



Ohio House Public Health Policy Committee
November 15, 2023
Proponent Testimony – HB 177, Copay Accumulator
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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.

House Bill 177 will require health insurance providers to apply any amount paid by an individual or a third party for cost-sharing, also known as copays, for a prescription drug to their annual deductible or out-of-pocket maximum. When a person uses a copay assistance program, the amount provided by that program should be applied to a person's deductible since it is the amount that their insurance is requiring them to cover. 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. By not applying copay assistance to an individual's deductible or out-of-pocket maximum, the insurance company is getting paid twice and they receive the benefit of the copay assistance program instead of the individual who actually needs it.

A 2022 survey from 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

You received testimony from Julie Turner from Tipp City. She receives a copay card from the manufacturer of a medication she uses for bone density, a condition she developed as a side effect from cancer treatment when she was 17 years old. As she said in her testimony, "I was outraged to learn that the manufacturer received their payment, the insurance company received their payment, and the only damage was inflicted on me as the end user due to the co-pay accumulator adjustment program."

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>

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

You also received testimony from Alique Topalian from Cincinnati. She is currently on a 14-day maintenance oral chemotherapy drug that she will be on for the foreseeable future. This drug costs \$10,669.71 per month after insurance. She received a copay assistance to help her with this cost. She explained, “my health insurance plan has implemented a copay accumulator adjustment program, so the copay assistance that I’m using to help me afford my medication does not count towards my deductible or out of pocket maximum. Both of which would have been covered within two months of payments for this medication. Because of that since the beginning of 2023 I have already paid over \$6,000 in additional health care costs which could have been avoided if the copay assistance used to pay for my medication counted towards my out-of-pocket costs.”

Alique is on a drug that does not have a generic equivalent. This drug is keeping her alive. Opponents of this bill will tell you that copay assistance programs are driving patients to choose brand-name drugs over generic equivalents. That simply isn’t true. One study found that 99.6% of copay assistance is used for drugs without a generic equivalent.⁴ And as you can see on lines 128-134 of HB 177, this bill would not apply to name brand drugs that have a generic equivalent.

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. Nineteen 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. I’m happy to answer any questions you might have.

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

⁴ <https://www.iqvia.com/locations/united-states/library/fact-sheets/evaluation-of-co-pay-card-utilization>