



*A nonprofit advocacy community  
fighting for treatment for all patients*

October 5, 2023

Dear Honorable Members of the Ohio Public Health Policy Committee,

On behalf of the Infusion Access Foundation, I am writing to you today to strongly urge the committee to vote in favor of HB 177, which would ensure that the value of copay assistance counts for patients across Ohio.

When dealing with complex diseases, conventional drugs are not always effective, leaving biologics (i.e., infusions or injectables) as the only hope for patients suffering from chronic illnesses. Naturally, these drugs can be extremely expensive to pay for by yourself. Copay assistance, offered by a third party (e.g., a charity or drug manufacturer), is real money given to patients for the purpose of affording these life-saving medications.

Patients rely on copay assistance to access their medications and manage their health, especially where no generic alternatives exist for their condition. However, there is currently no law that prevents Ohio insurance plans from implementing “copay accumulator adjustment program” policies. These policies allow insurers to pocket the value of copay assistance without counting it towards patients’ annual deductible or out-of-pocket cost responsibilities. These policies allow health plans to increase their profits by requiring patients to pay the same amount twice to get closer to their annual out-of-pocket limit.

Imagine that you or your child had a scholarship for \$10,000, but when you get to campus, you discover that the university expects you to pay the full tuition amount. The college claims that because the money did not come from the student directly, it does not count towards the student’s tuition fees, and the full tuition is still owed. This would be totally unacceptable in any other situation, so why do we allow it to happen when lives are on the line?

Ohio plans may argue that copay assistance is unnecessary because patients have access to cheaper medications for their conditions, but evidence tells us that’s just not true:

- The vast majority – [79 percent](#) – of patients who use copay assistance to access their medication have no generic options for their treatment.<sup>1</sup>
- Copay assistance increases drug utilization which leads to 1.0 to 3.3% better health outcomes and a 20% increase in life expectancy as patients do not require future inpatient and outpatient services due to increased drug utilization.<sup>2</sup>
- High patient out-of-pocket costs lead to increased medication abandonment. [A study from IQVIA](#) found that when out-of-pocket costs reach \$75-\$125, more than 40% of patients abandon their prescriptions at the counter; when those costs hit \$250, that number rises to over 70% of patients.<sup>3</sup>

<sup>1</sup> USC Leonard D. Schaeffer Center for Health Policy & Economics. “A Perspective on Prescription Drug Copayment Coupons.” February 2018.

<sup>2</sup> The University of Chicago. “The Patient Impact of Manufacturing Copay Assistance in an Era of Rising Out-of-Pocket Costs.” December 2021.

<sup>3</sup> The IQVIA Institute. “Medicine Use and Spending in the U.S.” May 2019.



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To date, 19 states and Puerto Rico have taken legislative action to ensure health plans count the value of copay assistance towards patient out-of-pocket costs – Ohio should be next. IAF encourages Ohio lawmakers to support HB 177 and put an end to copay accumulator programs.

Please do not hesitate to contact me at [kindyl.boyer@infusionaccessfoundation.org](mailto:kindyl.boyer@infusionaccessfoundation.org) if you have any questions.

Sincerely,

Kindyl Boyer  
Director of Advocacy  
Infusion Access Foundation (IAF)