



Ohio House Public Health Policy Committee
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Proponent Testimony – HB 177, Copay Accumulator
Leo Almeida, Ohio Government Relations Director
American Cancer Society Cancer Action Network

Chairman Lipps, Vice Chair Stewart, Ranking Member Liston, and Members of the House Public Health Policy Committee, I am Leo Almeida, Ohio Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). More than 74,000 Ohioans will be diagnosed with cancer this year, and most will rely on prescription drugs to treat their disease or manage their symptoms. There are an increasing number of innovative therapies available to cancer patients. In 2020, for example, the FDA approved twenty new cancer therapies¹, but many of these drugs lack a generic equivalent and come at great cost to patients, meaning many patients look for options to lower their costs, including manufacturer's copay assistance and charitable patient assistance programs.

Copay assistance programs and copay cards can provide needed financial relief to cancer patients. These assistance programs are offered by manufacturers and charitable organizations to patients to help offset the cost sharing associated with high-cost drugs, and help patients meet their maximum out of pocket limit. Copay assistance programs can give patients access to a lifesaving medication they may otherwise not be able to afford.

A 2022 survey from the American Cancer Society Cancer Action Network (ACS CAN) revealed that twenty percent of cancer patients reported using a manufacturer's copay assistance program to help them afford copays for their drugs. Over a quarter (27%) of those who enrolled in one of these programs report that the assistance they received was not applied to their deductible or other out-of-pocket cost requirements and another 22% were unsure.² Unfortunately, many insurance plans implement a copay accumulator adjustment program, meaning they do not apply the value of these copay assistance programs to a patient's deductible or out-of-pocket maximum, leaving patients with unaffordable drug bills once the balance of their assistance has been exhausted. So even as patient assistance is being paid to the insurer on behalf of the patient, only funds spent directly by the enrollee count, leaving patients with significant and surprise costs.

In 2021, UnitedHealthcare – one of Ohio's largest health plans – announced that it will no longer count manufacturer assistance toward a patient's deductible or out-of-pocket maximum. On January 1, 2022, Anthem Blue Cross and Blue Shield instituted the same policy. Such a practice can harm both the financial and physical health of Ohio patients. A 2018 study found that a third of cancer patients abandon their prescription at the pharmacy if they face an out-of-pocket cost between \$100 and \$500, which can have severe consequences for a patient's health.³

Ohioans living with cancer deserve to know that their health plans support their access to lifesaving therapies instead of implementing unfair policies that could harm their financial and physical health. Sixteen states have already passed similar legislation and it's time for Ohio to join them. We urge you to support HB 177.

Thank you for your consideration of this important legislation.

¹ <https://www.beckershospitalreview.com/oncology/20-cancer-drugs-approved-in-2020.html>

² <https://www.fightcancer.org/policy-resources/survivor-views-copay-assistance-and-patient-navigation>

³ Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents Jalpa A. Doshi, Pengxiang Li, Hairong Huo, Amy R. Pettit, and Katrina A. Armstrong. *Journal of Clinical Oncology* 2018 36:5, 476-482