

Americans with Mental Health Conditions Face Administrative and Financial Barriers to Care



New data from the third installment of the Patient Experience Survey reveal some of the challenges insured Americans managing a mental health condition face when navigating their health care coverage, particularly the insurer- and pharmacy benefit manager (PBM)-imposed barriers and cost sharing practices that stand between them and their medicines.

Key findings from the survey include:

1 Insured Americans managing a mental health condition are struggling to navigate their insurance coverage, more so than insured Americans generally.

- **33%** of insured Americans managing a mental health condition have difficulty understanding, anticipating and navigating their insurance coverage, compared with **22%** of insured Americans overall.
- More than half (**54%**) don't understand what's covered by their insurance company, compared with **39%** of insured Americans overall.



2 Insurer- and PBM-imposed cost sharing and barriers cause disproportionate financial burden on and concern for Americans with mental health conditions.

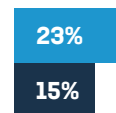


Insured Americans Managing Mental Health Conditions vs. All Insured Americans

30% of insured Americans say they face a financial barrier to care, such as unaffordable out-of-pocket costs or a lack of savings to pay for emergency or unforeseen expenses, compared with **56%** for those managing a mental health condition.



23% of insured Americans managing a mental health condition, compared with **15%** of all insured Americans, report they would be unable to afford health care if they were to become seriously ill because of high out-of-pocket costs.



Insured Americans Managing Mental Health Conditions vs. Insured Americans Taking Rx

61% of insured Americans with a mental health condition taking prescription medicines are concerned the medicines will be subject to formulary exclusion, compared to just **47%** of insured Americans taking prescription medicines.



56% of insured Americans with a mental health condition taking prescription medicines are concerned they would have to wait for their insurer to provide prior authorization for a medicine their doctor prescribed, compared with **42%** of insured Americans taking prescription medicines.



3 Americans managing a mental health condition support reforms to make coverage more predictable and affordable.



- **94%** of insured Americans managing a mental health condition want more predictability in their out-of-pocket costs so that they know how much they will pay for things like prescription drugs every month.
- **89%** of insured Americans managing a mental health condition agree that health care costs for patients would be lower if insurance companies and PBMs spent less time managing how medicines should be prescribed by doctors.

As policymakers consider reforming the health care system, it's important to recognize that the challenges Americans face in getting the care they need run deeper than just affordability. Patient-centered reform efforts require an examination of the systemic insurance hurdles patients face that can delay or prevent them from getting their medicines and treatments.

Learn more at Phrma.org/Polling and read the full **Patient Experience Survey Report**.

PhRMA's Patient Experience Survey (PES) is a research initiative to explore the challenges Americans face as they navigate the health care system. The poll was conducted among 5,103 American adults (age 18 or older), including 4,720 with insurance, from May 23 - June 1, 2022, using Ipsos' probability-based KnowledgePanel®, and it is representative of the American adult population. The margin of sampling error is plus or minus 1.5 percentage points at the 95% confidence level, for results based on the entire sample of adults.