

Advocating for Patients: Lowering Prescription Drug Costs.

Help hold health insurers accountable and reduce patient copays.

Pharmacy Benefit Managers (PBMs) are third party companies that function as intermediaries between insurance providers and pharmaceutical manufacturers. PBMs negotiate rebates with manufacturers, process claims, create pharmacy networks, review drug utilization, and may manage mail-order specialty pharmacies. Historically, there has been a lack of price transparency for prescription medications in addition to continually escalating prices for patients.

Excessive prescription drug costs often create financial barriers to patients in accessing necessary medications. Co-pay assistance programs are often the only way that patients with chronic conditions can afford their medications. Co-pay assistance programs are often created by manufacturers and are designed to help insured patients afford expensive prescription drugs by covering part or all of a member's deductible and copay for certain medications. The American Cancer Society has found that over 80% of patients utilize co-pay assistance programs to help them afford their prescription drugs. However, co-pay accumulator programs, programs within an insurance plan whereby manufacturer's payments do not count toward the patient's deductible or out-of-pocket minimum, often prevent patient access by denying them any financial relief from insurmountable cost-sharing obligations. These policies also reduce the value of premiums paid by patients by allowing health plans to "double dip" and accept both the co-pay assistance payments obtained by the patient as well as the additional cost-sharing paid by the patient before they reach their out-of-pocket limits.

The AMA has long expressed concerns with the detrimental impact PBM business practices have on patients' access to prescription drugs and the associated costs. H.R. 830/S. 1375, the **Help Ensure Lower Patient Copays (HELP Copays) Act**, introduced by Reps Buddy Carter (R-GA), Nanette Diaz Barragan (D-CA), Mariannette Miller-Meeke (R-IA), Diana DeGette (D-CO), Brian Fitzpatrick (R-PA), Bonnie Watson Coleman (D-NJ), and Yvette Clarke (D-NY), as well as Sens Roger Marshall (R-KS), Tim Kaine (D-VA), Joni Ernst (R-IA), Edward Markey (D-MA), and Lisa Murkowski (R-AK), can help address this important issue for patients. This bill requires health insurance plans to apply certain payments made by, or on behalf of, a patient toward the plan's cost-sharing requirements, including third-party payments, financial assistance, discounts, product vouchers, and other reductions in out-of-pocket expenses toward the requirements. In short, this would end the "double dipping" by health plans and, in turn, lower the amount that patients must pay for their prescriptions.

Congressional Asks:

- **Ask your Members of Congress to cosponsor H.R. 830/S. 1375, the Help Ensure Lower Patient Copays (HELP Copays) Act, to hold health plans accountable and reduce patient costs.**