Senate Finance Insurance and Technology Committee
Re: Support for S.B. 207 – Protect Patient Assistance for Ohioans
October 20, 2025

Dear Chair Wilson and Members of the Committee,

On behalf of the nearly 2.6 million Ohio residents with doctor-diagnosed arthritis, thank you for the opportunity to submit testimony in support of S.B. 207, legislation that addresses copay accumulator policies in Ohio. This bill ensures that third-party patient copay assistance, a payment provided on behalf of eligible patients with chronic or life-threatening conditions to help them afford their prescribed medications, counts toward patients' annual out-of-pocket cost-sharing obligations.

Copay accumulator programs prevent any co-payment assistance that may be available for high-cost specialty drugs from counting toward a patient's deductible or maximum out-of-pocket expenses. Many pharmaceutical manufacturers and charitable foundations offer copay cards that help cover a patient's portion of drug costs. Traditionally, pharmacy benefit managers (PBMs) allow these payments to count toward a patient's deductible. Under an accumulator adjustment program, patients can still use copay assistance to pay for their medications up to the full limit of the assistance, but when that limit is met, they must pay their full deductible before cost-sharing protections apply.

Currently, the state of Ohio does not have a law to ensure that health insurers count co-payment assistance towards a patient's cost-sharing requirements. Now more than ever, it will be important for the Ohio State Legislature to act as the Aids Institute reports 9 out of 13 marketplace insurers in the state have copay accumulator policies.[1]

Legislation is necessary as patients are often unaware that they are enrolled in one of these programs until they reach the pharmacy counter and are told they must pay the full cost of their medication. These programs may be described in plan documents under misleading names, often buried many pages into plan materials, making them difficult for patients to identify or understand.

In a recent Arthritis Foundation survey, 37% of patients reported having trouble affording their out-of-pocket costs. Of those, 54% said they have incurred debt or

suffered financial hardship because of it. When faced with large, unexpected drug costs, patients report that their most common responses are delaying or abandoning

1-https://aidsinstitute.net/documents/TAI-Grade-Sheet_Ohio.pdf

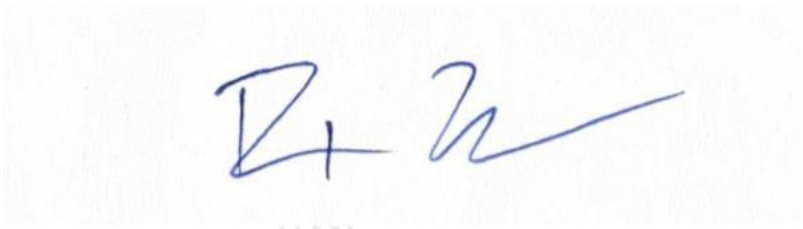
prescriptions, stretching out doses, or asking their providers to switch medications—all of which put their health at risk.

S.B. 207 resolves this issue by ensuring that a health plan must include any payments, whether paid by the patient or on behalf of the patient by a third party, when calculating a patient's overall contribution to any out-of-pocket maximum or cost sharing requirements. Importantly, this legislation does not raise premiums, prohibit the use of generic medicines, or require coverage of specific drugs when third-party assistance is used.

Currently, 25 states (including many neighboring states) have enacted similar laws requiring insurers to count third-party payments, including copay assistance, toward cost-sharing limits. By passing S.B. 207, Ohio will join these states in protecting patients from unfair insurance practices that increase costs and jeopardize access to life-saving care.

The Arthritis Foundation thanks the committee for considering S.B. 207 to ensure that all copays count and urge all committee members to support this critical legislation.

Sincerely,



Robert Nolan
State Affairs Coordinator, Arthritis Foundation
937.560.3330 | rnolan@arthritis.org

1-https://aidsinstitute.net/documents/TAI-Grade-Sheet_Ohio.pdf