3,4} About 53 million Medicare enrollees have Part D prescription drug coverage, of whom 11 percent – about 5.8 million – are Black.⁵ Although most Medicare enrollees are ages 65 and older, there are larger shares of Black enrollees under the age of 65 on Medicare due to a disability (25 percent) relative to their White counterparts (12 percent).⁶

Health Status and Access to Care Among Black Americans

* The complete drug name is Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill.

[†] For a complete list of IRA drug-related provisions, please see: [Inflation Reduction Act and Medicare | CMS](#)

[‡] Race and ethnicity is reported in Medicare claims data, however, there are limitations as outlined here: [Quality of race and ethnicity data in Medicare - PubMed \(nih.gov\)](#).

Black Medicare enrollees have disproportionately higher rates of adverse health-related outcomes relative to their non-Black peers. For example, among this population:

- About 34 percent of Black Medicare enrollees report being in fair or poor health relative to 21 percent of White enrollees.⁷
- Cardiovascular disease is the leading cause of death in the United States, and Black Medicare enrollees have higher prevalence of hypertension and higher incidence of heart failure, stroke, and mortality from uncontrolled hypertension than other Americans.^{8,9,10}
- Black Medicare enrollees have higher rates of diabetes than White enrollees (39 percent versus 24 percent).¹¹
- Black Medicare enrollees are more likely to report cost as a barrier to accessing health care compared to White enrollees (28 percent vs. 14 percent).¹² More Black Medicare enrollees also report challenges with following prescription drug regimens due to cost (19 percent of non-Hispanic Black enrollees) relative to non-Hispanic White enrollees (14 percent).¹³
- Black adults over the age of 65 reported difficulty affording prescription medications at rates roughly 1.5 to 2 times higher than White adults.¹⁴

*Black adults over the age of 65 report difficulty affording prescription medications at rates **1.5 to 2 times higher** than White adults.*

PROJECTED IMPACTS OF THE IRA'S DRUG RELATED PROVISIONS

Below, we highlight some key Medicare drug-related provisions of the IRA and their projected impacts for Black enrollees.

Expansion of Financial Assistance through the Low-Income Subsidy (LIS) Program

The Medicare Part D Low-Income Subsidy (LIS) assists enrollees who meet income and asset limits to pay for their Part D covered drugs. Prior to the IRA, in order to be eligible for full LIS, an enrollee must have income below 135 percent of the Federal Poverty Level (FPL), or \$19,683 per year for an individual.^{*15} Enrollees are eligible for partial assistance if their incomes are between 135 and 150 percent of FPL. Beginning in 2024, the IRA expands full LIS benefits to individuals with incomes between 135 and 150 percent of FPL. Through full LIS benefits, eligible low-income people with Medicare can benefit from no deductible, no premium, and low, fixed copayments for covered Part D medications. The partial LIS benefits being phased out by the IRA include a premium paid on a sliding scale and higher coinsurances for covered prescription drugs.

Projected Impact: Over 300,000 Medicare enrollees across all race and ethnicity groups receive partial LIS benefits.¹⁶ Analysis suggests that expansion of LIS eligibility could result in a reduction of average annual out-of-pocket costs for these enrollees by \$300.¹⁷ In 2021, about 51,000 Black Medicare enrollees received partial LIS benefits.¹⁸ This provision is expected to extend full LIS benefits to these individuals and others who meet the expanded eligibility criteria under the IRA.

Out-of-Pocket Spending Capped at \$35 for a Month's Supply of each Insulin

* This is in addition to meeting asset requirements. For details on the LIS and partial LIS program, please see here: [Limited Income and Resources | CMS](#)

Under the IRA, insulin is capped at \$35 for a month's supply of each covered insulin product; this provision went into effect in January 2023 for covered insulin under Part D and July 2023 for covered insulin under Part B. Prior to the IRA, there was no requirement to cap out-of-pocket costs for insulin products under Medicare Part B or Part D.* Taking insulin as prescribed is critical to controlling diabetes, however, patients may ration their insulin if they cannot afford it.¹⁹ Consequences of uncontrolled diabetes among Black patients include hospitalizations and serious health consequences. In 2019, there were 853,880 hospitalizations that had a principal diagnosis of diabetes, of which about 22 percent were among Black patients; this estimate highlights burden of diabetes-related complications among this population.^{20 †}

Projected Impact: The IRA capped monthly out-of-pocket costs for insulin to \$35 for each covered insulin product. This reduction may improve access to insulin for Black enrollees and will reduce expenditures for Black Medicare enrollees who use insulin. Under Medicare Part B and Part D, about 158,000 Black Medicare enrollees would have benefited from the insulin cap if it had been in effect in 2020.²¹ The reduction in out-of-pocket spending, in turn, may improve access and adherence to prescribed insulin regimens, which may avert hospitalizations and health care complications associated with uncontrolled diabetes.[‡]

Elimination of Copays for Recommended Part D Covered Vaccines

Under the IRA, beginning in 2023, enrollees do not have to pay out-of-pocket costs for adult vaccines covered under Part D that are recommended by the Advisory Committee on Immunization Practices (ACIP). Prior to the IRA, Part D covered vaccines, including shingles, tetanus and diphtheria, pertussis, hepatitis A, hepatitis B, and others, were subject to out-of-pocket costs. Vaccination rates among adults, including older adults, are generally low, and these rates are even lower among Black adults. For example, Black enrollees have lower rates of shingles vaccination than White enrollees (34 percent of Blacks are vaccinated compared to 58 percent of Whites).²²

Projected Impact: The IRA provides access to recommended adult vaccines covered under Medicare Part D without any out-of-pocket costs. Among 3.4 million enrollees who received a vaccine under Medicare Part D in 2021, about 266,000 were Black enrollees.²³ These enrollees paid a total of about \$9.4 million dollars in out-of-pocket costs for Part D covered vaccines, averaging about \$35 per enrollee in 2021 across all Black Medicare enrollees who received a Part D covered vaccine. These enrollees would not have had to pay out of pocket for recommended adult vaccines covered under Part D if the IRA vaccine provision had been in effect in 2021. There are many factors that shape whether individuals are able to obtain recommended vaccinations, including out-of-pocket costs.^{24,25,26} Thus, this provision may increase accessibility of Part D covered vaccines for this population and will eliminate their out-of-pocket spending on Part D covered adult vaccines.

Changes in Part D Benefit Design

The IRA changes the Part D benefit design structure. Key changes include: 1) in 2024, eliminating cost sharing in the catastrophic coverage phase that requires patients to pay 5 percent of their drug costs and 2) in 2025,

* The Part D Senior Savings Model required participating enhanced alternative Part D plans to offer insulin at reduced cost prior to the passage of the IRA. For more information on this Model, please see here: [Part D Senior Savings Model | CMS Innovation Center](#)

† Hospitalizations were for diabetic ketoacidosis, hyperglycemia, chronic kidney disease, and end-stage renal disease.

‡ There are many reasons why patients may not be able to follow prescribed insulin regimens and out-of-pocket costs are one factor. Please see the following for a more detailed discussion: [aspe-insulin-affordability-rtc.pdf \(hhs.gov\)](#)

imposing a \$2,000 out-of-pocket annual cap that is indexed to inflation annually thereafter and eliminating the coverage gap phase. It also limits annual increases in Part D premiums between 2024 - 2029 and allows enrollees to spread their out-of-pocket prescription costs over the year.

Projected Impact: The Part D redesign, which includes provisions that eliminate the coverage gap phase and impose a maximum out-of-pocket cap of \$2,000 in 2025 and indexed to inflation annually thereafter, is expected to help all enrollees, but especially those who have the highest out-of-pocket drug spending for diseases such as cancer, hypertension, diabetes, and others.^{27,28,29} Black Medicare enrollees have higher rates of serious health conditions such as some types of cancer, hypertension, and cardiovascular disease and are expected to benefit from these provisions.

In 2025, the out-of-pocket cap and other Part D related provisions in the IRA are projected to save Black enrollees an average of 36 percent in out-of-pocket costs, which translates to about \$113 annually for each enrollee.³⁰ Among Black non-LIS enrollees projected to have out-of-pocket savings under the IRA, a sizeable number will have savings of \$1,000 or more in out-of-pocket costs: about 107,000, or 4 percent of Black non-LIS enrollees, are estimated to save an average of \$2,800 on out-of-pocket prescription drug costs.³¹

Negotiation for Selected Drugs for Initial Price Applicability Year 2026

Under the IRA, the Secretary of the Department of Health and Human Services (HHS) is authorized to directly negotiate the prices of certain high expenditure, qualifying single source drugs without generic or biosimilar competition with participating manufacturers.³² The 10 drugs selected for negotiation for initial price applicability year 2026 are presented in Table 1 below along with the common conditions they treat, the total number of Medicare Part D enrollees taking the drug in calendar year 2022, and the percent of enrollees taking the drug who identify as Black.

Projected Impact: The projected impact of the negotiation for the selected drugs for initial price applicability year 2026 is not yet available. However, existing analysis shows that the share of enrollees taking one of the selected 10 drugs for initial price applicability year 2026 that are Black is highest for Januvia (16 percent), Farxiga (16 percent), Entresto (18 percent) and Fiasp (17 percent). For these drugs, the proportion of Black enrollees using each drug is relatively greater than Black representation in the Part D population (11 percent).³³

Table 1. Medicare Part D Enrollees’ Calendar Year 2022 Use of Drugs Selected for Negotiation for Initial Price Applicability Year 2026

Drug Name	Commonly Treated Conditions	Total Number of Medicare Part D Enrollees Taking the Drug in CY 2022	Share of Enrollees Taking Each Drug that are Black in CY 2022
Eliquis	Prevention and treatment of blood clots	3,505,000	9%
Jardiance	Diabetes; Heart failure	1,321,000	14%
Xarelto	Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease	1,311,000	9%
Januvia	Diabetes	885,000	16%
Farxiga	Diabetes; Heart failure; Chronic kidney disease	639,000	16%
Entresto	Heart failure	521,000	18%
Enbrel	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis	47,000	11%
Imbruvica	Blood cancers	22,000	10%
Stelara	Psoriasis; Psoriatic arthritis; Crohn’s disease; Ulcerative colitis	20,000	9%
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Diabetes	763,000	17%

Source: Available from: [ASPE-IRA-Drug-Negotiation-Fact-Sheet-9-13-2023.pdf \(hhs.gov\)](https://www.aspe.hhs.gov/ira/ira-drug-negotiation-fact-sheet-9-13-2023)

Notes: Percentages are calculated for Black enrollees using the total number of enrollees taking the drug as the denominator. ASPE estimates may differ from drug use figures reported by CMS due to differences in the time period that is examined. The drug use estimates are for Part D enrollees using the drug and not limited to those using the drug for the conditions shown in this Table.

CONCLUSION

The IRA includes provisions to increase accessibility and affordability of prescription drugs for Medicare enrollees, reduce the rate of growth in Medicare drug spending, and improve the financial sustainability of the Medicare program. This fact sheet reviews the projected impacts of key IRA provisions for Black Medicare enrollees. Findings are promising, suggesting that the IRA Medicare drug-related provisions are projected to improve the affordability of medications for Black enrollees.

REFERENCES

- ¹ Centers for Medicare and Medicaid Services. (2023). Retrieved from: [CMS Program Statistics - Medicare Part D Enrollment - Centers for Medicare & Medicaid Services Data](#)
- ² Sayed, BA, Finegold, K, Olsen, TA, Ashok, K, Schutz, S, Sheingold, S, De Lew, N, Sommers, BD. Inflation Reduction Act Research Series: Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act. (Issue Brief No. HP-2023-19). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ³ Centers for Medicare and Medicaid Services. (2023). CMS Data. Retrieved from: [Search Data.CMS.gov - Centers for Medicare & Medicaid Services Data](#).
- ⁴ Tarazi, W., Welch, P., Nguyen, N., Bosworth, A., Sheingold, S., De Lew, N., & Sommers, B.D. (2022). Medicare beneficiary enrollment trends and demographic characteristics. Retrieved from: [Medicare Beneficiary Enrollment Trends and Demographic Characteristics | ASPE \(hhs.gov\)](#)
- ⁵ Sayed, BA, Finegold, K, Olsen, TA, Ashok, K, Schutz, S, Sheingold, S, De Lew, N, Sommers, BD. Inflation Reduction Act Research Series: Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act. (Issue Brief No. HP-2023-19). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2022
- ⁶ Ochieng, N., Cubanski, J., Neuman, T., Artiga, S., & Damico, A. (2021). Racial and ethnic health inequities and Medicare. Retrieved from: [Racial and Ethnic Health Inequities and Medicare \(kff.org\)](#)
- ⁷ Ochieng, N., Cubanski, J., Neuman, T., Artiga, S., & Damico, A. (2021). Racial and ethnic health inequities and Medicare. Retrieved from: [Racial and Ethnic Health Inequities and Medicare \(kff.org\)](#)
- ⁸ Wall, H.K., Wright, J.S., Jackson, S.L., Daussat, L., Ramkissoon, N., Schieb, L.J., Stolp, H., Tong, X., Loustalot, F. (2022). How do we jump-start self-measured blood pressure monitoring in the United States? Addressing barriers beyond the published literature. *American Journal of Hypertension*, 35, 4, 244 – 255.
- ⁹ Centers for Medicare and Medicaid Services. (2023) Data Snapshot: Hypertension Disparities in Medicare Fee-For-Service Beneficiaries. Retrieved from: [DATA SNAPSHOT: Hypertension Disparities in Medicare Fee-For-Service Beneficiaries \(cms.gov\)](#)
- ¹⁰ American Heart Association. News Release. Retrieved from: [Long-term stroke death rates are higher among Black Medicare patients | American Heart Association](#).
- ¹¹ CMS Office of Minority Health. (2021). Data Highlight: Disparities in Diabetes Care Among Medicare Fee-For-Service Beneficiaries. Retrieved from: [Diabetes Disparities in Medicare Fee-For-Service Beneficiaries](#)
- ¹² Kaiser Family Foundation. (2021). *Black Medicare Beneficiaries are More Likely than White Beneficiaries to Have Cost Related Problems with their Health Care*. Retrieved from: [Black Medicare Beneficiaries Are More Likely Than White Beneficiaries to Have Cost-Related Problems with Their Health Care, Across both Traditional Medicare and in Medicare Advantage Plans | KFF](#)
- ¹³ Meng, L. & Bounthavong, M. (2020). Medicare Beneficiaries, Especially Unsubsidized Minorities, Struggle to Pay for Prescription Drugs: Results from the Medicare Current Beneficiary Survey. *Journal of General Internal Medicine*, 35, 4, 1334 – 1336.
- ¹⁴ Tarazi, W., Finegold, K., Sheingold, S., De Lew, N., and Sommers, BD. Prescription Drug Affordability among Medicare Beneficiaries (Issue Brief No. HP-2022-03). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. January 2022.
- ¹⁵ Centers for Medicare & Medicaid Services. (2023). 2023 Poverty Guidelines. Retrieved from: <https://www.cms.gov/files/document/2023medicarepartdlowincomesubsidyisincomeandresourcestandardsg.pdf>
- ¹⁶ Cubanski, J., Neuman, T., Freed, M. & Damico, A. (2023). How will the prescription drug provisions in the Inflation Reduction Act affect Medicare beneficiaries? Retrieved from: [How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries?. Kaiser Family Foundation. Retrieved from: KFF.](#)

- ¹⁷ Cubanski, J., Neuman, T., Freed, M. & Damico, A. (2023). How will the prescription drug provisions in the Inflation Reduction Act affect Medicare beneficiaries? Retrieved from: [How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries?. Kaiser Family Foundation. Retrieved from: KFF.](#)
- ¹⁸ Centers for Medicare & Medicaid Services. (2023). CMS Program Statistics – Medicare Part D Enrollment. Retrieved from: [CMS Program Statistics - Medicare Part D Enrollment - Centers for Medicare & Medicaid Services Data](#)
- ¹⁹ Gaffney, A., Himmelstein, D.U., Woolhandler, S. (2022). Prevalence and correlates of patient rationing of insulin in the United States: A national survey. *Annals of Internal Medicine*, 175 (II): 1623 – 1626. P
- ²⁰ Office of the Assistant Secretary for Planning and Evaluation (2022). Report on the Affordability of Insulin. Retrieved from: <https://aspe.hhs.gov/reports/insulin-affordability-rtc>.
- ²¹ Sayed, BA, Finegold, K, Olsen, TA, De Lew, N, Sheingold, S, Ashok, K, Sommers, BD. Insulin Affordability and the Inflation Reduction Act: Medicare Beneficiary Savings by State and Demographics. (Issue Brief No. HP-2023-02). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, January 2023.
- ²² Ochieng, N., Cubanski, J., Neuman, T., Argita, S., & Damico, A. (2021). Racial and ethnic health inequities and Medicare. Retrieved from: [Racial and Ethnic Health Inequities and Medicare – Access to Care and Service Utilization – 9642 | KFF](#)
- ²³ Sayed, BA, Finegold, K, Ashok, K, Schutz, S, De Lew, N, Sheingold, S, Sommers, BD. Inflation Reduction Act Research Series: Medicare Part D Enrollee Savings from Elimination of Vaccine Cost-Sharing. (Issue Brief No. HP-2023-05). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 2023.
- ²⁴ Tao, Z., Yong, Li., Stemkowski, S., Johnson, K.D., Acosta, C.J., Zhang, D., & Fendrick, A.M. (2018). Impact of out-of-pocket cost of herpes zoster vaccine uptake: An observational study in a Medicare managed care population. *Vaccines*, 6(4): 78.
- ²⁵ Kolobova, I., Nyaku, M.K., Karakusevic, A., Bridge, D., Fotheringham, I., & O'Brien, M. (2021). Vaccine uptake and barriers to vaccination among at-risk adult populations in the US. *Human Vaccines & Immunotherapies*, 18 (5).
- ²⁶ Gellin, B.G., Shen, A.K., Fish, R., Zettle, M.A., Uscher-Pines, L., & Ringel, J.S. (2016). The national adult immunization plan: strengthening adult immunization through coordinated action. *American Journal of Preventive Medicine*, 51 (6): 1079-1083.
- ²⁷ Ochieng, N., Cubanski, J., Neuman, T., Artiga, S., & Damico, A. (2021). Racial and ethnic health inequities and Medicare. Retrieved from: [Racial and Ethnic Health Inequities and Medicare \(kff.org\)](#)
- ²⁸ Wall, H.K., Wright, J.S., Jackson, S.L., Dausset, L., Ramkissoon, N., Schieb, L.J., Stolp, H., Tong, X., Loustalot, F. (2022). How do we jump-start self-measured blood pressure monitoring in the United States? Addressing barriers beyond the published literature. *American Journal of Hypertension*, 35, 4, 244 – 255.
- ²⁹ American Heart Association. News Release. Retrieved from: [Long-term stroke death rates are higher among Black Medicare patients | American Heart Association.](#)
- ³⁰ Sayed, BA, Finegold, K, Olsen, TA, Ashok, K, Schutz, S, Sheingold, S, De Lew, N, Sommers, BD. Inflation Reduction Act Research Series: Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act. (Issue Brief No. HP-2023-19). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ³¹ Sayed, BA, Finegold, K, Olsen, TA, Ashok, K, Schutz, S, Sheingold, S, De Lew, N, Sommers, BD. Inflation Reduction Act Research Series: Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act. (Issue Brief No. HP-2023-19). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July 2023.
- ³² Inflation Reduction Act of 2022. [Text - H.R.5376 - 117th Congress \(2021-2022\): Inflation Reduction Act of 2022 | Congress.gov | Library of Congress](#)
- ³³ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Inflation Reduction Act Research Series: Medicare Enrollees’ Use and Out-of-Pocket Expenditures for Drugs Selected for Negotiation under the Medicare Drug Price Negotiation Program. (Fact Sheet No. HP-2023-21). September 2023.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

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

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports



SUGGESTED CITATION

Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Inflation Reduction Act Research Series: Projected Impacts for Black Medicare Enrollees (Issue Brief No. HP-2023-23). September 2023.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to ASPE mailing list to receive email updates on new publications:

<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE:

aspe.hhs.gov/about