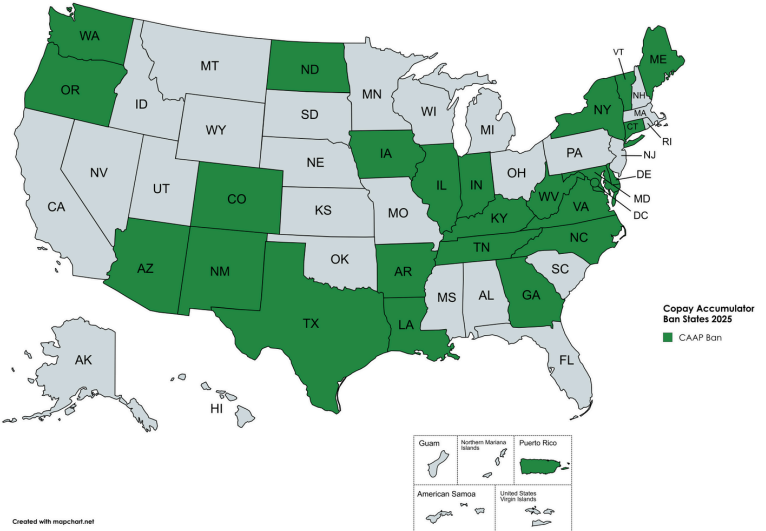


# We Need South Carolina To Act Now and Pass Bipartisan Legislation



## 25 States Have Adopted “All Copays Count” Legislation and Almost All Unanimously

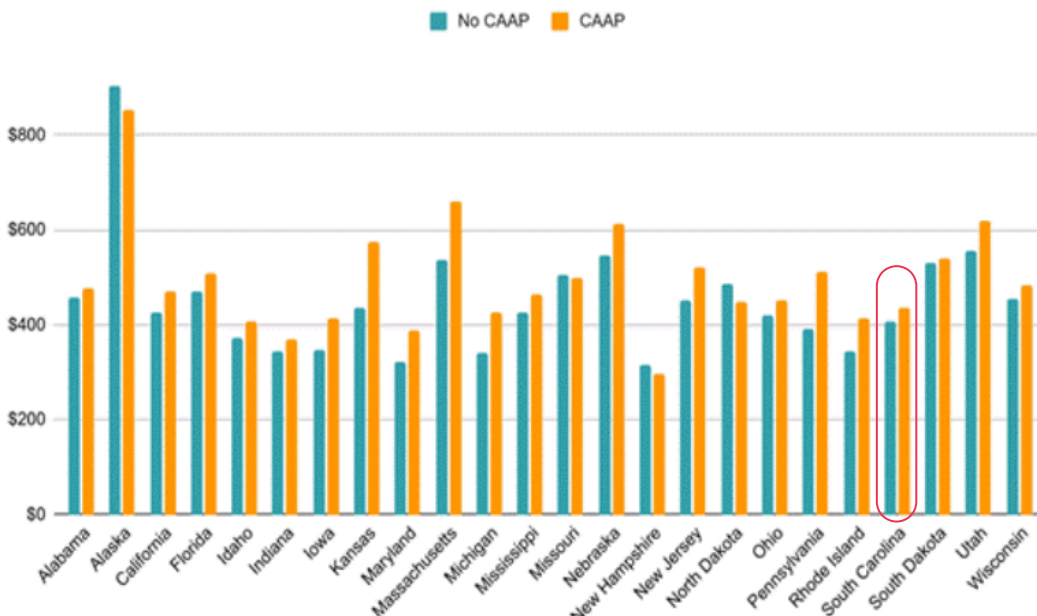
H.3934 & S.330 would protect patients by requiring insurers and PBMs to count copay assistance toward patient cost-sharing by banning copay accumulators. Copay accumulators are a predatory practice by PBMs to prevent prescription drug copay assistance from counting toward a patient’s deductible or out-of-pocket maximum, forcing patients – often those with serious or chronic health conditions – to pay significantly more for their medications.



## Bans on Accumulators Do Not Impact Insurance Premiums

Several states have banned accumulator programs, and data show no impact on the rate of health insurance premium increases. In fact, a May report found that in 20 of 25 states without bans premiums were higher for plans with accumulator programs than for those that allow patients to apply copay assistance toward deductibles and out-of-pocket costs!

Average Silver Plan Premium by State , Comparing Plans With and Without CAAPs



**Premiums are higher on SC plans that don’t count Copay Assistance**

## With Accumulators PBMs and Insurers “Double Dip” at the Patient’s Expense

*With or without copay assistance, insurers and PBMs receive the full contracted amount for a covered medication.* Under accumulator programs, however, they “double dip” by extending the time before patients reach their deductible and out-of-pocket maximum. This practice doesn’t just increase insurer profits—it leaves patients who rely on assistance unable to afford their prescriptions, hitting hardest those least able to pay.

### With Accumulators Insurers “Double Dip”

#### Scenario Variables

- Patient deductible: \$4400
- Monthly prescription cost: \$1675
- Annual out-of-pocket maximum: \$7900
- Manufacturer copay assistance: \$7200
- Cost-sharing for specialty tier prescription: 50% coinsurance, after the deductible is met

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
<b>Patient Pays</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$550	\$150	\$0	\$0	\$0	\$0	\$700
<b>Copay Assistance</b>	\$1,675	\$1,675	\$1,050	\$837.50	\$837.50	\$837.50	\$287.50	\$0	\$0	\$0	\$0	\$0	\$7,200
<b>Remaining Deductible</b>	\$2,2725	\$1,050	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

**Scenario 1: Plan Without A Copay Accumulator**

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
<b>Patient Pays</b>	\$0	\$0	\$0	\$0	\$1,175	\$1,675	\$1,550	\$837.50	\$837.50	\$837.50	\$837.50	\$150	\$7,900
<b>Copay Assistance</b>	\$1,675	\$1,675	\$1,675	\$1,675	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,200
<b>Remaining Deductible</b>	\$4,400	\$4,400	\$4,400	\$4,400	\$3,225	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	

**Scenario 2: Plan With A Copay Accumulator**

### H.3934 & S.330 Only Applies When No Generic Option

This legislation applies only to prescription drugs without a medically appropriate generic equivalent. Patients and providers are not selecting therapies based on copay assistance programs—assistance is available only for medications already covered by insurance. Importantly, **79% of brand-name drugs with copay assistance have no generic alternative.**<sup>ii</sup>

#### Source:

i <https://www.theaidsinstitute.org/RRA/analysis-copay-accumulators-do-not-reduce-premiums>

ii Van Nuys, K., G. Joyce, and R. Ribero. "Prescription drug copayment coupon landscape. Los Angeles: Leonard D." Schaeffer Center for Health Policy & Economics (2018)