

HIV+HEP
POLICY INSTITUTE
PRESS RELEASE

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**Trump Administration Fails to Take Steps to Lower Patient Costs
for Prescription Drugs**
*Promised Rules Not Included in Proposed Notice of Benefit & Payment
Parameters*

Washington, DC... While patients are struggling to afford prescription drugs, the Trump administration failed to take a long-awaited step that would lower how much Americans pay for their drugs and instead are allowing big insurers and PBMs to profit from billions of dollars of drug manufacturer copay assistance that is meant for patients.

In the [2027 Notice of Benefit and Payment Parameters rule](#) proposed today, the administration failed to include promised new regulations on whether copay assistance will count towards patient cost-sharing.

“Every day this rule is delayed is another day that insurers and PBMs are pocketing billions of dollars meant for patients who are struggling to afford their drugs,” commented **Carl Schmid, executive director** of the [HIV+Hepatitis Policy Institute](#). “We know that President Trump is squarely focused on drug affordability, and while we are extremely disappointed that this simple step was not yet taken, we urge the administration to act in the very near future.”

Almost two and one-half years ago, a federal court sided with the **HIV+Hepatitis Policy Institute** and others and [struck down](#) the government’s rule that allowed insurers to decide for themselves whether to count copay assistance. The court added that the government could choose to issue new regulations, which the government indicated it would do in a court [brief](#). However, the federal government declared that until they issue the new rule, they would not enforce the court’s decision and the 2020 NBPP rule, which the court clarified is now in effect. That rule requires copay assistance to count except for brand name drugs with a generic equivalent.

For years the patient community has urged the federal government to issue a rule requiring copay assistance to count, but to date they have ignored our pleas.

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The proposed rule also lacked formal clarification that all drugs covered by large group and self-funded plans are to be considered essential health benefits as defined by the ACA. More and more employers are working with PBMs and third-party vendors that designate drugs for which manufacturer assistance is available as “non-essential health benefit” drugs, even though they are covered. Since essential health benefits are protected by ACA cost-sharing limits, this scheme enables plan sponsors to pocket and exhaust all available copay assistance for themselves without applying it towards beneficiary cost-sharing.

In the [2025 Notice of Benefit and Payment Parameters rule](#), the federal government closed this loophole for the individual and small group markets and said it would do the same for large group and self-funded plans in the future.

Due to high and ever-increasing deductibles and cost-sharing, patients rely on manufacturer assistance to afford their prescription drugs. It has already been [announced](#) that the annual maximum out-of-pocket cost for 2027 will increase 13 percent to \$12,000 for an individual and \$24,000 for families. According to [IQVIA](#), the total amount of copay assistance to patients provided in 2024 was \$21.4 [billion](#). They also found that insurers and PBMs pocketed \$7 billion or 37 percent of that copay assistance for themselves.

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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.