



### THE PROBLEM

Many people turn to patient assistance programs, including copay assistance from pharmaceutical manufacturers, to afford their medications. Unfortunately, health insurers and pharmacy benefit managers (PBMs) often do not attribute these assistance tools to the patient's deductible, increasing the amount a patient must pay on their own. This new practice of accumulator adjustment makes it difficult, unpredictable, and sometimes impossible for patients to adhere to their treatment plans.

Each year, middlemen, like pharmacy benefit managers (PBMs) and insurers, shift more of health care costs to patients. Copay accumulators or accumulator adjustment programs save health plans a significant amount of money by shifting most drug costs to patients. The sudden and unexpected rise in out-of-pocket health care costs to patients is not an acceptable solution to addressing the rising cost of health care.

Preventing copay assistance from applying to a person's deductible means it takes them longer to reach the end of the deductible period. Prolonging the deductible period can put other medical needs—such as doctors' visits, rehab therapies, MRIs, or other medications—financially out of reach.

Since emerging in 2017, copay accumulator programs are becoming more prevalent across insurers and are sizably increasing patient out-of-pocket costs to the point that some are avoiding treatment altogether.

Two-thirds of Mississippians live with chronic and rare diseases and are vulnerable and depend on copayment assistance programs to afford their specialty medications – with many facing thousands of dollars in out-of-pocket costs. This cost burden poses a significant challenge in accessing needed medications.

### THE SOLUTION: LET ALL COPAYS COUNT

Barriers to medication access must be eliminated for patients. To lower patients' out-of-pocket costs at the pharmacy counter, we must enact protection for third-party cost-sharing assistance into law.

**Today, all Marketplace health plans in Mississippi have copay accumulator adjustment policies, according to a new report by The AIDS Institute.**

We urge Mississippi policymakers to explore policies that will directly impact patients' out-of-pocket costs at the pharmacy counter and ensure patient assistance programs count towards their annual deductible or out-of-pocket max.

**SB 2470 / HB 880** will ensure that patients in Mississippi use assistance programs that apply to annual deductibles and out-of-pocket cost maximums.

