



PRESS RELEASE

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Biden Administration Takes Big Step in Making Drugs Affordable for Patients *Also Strengthens Nondiscrimination Protections*

Washington, DC... In reaction to the Biden administration's [announcement](#) today that insurers on the federal exchange must offer standard plans, which for the most part use reasonable copay limits for prescription drugs, Carl Schmid, **executive director, HIV+Hepatitis Policy Institute (HIV+Hep)**, issued the following statement:

“This is a huge win for patients. Insurers have made it almost impossible for patients to afford their medications by first requiring them to meet a high deductible and then charging high co-insurance, which is a percentage of the list price of the drug. By limiting patient copays and keeping more drugs outside of the deductible, patients will be better able to afford their medications. We only wish the Biden administration would have applied these principles to more metal levels and drug tiers, but this provides better options for people who rely on prescription drugs.”

Additionally, the [final Notice of Benefits and Payment Parameters rule](#) strengthens nondiscrimination policies and warns insurers and PBMs against designing plans that discriminate against people with chronic health conditions by placing all or a majority of drugs to treat a condition on the highest tier. In the revised rule, CMS repeats the current policy against discriminating based on health conditions but adds that benefit design must also consider clinical guidelines. Additionally, they state that benefit design must be balanced and tier placement cannot be based on the cost of the drug alone.

The [HIV+Hepatitis Policy Institute](#) and the [Autoimmune Association](#), along with 49 other patient organizations, submitted [comments](#) to HHS earlier this year on the draft [proposed rule](#).

“While we are very pleased HHS followed through on its proposals to limit patient cost-sharing for drugs and strengthen nondiscrimination provisions, we are disappointed that HHS continues to remain silent on the patient community’s repeated pleas to ensure copay assistance counts towards beneficiary deductible and out-of-pocket maximum obligations,” continued Schmid. “Even with the standardized plans, copay assistance will still be needed, especially for those who receive their insurance through their employer. More and more insurers and PBMs are refusing to count the copay assistance, which is leading to increased patient costs for prescription drugs.”

He concluded, “While we applaud these new patient protections, additional work lies ahead in order to make prescription drugs more affordable for patients.”

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The **HIV+Hepatitis Policy Institute** is a national, non-profit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

HIV + HEPATITIS POLICY INSTITUTE

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