

The HELP Copays Act Eliminates Harmful Health Plan Pricing Schemes and Protects Vulnerable Patients from Soaring Out-of-Pocket Costs

The sickest and most vulnerable patients—those who live with serious, complex chronic illness—are being targeted by health plan programs that undermine the benefits of copay assistance for medicines. The bipartisan Help Ensure Lower Patient (HELP) Copays Act eliminates barriers to treatment for patients ensuring that they can afford the necessary and life-saving medications prescribed by their doctors. The legislation requires health plans to count the value of copay assistance toward patient cost-sharing requirements. This would bring much-needed relief to vulnerable patients by ensuring that all payments—whether they come directly out of a patient’s pocket or with the help of copay assistance—counts towards their out-of-pocket costs.

BACKGROUND

Patients are being asked to pay more. People living with serious, chronic health conditions often face multiple barriers to the therapies they need to treat their conditions, such as administrative hurdles like prior authorization and step therapy that limit access to specialty medications. And once approved, patients face skyrocketing deductibles and steep cost-sharing. With no other options to afford the medicine they need, many patients turn to charitable or manufacturer copay assistance to afford their drugs.

Copay accumulator adjustment programs (CAAPs) cut a critical lifeline for patients and leave them exposed. Under CAAPs, insurers have disallowed copay assistance from counting towards a patient’s annual deductible or out-of-pocket maximum. As a result, many are faced with unexpected costs of thousands of dollars to get the medicines they need.

- The overwhelming share of medicines that are subject to programs like these (95%, according to the National Hemophilia Foundation analysis of the SaveOn SP Formulary) have no generic or biosimilar equivalents, leaving patients without a less expensive alternative.
- These programs disproportionately impact the most vulnerable patients who rely on certain medicines. A recent survey found that 69% of those who depend on such assistance make less than \$40,000 a year, leaving them at risk of losing access to necessary health care.

The EHB loophole allows big companies to avoid paying for critical care for patients who most need help. A loophole under the Affordable Care Act (ACA) allows many employer health plans to deem certain categories of prescription drugs as “non-essential,” even when they are life-saving or necessary for people with serious pre-existing and chronic conditions. When a covered drug is deemed “non-essential,” the insurer will not count any cost-sharing toward the patient’s deductible and out-of-pocket maximum. This loophole also allows employers to simply not cover drugs that treat expensive health conditions. By falling into the EHB loophole, patients in these plans often must pay hundreds or thousands of dollars in out-of-pocket costs for life-saving medicines and never hit their out-of-pocket maximum.

Together, these practices undermine coverage for pre-existing conditions, hurt patient access to medicines, decrease drug adherence, and likely cost our health care system even more money.

ABOUT THE HELP Copays Act

The HELP Copays Act is a two-part solution that

- Clarifies the ACA definition of cost sharing to ensure payments made “by or on behalf of” patients count towards their deductible and/or out-of-pocket maximum.
- Closes the EHB loophole to ensure that any item or service covered by a health plan is considered part of their EHB package and thus cost sharing for these must be counted towards patients’ annual cost sharing limits.

Congressional action is needed to protect patients. The bipartisan **HELP Copays Act** can help end these harmful pricing schemes and bring much-needed cost savings to vulnerable patients.