

May 27, 2021

Honorable Governor Ned Lamont
Connecticut State Capitol
Hartford, CT

RE: Senate Bill 1003 - Support

Dear Governor Lamont,

On behalf of the 690,000 adults living in Connecticut with doctor-diagnosed arthritis, the Arthritis Foundation urges reform regarding accumulator adjustment programs. Accumulator adjustment programs prevent any co-payment assistance that may be available for high cost specialty drugs from counting towards a patient's deductible or maximum out-of-pocket expenses. Many pharmaceutical manufacturers offer co-pay cards that help cover a patient's portion of drug costs. Traditionally, pharmacy benefit managers have allowed these co-payment card payments to count toward the deductible required by a patient's health insurance plan. With an accumulator adjustment program, patients are still allowed to apply the co-payment card benefits to pay for their medications up to the full limit of the cards, but when that limit is met, the patient is required to pay their full deductible before cost-sharing protections kick in.

Currently, the state of Connecticut does not have a law to ensure that health insurers count co-payment assistance towards a patient's cost-sharing requirements. However, SB 1003 has introduced legislation to protect patients against accumulator adjustment programs. It is important to note that this legislation is increasingly necessary because ALL INSURERS in the state of Connecticut have copay accumulator adjustment policies.

Legislation is necessary on this issue as patients are often unaware they are enrolled in one of these programs until they go to the pharmacy counter and realize they must pay the full cost of their medication, which can lead them to abandon or delay their prescription. These programs can be called different names, are often marketed as a positive benefit, and are often disclosed many pages into plan materials, leading to a lack of awareness about them to patients.

Shifting the cost onto the patients, which accumulator adjustment programs do, will lead to a lack of adherence which will lead to negative health outcomes for patients. In an Arthritis Foundation survey of more than 600 patients, 39 percent of patients used a drug manufacturer co-pay card to help pay for their arthritis medications. Among these individuals, 59 percent reported that they can use it to pay for their deductibles, 27 percent reported they can't use it for their deductible, and 14 percent reported that they don't know. In another survey¹, of more than 700 respondents, in which the Arthritis Foundation participated, most patient and caregiver respondents say they are familiar with copay assistance programs. Roughly two-thirds report they or their loved one are either currently using or have used copay assistance programs for their medications. Also, 6 in 10 patients and caregivers say they would have extreme difficulty affording their treatments and

¹ <https://www.hemophilia.org/sites/default/files/document/files/NHF%20-%20National%20Patients%20and%20Caregivers%20Survey%20on%20Copay%20Assistance%20%28Key%20Findings%29.pdf>

medications without copay assistance programs being applied to their out of pocket costs. In that same survey, nearly half of respondents (46%) say they or someone in their immediate household has not been able to afford their out-of-pocket costs in the past year.

Senate Bill 1003 resolves this issue by simply ensuring that when calculating a patient's overall contribution to any out-of-pocket maximum or any cost-sharing requirement, a health plan must include any amounts paid by the patient or paid on behalf of the patient by another person.

For this reason, the Arthritis Foundation supports SB 1003, which ensures that assistance counts towards a patient's cost-sharing, and encourages you to sign this legislation into law to protect patients.

Sincerely,



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