### **All Copays Count Coalition**

May XX, 2021

The Honorable Xavier Becerra Secretary Designee U.S. Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

Re: Patient Cost Sharing and Prescription Drug Access

Dear Secretary Becerra,

The All Copays Count Coalition (ACCC) is comprised of more than 60 organizations serving the interest of people with serious and complex chronic health conditions who rely on copay assistance to afford necessary and life-saving medications. We write to you today to request that you take quick action to correct a policy enacted by the Trump Administration in the 2021 Notice of Benefit and Payment Parameters that undercuts this assistance, increasing costs for patients in the midst of an unprecedented pandemic and beyond with enormous health and economic impact on individuals and families across the nation.

The 2021 Notice of Benefit and Payment Parameters (NBPP), issued as final in May 2020, permitted health insurance issuers and pharmacy benefit managers (PBMs) to adopt a practice referred to as a "copay accumulator adjustment program." Under these arrangements, insurance issuers and PBMs are allowed to receive double payments - accepting patients' manufacturer copay assistance for specialty medications, but not counting such payments toward the patient's annual deductible or out-of-pocket limit. Most patients are unaware of this practice until they are faced with the daunting choice of paying a pharmacy bill that could be thousands of dollars or foregoing the medication they need to stay healthy or prevent deterioration of their condition.

In comments on the proposed 2022 Notice of Benefit and Payment Parameters and in other communications with the Department and the Centers for Consumer Information and Insurance Oversight (CCIIO), we have urged that copay accumulator adjustment programs be prohibited to ensure that patients with chronic illness can afford their treatments. We understand that there will be a new proposed rule this spring pursuant to President Biden's Executive Order on Strengthening Medicaid and the Affordable Care Act focusing on increasing access to care. We again urge you to use this opportunity to ban the practice of copay accumulator adjustment programs and require health insurance issuers and PBMs to count all cost-sharing payments made by or on behalf of a patient toward that patient's annual deductible and out-of-pocket maximum.

We applaud the Biden Administration's demonstrated commitment to expanding access to health care, strengthening patient protections, and addressing out-of-pocket costs. Over the past decade, insurance benefit design has increasingly shifted costs to patients through higher deductibles, more cost-sharing tiers for prescription drugs, and use of coinsurance based on list price rather than flat dollar copayments for higher-cost health care services, including prescription drugs. The out-of-pocket limit, once considered a backstop to ensure that people with health insurance could afford care and medications without trading the ability to meet their basic needs, has increased so significantly it is well beyond the ability of most Americans to meet it. We urge you to take action to ensure vulnerable patients who struggle to afford their essential specialty medications will be able to meet the high copays and co-insurance, get their prescriptions at the pharmacy counter, and maintain their health.

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We appreciate your attention to this issue of prescription drug access, and would like to work with you to identify better solutions and new opportunities to lower health care costs for patients, such as ensuring all copays count. Should you have any questions please do not hesitate to reach out to any of the undersigned ACCC steering committee members.

#### Respectfully,

Rachel Klein, Deputy Executive Director, The AIDS Institute, <u>RKlein@taimail.org</u> Kollet Koulianos, Senior Director Payer Relations, National Hemophilia Foundation <u>kkoulianos@hemophilia.org</u>

Kim Czubaruk, JD, Senior Director, Policy and Advocacy, Cancer Support Community, kczubaruk@cancersupportcommunity.org

Anna Hyde, Vice President of Advocacy and Access, Arthritis Foundation, <u>ahyde@arthritis.org</u> Kim Calder, Senior Director of Health Policy, National MS Society, <u>Kimberly.Calder@nmss.org</u> Lindsay Gill, Associate Director of State Policy & Advocacy, American Kidney Fund, <u>lgill@kidneyfund.org</u>

#### **All Copays Count Coalition Members**

Aimed Alliance Alliance for Patient Access Alpha-1 Foundation American Autoimmune Related Diseases Association American Kidnev Fund Arthritis Foundation California Chronic Care Coalition Cancer Support Community **Chronic Care Policy Alliance** Chronic Disease Coalition **Community Liver Alliance** Crohn's & Colitis Foundation **Cystic Fibrosis Foundation Diabetes Leadership Council Diabetes Patient Advocacy Coalition Epilepsy Foundation** Global Healthy Living Foundation Haystack Project Hemophilia Federation of America HIV + Hepatitis Policy Institute Huntington's Disease Society of America

Immune Deficiency Foundation International Myeloma Foundation LUNGevity Foundation Lupus and Allied Diseases Association, Inc. Lupus Foundation of America Multiple Sclerosis Association of America National Eczema Association National Hemophilia Foundation National Multiple Sclerosis Society **Ovarian Cancer Research Alliance** Patient Access Network (PAN) Foundation Pulmonary Hypertension Association Rheumatology Nurses Society Spondylitis Association of America Susan G. Komen The AIDS Institute Western Pennsylvania Chapter of the National Hemophilia Foundation

#### **Supporting Organizations**

American College of Rheumatology

#### CC:

Ann Reid, Chief of Staff, Office of the Secretary Liz Richter, Acting Administrator, CMS Jeff Wu, Acting Director CCIIO, CMS Jeff Grant, Acting Director CCIIO

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