Please Support HB 1216 in North Dakota!

Patients for Prescription Access

Copay Assistance **Helps** Patients

Copay Accumulators Hurt Patients

Copay assistance provided by pharmaceutical manufacturers and nonprofit organizations provide a financial lifeline for many people living with chronic conditions who need **lifesaving** medications.

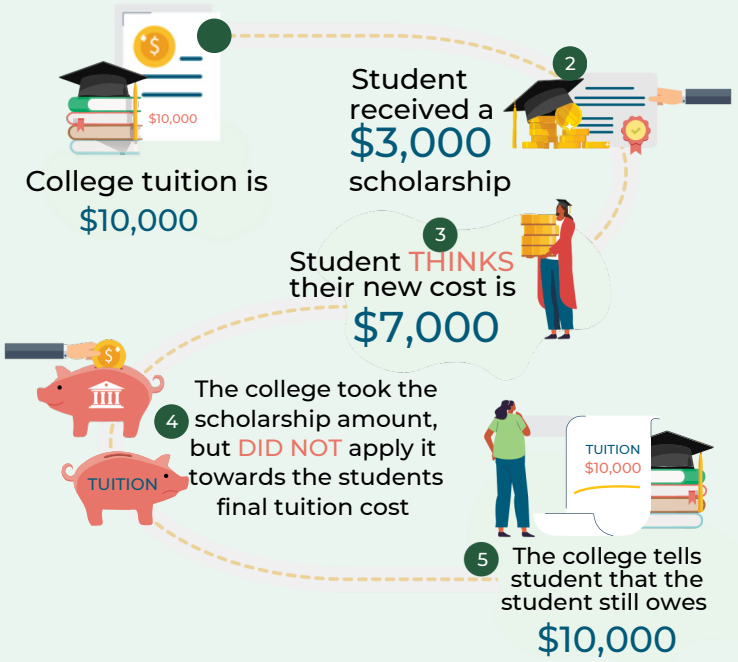
Insurers have raised deductibles, increased use of coinsurance, and added new prescription drug formulary tiers.

Insurers Double Dip While Patients are Denied Life-Essential Medications:

Many Insurers and PBMs are now utilizing copay accumulators that stop copay assistance from counting towards a patient's deductible and maximum out of pocket spending. These practices are creating significant financial and health issues for patients.

- All of the money paid through the copay assistance, which was intended to help the patient, goes directly to the health insurance company.
- Copay accumulators allow the insurance company to double dip and get paid TWICE - once from the copay assistance and then again by patients' deductibles
- This jeopardizes the health of patients and can ultimately result in the use of more expensive health care services, disability, unemployment and loss of independence.

Imagine if this same practice was applied to college tuition...



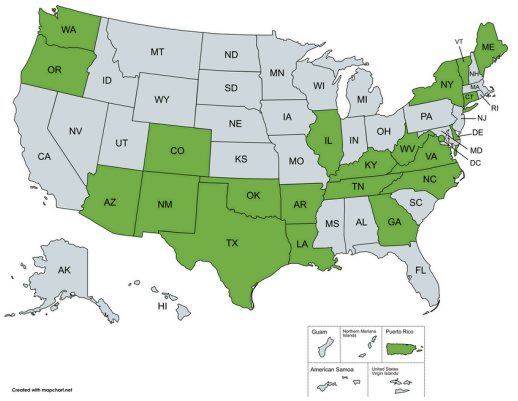
*The college receives $13,000, when the bill was only $10,000.

Call to Action

Lawmakers must pass legislation to prevent harmful and unfair copay accumulator policies, an emerging change in insurance plans.

We must "Stop the Double Dip"

As of Jan 2025, 21 states (and Puerto Rico) have enacted laws banning payer and PBM use of copay accumulator programs: AR, AZ, CO, CT, DE, GA, IL, KY, LA, ME, NC, NM, NY, OK, OR, TN, TX, VA, VT, WA, WV) DC, and Puerto Rico



Copay Accumulator Adjustors
Clearing Up the Misconceptions

Copay Accumulator Adjustment Programs are affecting a tremendous number of patients with a diverse set of health conditions – most affected are those with chronic and/or rare disorders.

- Allowing Health Plans to utilize Copay Accumulator Adjuster programs leave a lot of patients vulnerable and unable to access their medication. Patients are choosing between paying their rent/mortgage, putting food on the table, or paying for their medication.
- Bleeding Disorder patients meet their OOP maximum the first month or two of the year. They depend on Copay Assistance Programs to help them meet their deductible.

The health plans will argue this is manufacturers "gaming" the system or trying to preserve market share to drive more business to higher cost drugs.

- In this version of the bill language, the medicine either doesn't have a generic available OR if it does, the plan still has control over whether the patient can access it through their internal utilization and appeals processes.
- Bottom line is that health plans should be designed to ensure that the most medically appropriate medicine that is covered by the plan is what is approved.
- And if this "gaming the system" argument is truly the case, **why did health plans create these accumulator adjustment programs specifically in the specialty areas where there are no generic equivalents?**

There is a misconception that copay coupons allow patients to circumvent the formulary.

- Health plans still determine:
    - What is on or off formulary and what is preferred and non-preferred.
    - The utilization processes that patients and their doctors must navigate to ask for any exceptions to a preferred drug or for something that not on the formulary.
- Patients should not be penalized for correctly working through the process their plan has laid out for them, whether that is the copay and out-of-pocket costs they have to pay OR the process to gain approval to get access to a medicine that is prescribed for their condition.
- Keep in mind that copay cards are just a patch for a broken system overall; Current health plans and drug prices make it difficult for patients to obtain their medication - manufacturers and some non-profits are providing copay assistance because patients can't afford their out-of-pockets on their medicines.

Costs rise when patients don't have access to their specialty medication.

- Patients experience complications and disease progression, sending them to the Emergency Room, needing avoidable surgeries, and additional treatment they would not have needed had they had access to the medication in the first place. They often miss school and/or work. • A patient's mental health also suffers when they have to deal with complications of their disease, and navigate health plans.

Health Plans say patients have 'no skin in the game' if they rely on Copay Assistance Programs

- Patients still pay the cost of multiple doctor visits, lab work, and ancillary supplies for their infusions. Many patients also pay for physical therapy and other services to treat their bleeding disorder.

For more information, please contact:

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NATIONAL BLEEDING DISORDERS FOUNDATION
Innovate | Educate | Advocate

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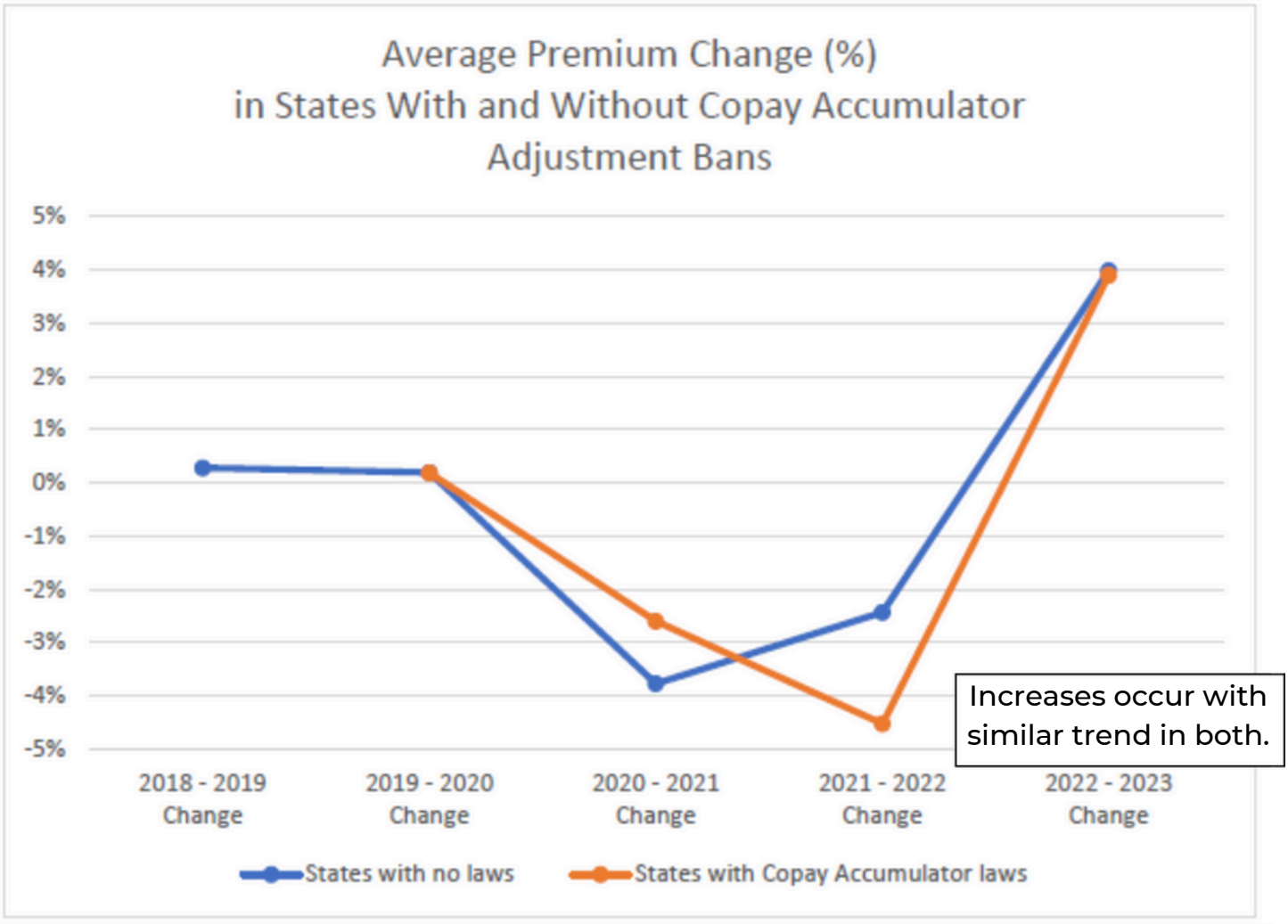
True Facts: Current data shows there is no evidence that Co-Pay Accumulator bans will increase premiums.

Previously, opponents have claimed that there will be a raise in premiums if Co-Pay Accumulator bans are passed. While it's true that healthcare premiums continue to increase, there is no evidence and correlation between passage of bans and trend.

- Fortunately, we now have data from several data sources on premiums from the 21 states and Puerto Rico that have passed Co-Pay Accumulator bans. The data doesn't substantiate those concerns. [1] See the charts and studies below.

- Global Healthy Living Foundation's analysis shows that despite what insurers and pharmacy benefit managers say, protecting patient assistance programs has not increased the cost of health insurance: https://ghlf.org/copay-assistance-protection/

- The AIDS Assistance's 2023 study shows Co-Pay Accumulator laws are not increasing average benchmark premiums in states that passed CAAP laws (at least for the first 16 of the 21w/ existing bans). And in fact, in several states average premiums declined (presumably due to better medication adherence):The-AIDS-Inst.-Copay-Assistance-Does-Not-Increase-Premiums.pdf



1] https://www.kff.org/affordable-care-act/state-indicator/marketplace-average-benchmark-premiums/?activeTab=graph&currentTimeframe=0&startTimeframe=10&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Assumes law impacted premiums the year after it was passed.

Key:

Blue cells = States with copay accumulator adjustment bans passed between 2019 and 2022;

Orange font = Year law impacted premiums

Marketplace Average Benchmark Premiums by State Copay Assistance Accumulator Bans in Place by 2023

States	2018	2019	2020	2021	2022	2023
Arizona	$516	$471	$442	$436	$390	$410
Illinois	$486	$478	$451	$423	$418	$453
Virginia	$535	$555	$521	$479	$450	$371
West Virginia	$545	$596	$628	$654	$752	$824
Georgia	$483	$487	$463	$456	$394	$413
Arkansas	$364	$378	$365	$394	$387	$416
Connecticut	$545	$475	$570	$580	$581	$627
Kentucky	$422	$460	$471	$476	$387	$422
Louisiana	$474	$454	$500	$545	$541	$565
North Carolina	$627	$618	$558	$516	$504	$512
Oklahoma	$659	$696	$601	$554	$498	$510
Tennessee	$743	$548	$511	$466	$445	$473
Delaware	$589	$684	$548	$540	$548	$549
Maine	$588	$544	$513	$440	$427	$457
New York	$506	$569	$610	$597	$592	$627
Washington	$336	$406	$391	$388	$396	$395
Alabama	$558	$546	$553	$590	$597	$567
Alaska	$726	$702	$724	$675	$712	$762
California	$430	$439	$430	$426	$417	$432
Colorado	$470	$488	$358	$351	$358	$380
District of Columbia	$324	$393	$414	$415	$387	$428
Florida	$466	$477	$468	$457	$456	$471
Hawaii	$438	$493	$474	$478	$484	$469
Idaho	$478	$498	$520	$495	$461	$425
Indiana	$339	$339	$387	$421	$398	$397
Iowa	$713	$762	$742	$523	$502	$484
Kansas	$518	$552	$502	$491	$450	$471
Maryland	$487	$419	$397	$347	$328	$336
Massachusetts	$316	$332	$343	$363	$389	$417
Michigan	$381	$383	$360	$347	$340	$362
Minnesota	$385	$326	$309	$307	$327	$335
Mississippi	$519	$521	$487	$459	$448	$461
Missouri	$529	$499	$483	$479	$442	$473
Montana	$525	$561	$483	$471	$483	$477
Nebraska	$767	$838	$711	$699	$595	$550
Nevada	$432	$410	$374	$393	$383	$386
New Hampshire	$475	$402	$405	$357	$309	$323
New Jersey	$413	$352	$392	$405	$424	$441
New Mexico	$414	$365	$345	$339	$389	$445
North Dakota	$377	$457	$383	$493	$497	$475
Ohio	$371	$380	$375	$375	$375	$413
Oregon	$414	$443	$446	$437	$444	$462
Pennsylvania	$575	$484	$459	$455	$390	$433
Rhode Island	$311	$336	$332	$349	$361	$379
South Carolina	$520	$552	$509	$476	$444	$496
South Dakota	$521	$557	$593	$618	$601	$626
Texas	$434	$444	$432	$436	$424	$461
Utah	$550	$542	$486	$472	$456	$471
Vermont	$505	$622	$662	$669	$749	$841
Wisconsin	$569	$537	$491	$457	$429	$456
Wyoming	$865	$865	$881	$791	$762	$802