



Dave Dillahunt, MPA, CAE
Ohio Hematology Oncology Society
House Bill 469 Proponent Statement
House Health Committee
June 2, 2020

Chairman Lipps, Ranking Minority Member Boyd, and Members of the House Health Committee, thank you for the opportunity to provide written testimony in support of House Bill 469 regarding co-pay accumulators. The Ohio Hematology Oncology Society represents nearly 200 oncologists and hematologists in Ohio who treat cancer patients in the private office (community) setting. Community oncology practices treat the majority of patients facing cancer. Our members are located in rural, suburban and urban settings. Practices range in size from 1 to 35 physicians, with most being in the 3-4 physician range.

Health insurers, employers, and PBMs have shifted a growing share of the costs for specialty prescription medicines to their patients and beneficiaries. Since insurer cost-sharing requirements for prescription medications (such as high coinsurance and deductible amounts) can be uniquely burdensome compared to other types of health care, pharmaceutical manufacturers regularly offer co-pay assistance—which can include co-pay cards or coupons—to help patients afford their prescriptions. Such assistance often reduces or eliminates patients’ share of the payment for their medications.

“Co-pay accumulators” and “co-pay maximizers” have recently emerged as forms of payer-imposed utilization management practices. With a co-pay accumulator or co-pay maximizer program in place, a manufacturer’s co-pay assistance no longer applies toward a patient’s co-pay or out-of-pocket maximum. This means that patients’ out-of-pocket costs will go up, and it will take them longer to reach required deductibles. Such tactics negate the intended benefit of patient assistance programs, remove a safety net for patients who need specialty medications but cannot afford them, and could lead to poorer outcomes for people with cancer, as well as higher costs to the cancer care delivery system.

There are several concerns with co-pay accumulator and maximizer programs, from both the provider and patient perspective. One area is the lack of transparency involved in the implementation of copayment accumulator and maximizer programs. Co-pay accumulator programs lack transparency and are often implemented without a patient’s knowledge or full understanding of their new “benefit.” Copay accumulators could jeopardize outcomes, as patients may decide to forego or discontinue treatment or seek different treatment for

Slobodan Stanisic, MD President
Nashat Gabrail, MD Trustee

OHOS BOARD MEMBERS
Charles Bane, MD Vice-President
David Brown, MD Trustee

Scott Blair, MD Treasurer

non-medical reasons. From the provider perspective, many of our members describe the difficulty and time-consuming process involved in finding financial assistance for their patients. This additional complexity in patient coverage policy will only increase the administrative burden on practice staff, who will now need to understand the nuances of co-pay accumulators and maximizers; as well as help explain to patients why some of the assistance is not helping them to reach their deductible.

While they are described as a benefit for patients, these programs, in effect, prevent patients from reaching their deductibles sooner, while increasing cost-sharing for patients. This could lead to worse outcomes for those patients battling cancer. We urge you to support House Bill 469.

Slobodan Stanisic, MD President
Nashat Gabrail, MD Trustee

OHOS BOARD MEMBERS
Charles Bane, MD Vice-President
David Brown, MD Trustee

Scott Blair, MD Treasurer