

The Problem

In the commercial health insurance market, some patients are being forced to pay more out-of-pocket for their medicines due to an increase in hidden tactics that limit patient assistance such as, Accumulator Adjustment Programs (AAP), Alternative Funding Programs (AFP) and Copay Maximizer Programs (CMP).

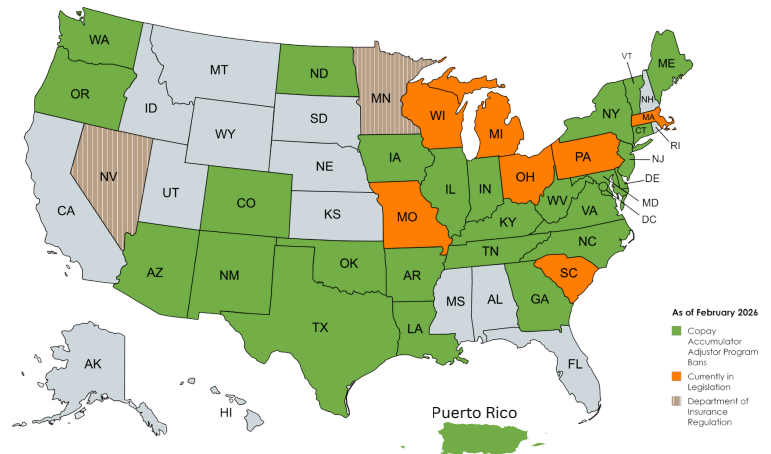
What is an Accumulator Adjustment Program (AAP)?

- AAPs are a type of scheme that health insurers and Pharmacy Benefit Managers (PBMs) use to prevent manufacturer cost-sharing assistance from counting toward a patient's deductible or annual maximum out-of-pocket (MOOP) costs.

All South Carolina Marketplace Plans and PBMs have adopted Policies, often referred to as “accumulator adjustment programs” that block assistance from counting towards a patient’s deductible and maximum out-of-pocket limits.

What is a Copay Maximizer Program (CMP)?

- A Copay Maximizer Program targets and designates specific medicines with available manufacturer cost-sharing assistance as non-Essential Health Benefits (EHB) so that the Affordable Care Act (ACA) cost-sharing limitations do not apply.
- PBMs, health insurers, or third-party vendors then increase individual patient cost-sharing obligations to match the amount of the manufacturer cost-sharing assistance, and therefore exhaust, the full value of the assistance available for those medicines without counting the amount of the assistance towards the patient's deductible or maximum out-of-pocket (MOOP) obligations.



What is an Alternative Funding Program (AFP)?

- AFPs are a type of cherry-picking strategy to avoid individuals with higher health risks, i.e., individuals with preexisting conditions, and shift coverage onto resources intended for disadvantaged populations.

To date, twenty-six states, the Territory of Puerto Rico, and the District of Columbia, including **neighboring Tennessee, Kentucky, Georgia, North Carolina, West Virginia, and Virginia**, have passed legislation to address this issue.

This legislation has received overwhelming support across the nation with many votes being unanimous in many conservative states.

The Solution - Make All Copays Count

Patient advocacy groups are calling on South Carolina Legislators to enact bipartisan legislation to protect patients who rely on third-party cost-sharing assistance by ensuring that all payments – made by the patient or on behalf of the patient – count towards the patient's deductible and out-of-pocket maximum. “When calculating enrollees contributions to any applicable cost sharing requirement, an insurer shall include any cost sharing amount paid by the enrollee or on behalf of an enrollee by another person.” **These assistance programs are critical for patients with complex, chronic conditions and rare diseases with high cost treatment medications that have no generic drug options.**

Patient Assistance Programs help patients better access their treatment medications, stay adherent, and provide positive health care outcomes. Many third-party entities, including pharmaceutical manufacturers, offer cost-sharing assistance. Historically, commercial health insurance plans counted this assistance towards a patient's deductible and maximum out-of-pocket, providing relief from high-cost sharing and making it possible for patients to afford their medicines.

Co-Sponsors of H.3934 & S.330 - Bipartisan Legislation

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Patient advocacy groups advocating on behalf of patient assistance



SC House 3934 and Senate Bill 330

Patient advocacy groups are calling on South Carolina Legislators to support bipartisan legislation to address rising out-of-pocket costs from emerging insurance practices like "Accumulator Adjustment Programs" (AAP). Drug manufacturers, health foundations, charities, and nonprofit organizations help patients with assistance programs that cover the high out-of-pocket costs patients are required to pay. **These Patient Assistance Programs are critical for patients living with the high cost of treatment for chronic, complex conditions and rare diseases that have no generic drug options.**

