

Issue Brief: H.R. 460: The Patients' Access to Treatments Act

Drugs Are Being Placed Out of Patient Reach

Commercial health insurers have traditionally charged fixed co-pays for different tiers of medications. As an example, the co-pays might be set at \$10/\$20/\$50 for the three tiers.

| Drug Type | Example Patient Expense |
|---------------------------------|-------------------------|
| Tier 1: Generic | \$10 copay |
| Tier 2: Preferred Brand Name | \$30 copay |
| Tier 3: Nonpreferred Brand Name | \$50 copay |
| Tier 4: Specialty Tier Drug | 20-50% of drug cost |

Some commercial health insurance policies are now moving vital medications (mostly biologics) into a fourth *specialty tier*.

Specialty Tiers require patients to pay a percentage of their drug cost— from 25% to 50%— rather than a fixed co-payment. These practices are placing medically necessary treatments out of reach of average Americans.

- Biologics are FDA approved and have no inexpensive, generic equivalents.
- Biologics can prevent patients with rheumatoid arthritis, MS, lupus, hemophilia, and some forms of cancer, from becoming disabled, seriously ill, or even dying.
- Monthly co-insurance amounts often range from \$500-\$5,000. Cost-sharing for prescription medications restricts access to medically necessary drugs.
- Individuals unable to afford specialty tier pricing are likely to go without crucial medications, resulting in disability and other expensive health complications.

Solution

The bipartisan Patients' Access to Treatments Act (H.R. 460), introduced by Rep. David McKinley (R-WV) and Rep. Lois Capps (D-CA), limits cost-sharing requirements in the specialty drug tier (typically Tier IV or higher) to a similar dollar amount applicable to drugs in a non-preferred brand drug tier (typically Tier III).

Request

Please co-sponsor H.R. 460 by contacting Rep. David McKinley's office at devon.seibert@mail.house.gov or x54172 and contact House Energy and Commerce Committee Chairman Upton and Ranking Member Waxman requesting that a hearing be held addressing specialty tiers and their impact on patients.

This legislation is also supported by the Coalition for Accessible Treatments: American Academy of Dermatology Association, American Academy of Neurology, American Academy of Pediatrics, American Autoimmune Related Diseases Association, American College of Rheumatology, American Plasma Users Coalition, Arthritis Foundation, Crohn's and Colitis Foundation of America, Colon Cancer Alliance, GBS/CIDP Foundation International, Hemophilia Federation of America, Immune Deficiency Foundation, Leukemia & Lymphoma Society, Lupus Foundation of America, National Hemophilia Foundation, National Organization for Rare Disorders, National Psoriasis Foundation, Patient Services Incorporated, Pulmonary Hypertension Association, Sjogren's Syndrome Foundation, Spondylitis Association of America, The Alliance for Patient Advocacy, US Hereditary Angioedema Association