



May 9, 2023

Sen. Joshua Miller
Chair
Senate Health and Human Services Committee
Rhode Island State House
Providence, RI 02903

Re: Support for S-0799 so that Patients can Afford their Prescription Medications

Dear Chair Miller and Members of the Health and Human Services Committee:

The **HIV+Hepatitis Policy Institute** is a leading HIV and hepatitis policy organization that promotes quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions. **We voice our strong support for Senate Bill 0799 (“Relating to Insurance – Prescription Drug Benefits”)** which would require health insurers to accept and count payments made on behalf of patients towards deductibles and out-of-pocket maximums. We thank you for holding a hearing on this important issue and ask that you pass the bill as soon as possible.

People with HIV, hepatitis, and others with serious and chronic conditions rely on medications to remain healthy and alive. People with HIV and hepatitis B rely on drug regimens that they must take for the rest of their lives, while people with hepatitis C can be cured of their disease in as little as 8 to 12 weeks. For those who are at risk of HIV, there are now medications that they can take to prevent HIV. However, even though people may have health insurance, access to these medications can be insurmountable for many due to high deductibles and cost-sharing, which is often co-insurance or a percentage of the list price of the drug. Copay assistance is critical for patients to afford and adhere to their medications. It is particularly important during these difficult times when so many individuals and families are facing increased costs and inflation.

However, more and more insurers and PBMs have instituted harmful policies that do not apply copay assistance towards beneficiaries’ out-of-pocket costs and deductibles. These policies are often referred to as “copay accumulator adjustment programs.” When implementing them the insurer collects the copay assistance from the drug manufacturer and the patient is able to pick up their medication but, that copay assistance is not counting towards the beneficiary’s deductible or out-of-pocket obligation. Then, later in the year, when the beneficiary goes to pick up their drug, they find out that copay assistance did not count and are stuck with a huge, unexpected copay. In order to pick up their drug they are forced to come up with often thousands of dollars, which few people have. Insurers are double dipping: first they receive the copay assistance from the drug manufacturer and then they collect it again from the beneficiary.

HIV + HEPATITIS POLICY INSTITUTE

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To make matters worse, issuers continue to conceal these policies deep in plan documents and leave patients unaware of the increase in patient costs that they might be subject to. Currently one of the two ACA compliant plans in Rhode Island has instituted these policies.

HIV+Hep strongly supports S 0799 introduced by former Senator Maryellen Goodwin and Chair Miller. It simply requires that the copay assistance beneficiaries receive count towards their out-of-pocket obligations. By passing this law, Rhode Island will join 17 other states (Arkansas, Arizona, Connecticut, Delaware, Georgia, Illinois, Kentucky, Louisiana, Maine, New Mexico, Oklahoma, North Carolina, New York, Tennessee, Washington, West Virginia, and Virginia) and Puerto Rico in protecting consumers by assuring their copay assistance will count towards cost-sharing obligations.

For the benefit of patients who rely on prescription drugs to maintain their health, we urge you pass S0799. If you have any questions or need any additional information, please do not hesitate to reach out via phone at (202) 462-3042 or email at cschmid@hivhep.org.

Thank you very much.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carl E. Schmid II".

Carl E. Schmid II
Executive Director