

# New Study Reveals Significant Racial and Ethnic Disparities in Prescription Drug Utilization and Spending Across the US

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*Research highlights the need for local and condition-specific efforts to achieve equal access to medicine*

WASHINGTON, D.C., DC, UNITED STATES, August 8, 2025 /EINPresswire.com/ -- Significant racial and ethnic disparities exist in prescription drug utilization and spending in the U.S. Utilization rates vary widely by state and payer, with Black populations experiencing underutilization of medications after adjusting for age and disease prevalence, according to [a new study in JAMA Health Forum](#) from the National Pharmaceutical Council in partnership with the University of Washington.

"Prescription Drug Utilization and Spending by Race, Ethnicity, Payer, Health Condition, and U.S. State" is the first analysis to systematically evaluate previously observed disparities across race, ethnicity, payer, health condition, and U.S. state. The paper adds to the existing body of literature on barriers to the equitable access of medicines — enabling a deeper level of granularity and comparability across these differences in access and medication utilization.

"Our comprehensive analysis shows clear disparities in prescription drug use and spending across racial and ethnic groups," said lead author Maitreyi Sahu, PhD, of the University of Washington.. "By standardizing for age and disease burden, we were able to identify consistent patterns of underuse — particularly among Black populations — that might otherwise be missed."

In their analysis of prescription drug use in the 2019 U.S. population across all ages and payers, the researchers found that:

- Disease-specific analyses illustrate the importance of contextualizing disparities relative to age and how common the disease is (i.e. disease prevalence).
- The Black population had higher per capita prescription drug utilization for a majority of health conditions examined but markedly lower prescriptions per prevalent case, suggesting undertreatment relative to the diagnosed subpopulation.

— For example, when looking at diabetes, the Black population had higher levels of those

diagnosed with type 2 diabetes versus Asian and Pacific Islander, Hispanic, and White counterparts. After adjusting for these differences in disease prevalence (and age), the Black population had fewer prescription fills per person diagnosed with diabetes suggesting underuse when compared to Asian and Pacific Islander, Hispanic, and White populations.

- Asian populations and Pacific Islanders have more fills per prevalent case but use fewer drugs overall, which may help explain the more favorable health outcomes observed in Asian individuals.

The findings highlight a pressing need for policy interventions tailored to disease type and geographic location to address these disparities, such as:

- Implementing targeted interventions to address racial and ethnic disparities in medication access. These should be designed to cater to specific demographic and regional needs.
- Policies that eliminate or reduce the patient out-of-pocket costs offer pathways to enhance medication access.
- Tackling structural inequities such as "pharmacy deserts," which disproportionately affect Black and Hispanic neighborhoods.
- Prioritizing preventive care and early treatment strategies.
- Expanding insurance coverage options and lowering medication access barriers. Equitable provider incentives should also be considered to mitigate medication access disparities.

"Addressing the disparities highlighted in our study requires tailored policy interventions that consider the unique challenges faced by different racial and ethnic groups," stated Tyler Wagner, PharmD, PhD, study co-author and NPC Director of Research. "Finding ways to ensure coverage, address pharmacy deserts, and enhance preventive care are critical steps to helping all individuals, regardless of race or ethnicity, have access to the appropriate medications."

More to Come: An upcoming follow-up paper to this report will build on the finding that Black populations have substantially lower prescription medication use per case diagnosed. The work will investigate whether unequal community pharmacy access contributes to these racial and ethnic disparities in medication utilization.

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advances in medicine are accessible to patients, valued by society, and sustainably reimbursed by payers to ensure continued innovation. For more information, visit [www.npcnow.org](http://www.npcnow.org) and follow [NPC on LinkedIn](#).

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