THE PROBLEM

When insurance isn't good enough, many people turn to patient assistance programs including co-pay coupons from pharmaceutical manufacturers to afford their medications. Unfortunately, health insurers and pharmacy benefit managers (PBMs) often do not attribute these assistance tools to the patient's deductible, increasing the amount a patient must pay on their own. This new practice of accumulator adjustment, coupled with the rise of high deductible health plans, and coinsurance, makes it difficult, unpredictable, and sometimes impossible, for patients to adhere to their treatment plans.

Each year, middlemen, like pharmacy benefit managers (PBMs) and insurers, shift more of the costs of health care to patients. Copay accumulators or accumulator adjustment programs save health plans a significant amount of money by shifting most drug costs to patients, while also driving patients towards cheaper drugs when they are available. The sudden and unexpected rise in out-of-pocket health care costs to patients is not an acceptable solution to addressing the rising cost of healthcare.

Preventing copay assistance from applying to a person's deductible means it takes them longer to reach the end of the deductible period. Because patients are responsible for 100% of their health care costs until the deductible is satisfied, prolonging the deductible period can put other medical needs—such as doctors' visits, rehab therapies, MRIs, or other medications—financially out-of-reach.

Patients living with chronic and rare diseases are vulnerable and depend on copayment assistance programs to afford their specialty medications – with many facing thousands of dollars in out-of-pocket costs. This cost burden poses a significant challenge in accessing needed medications.

THE SOLUTION: LET COUPONS COUNT

Barriers to medication access must be eliminated for patients. To lower patients' out-of-pocket costs at the pharmacy counter, we must enact a protection for third-party cost-sharing assistance into law.

Louisiana has the opportunity to take a lead in this space joining only four states (Illinois, Virginia, West Virginia, and Arizona) who passed a protection on patient assistance programs during the 2019 Session.

We urge Louisiana policymakers to explore policies that will directly impact patients' out-of-pocket costs at the pharmacy counter, and ensure patient assistance programs count towards their annual deductible or out-of-pocket max.

Patients have come to rely on these patient assistance programs and coupons – please join us in ensuring coupons count annual deductibles and out-of-pocket cost maximum.