The Facts About Medicaid in the United States

Medicines provide great value to Medicaid patients and society by saving and extending lives and preventing unnecessary hospitalizations and other costly health care services. According to National Health Expenditure estimates, national Medicaid spending on prescription drugs will grow roughly in line with overall national Medicaid spending growth from 2018 to 2027.1

Breakdown of FFY2018 Medicaid Spending in the United States2

Only 4.8% of the total Medicaid budget in the United States is spent on retail brand and generic prescription drugs.

How Medicaid Pays for Drugs

All 50 states and the District of Columbia elect to cover prescription drugs as a benefit under the Medicaid Drug Rebate Program (MDRP). The MDRP is a federal-state-drug manufacturer program that provides significant rebates to Medicaid programs that offset the costs of prescription drugs while ensuring patients can access needed medicines. States, and managed care organizations or pharmacy benefit managers administering the prescription drug benefit on behalf of states, may also negotiate supplemental rebates with drug manufacturers, further reducing spending.

Manufacturers rebate $35.9 billion back to states and the federal government, which is 54% of the total Medicaid spending on drugs in the United States.

2. Menges Group analysis of FFY2018 CMS Financial Management Reports (FMR) and State Drug Utilization (SDU) data files. Brand/generic expenditure totals net of rebates. Data predominantly derived from CMS FMRs. Brand/generic prescription drug costs derived through tabulations performed by Menges. Pre-rebate expenditures tabulated using FFY2018 CMS SDU data files and CMS brand/generic indicators for each NDC. Statutory rebates and fee-for-service supplemental rebate information obtained from CMS FMRs. MCO supplemental rebates available in FMRs for several states and estimated in remaining states at similar percentages as the published FMR data indicate. Generic rebates assumed to always be at the statutory 13% level – no supplemental rebates assumed. Total brand rebates are therefore derived as the difference between total rebates and the generic statutory rebates. Post-rebate expenditures derived through Menges tabulations using above information.

For more information, visit PhRMA.org
Medicaid and the Children’s Health Insurance Program (CHIP) provide health care coverage to low-income, aged, and disabled individuals and families. Over one-in-five Americans are covered by Medicaid and CHIP. Without Medicaid and CHIP, millions of Americans would not have access to necessary health care services including prescription medicines.

**Breakdown of Health Insurance Coverage in The United States**

21% of Americans were primarily covered by Medicaid or CHIP in 2017.

**U.S. Medicaid Population by Enrollment Group**

- Aged: 34%
- Disabled: 14%
- Adults: 9%
- Children: 43%

**U.S. FFY2018 Spending on Medicaid Services**

The United States spent $370.6 billion on Medicaid.

37.5% State
62.5% Federal

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1. Kaiser Family Foundation. State Health Facts: Health Insurance Coverage of the Total Population, FFY17. Estimates based on the Census Bureau’s American Community Survey, 2008-2017. Note: Individuals reporting more than one type of coverage were sorted into one category only.