

Common-sense limits for co-pay assistance limits

The basics

Co-pay assistance limits, also called "co-pay accumulators," are policies within private health-insurance plans that prohibit enrollees from using co-pay assistance provided by a pharmaceutical manufacturer to meet their annual deductible.



Without co-pay assistance limits, enrollees can use co-pay assistance to cover their co-pay until they meet their deductible; after that point, the insurer covers the full cost of the drug. With co-pay assistance limits, enrollees can still use co-pay assistance to cover their co-pay, but it doesn't count toward their deductible. After the assistance runs out, the enrollee has to cover their co-pay themselves, and in many cases doesn't reach their deductible.

The problem

Co-pay assistance limits are intended to prevent manufacturers from using co-pay assistance to incentivize enrollees to choose higher-cost prescription drugs. However, people who rely on high-cost drugs—including people living with HIV and other chronic conditions—often don't have a lower-cost choice, or have a medical need for an expensive drug. For many of these consumers, co-pay assistance is the only way that they can afford their medication.

The bill

House Bill 4113 would prohibit insurers from limiting co-pay assistance when an enrollee is using the assistance for:

- ▶ a drug that has no generic equivalent, or
- ▶ a drug for which the enrollee has gotten prior authorization (i.e., demonstrated medical need)

While we tackle high drug prices, this legislation provides immediate relief for people living with HIV and other healthcare consumers caught in the crossfire between insurance and Big Pharma.

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