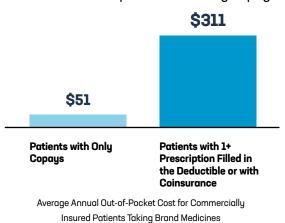
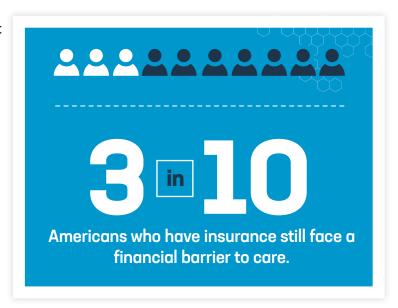
Protect Copay Assistance:

End Insurer and Middlemen Games That Drive Up Costs for Patients

Patients continue to show up at the pharmacy counter and realize their commercial health insurance coverage doesn't provide the level of access and affordability they need. A big reason is because insurers and pharmacy benefit managers are shifting more costs onto patients through higher use of deductibles and coinsurance.

Patients with a deductible or coinsurance spent about 500% more on average out of pocket for their brand medicines than patients with only copays.





As insurers and pharmacy benefit managers (PBMs) have taken steps to make medicines less affordable, drug manufacturers have stepped in to help provide patient assistance such as for copays or other out-of-pocket costs. Patient assistance can take the form of a copay coupon or copay assistance. For example, this assistance helps 1 in 3 patients with cancer access the brand medicines they need.

People who used copay assistance for brand cancer medicines saved an average of \$1,708 in 2021. Without this assistance, their average out-of-pocket costs would have been more than 2.5x higher.

Total cost sharing set by health plan Final annual out-of-pocket spending

\$2,854	
\$1,146	← \$1,708 patient savings →

People who used copay assistance for brand diabetes medicines saved an average of \$374 in 2021. Without this assistance, their average out-of-pocket costs would have been more than 2x higher.

Total cost sharing set by health plan Final annual out-of-pocket spending

\$701	
\$328	◆\$374 patient savings →





Unfortunately, insurers and PBMs have created tactics, such as **accumulator adjustment programs (or copay accumulators) and copay maximizers**, that deny patients the benefit of this assistance. Here's how these insurance barriers to copay assistance work:

How Copay Accumulators Work



Patient uses copay card at pharmacy

to assist with out-of-pocket costs





Insurer/PBM excludes copay assistance card spend from counting toward deductible/ maximum out-of-pocket limit



Patient met with surprise copay when filling prescription. Patient likely to exhaust copay support, face higher out-of-pocket costs, and abandon therapy

How Copay Maximizers Work



Maximizer programs leverage the higher out-of-pocket costs to compel patients to enroll into their programs



Patient accesses medicine, and copay support is not counted toward deductible/maximum out-of-pocket limit



Patient may face higher costs for other drugs and services (e.g., office visits) since support excluded from deductible/maximum out-of-pocket limit

These barriers to copay assistance are pervasive among insurers and PBMs. Across some diseases, 1 out of 3 patients with commercial insurance are at risk of facing these barriers, up from 14% a few years ago. Congress needs to act and protect copay assistance for patients in need.

HELP Copays Act

- Protects patients by ensuring copay assistance counts towards their out-of-pocket expenses.
- Prevents copay surprises and higher out-of-pocket costs that may be caused by accumulator adjustment programs.
- Closes the essential health benefits loophole that plans and PBMs use to skirt cost-sharing protections in current law.
- Reins in tactics by insurers and PBMs that drive up health care costs and make it harder for people to get the medicines they need.

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