

April 29, 2024

Representative John Hunt Chairman House Commerce and Consumer Affairs Committee Legislative Office Building Rm 302-304 33 North State Street Concord, NH 03301

Re: Please Support SB 354 from HIV+Hepatitis Policy Institute

Dear Chairman Hunt and Members of the House Commerce and Consumer Affairs Committee:

My name is Carl Schmid. I am the executive director of the HIV+Hepatitis Policy Institute, 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. It is a pleasure to reiterate our strong support for Senate Bill 354-FN ("relative to insurance cost-sharing calculations") which would require health insurers and pharmacy benefit managers to include any amount paid by the enrollee or on their behalf in calculating an enrollee's contribution to cost-sharing requirements. Now that the Senate successfully passed the bill, we are pleased that you will be holding a hearing on this important issue and that you too will pass the bill.

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. 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 pharmacy benefit managers (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.

When using copay accumulators, insurers are double dipping: first they receive the copay assistance from the drug manufacturer and then they collect it again from the beneficiary. 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. In 2023, two of the three compliant plans in New Hampshire have instituted these policies.

HIV+Hep strongly supports SB 354. It simply requires that the copay assistance which beneficiaries receive counts towards their out-of-pocket obligations. By passing this law, New Hampshire will join 20 other states (Arkansas, Arizona, Colorado, Connecticut, Delaware, Georgia, Illinois, Kentucky, Louisiana, Maine, Oklahoma, North Carolina, New Mexico, New York, Oregon, Tennessee, Texas, Washington, West Virginia, and Virginia), Puerto Rico and the District of Columbia in protecting consumers by assuring their copay assistance will count towards costsharing obligations.

For the benefit of patients who rely on prescription drugs to maintain their health, we urge you pass SB 354. 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,

Carl E. Schmid II
Executive Director