Copay Accumulators, Copay Maximizers, AFPs: 2026 Policy and Strategy Update

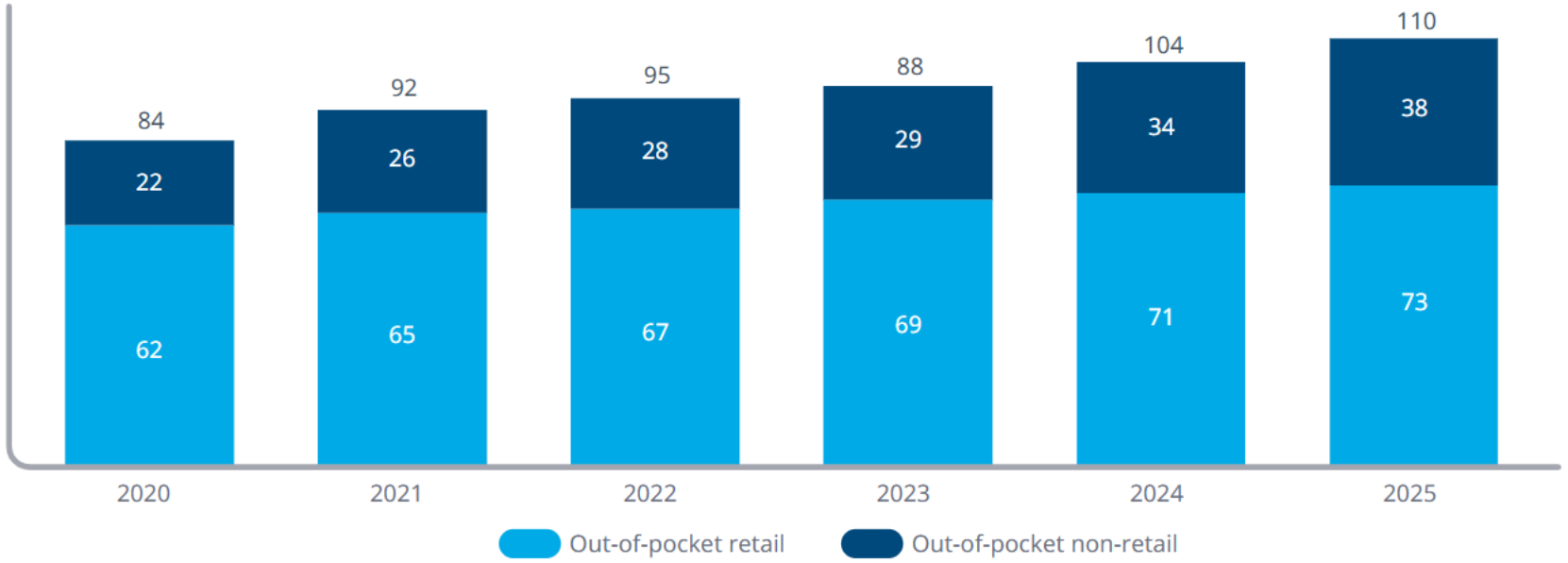
Kevin Herwig
Health Policy Director
HIV+Hepatitis Policy Institute

Patient Pathways Conference
November 17, 2026

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Patient out-of-pocket costs in aggregate reached $110Bn in 2025, an increase of $6Bn, with most of the increase in non-retail drugs

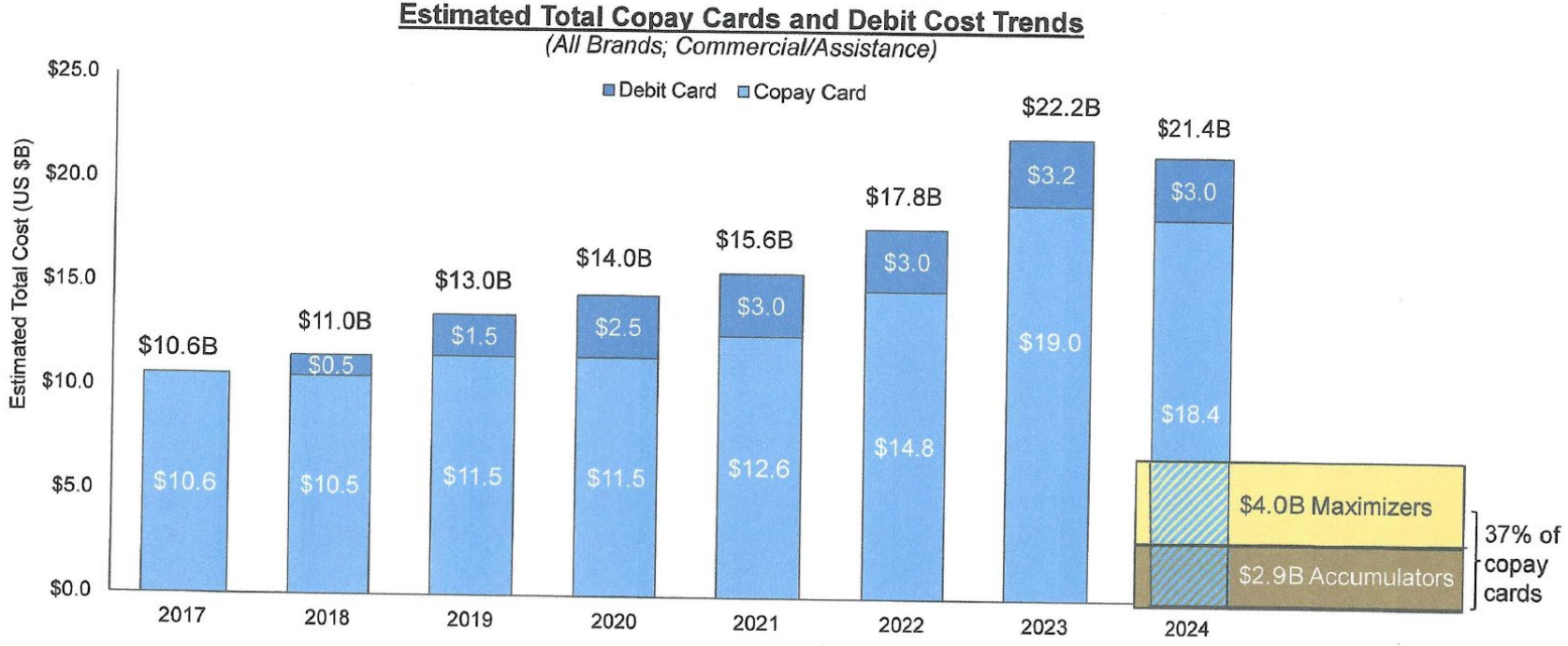
Exhibit 23: Aggregate patient out-of-pocket cost for medicines dispensed in retail and non-retail settings, 2020–2025, US$Bn



Source: IQVIA LAAD Sample Claims Data, CMS National Health Expenditures, Dec 2025; IQVIA Institute, Mar 2026.

Manufacturer copay cards bought down over $21B of patient costs in 2024 with $6.9B attributed to copay accumulator and maximizer programs

Costs due to accumulators/maximizers grew from 22% in 2023 to 37% in 2024



Note: Estimate does not capture point-of-sale programs like denial conversion, eVouchers, and other non-traditional support
Vaccines and Respiratory excluding flu excluded
Source: IQVIA LAAD 3.0 Claims Data; Xponent PlanTrak Projected Data, IQVIA US Market Access Strategy Consulting Analysis

Copay Accumulators

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PRESS RELEASE

September 22, 2026

Contact: Jennifer Burke
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301.801.9847

Three Years Since Court Victory & Prescription Drug Copay Assistance Still Not Counting for Patients

Administration Must Enforce Court Victory to Lower Drug Costs for Patients & End Insurers' Double-Charging

Washington, DC… September 29th will mark the three-year anniversary of the federal court decision that struck down a rule that allowed health insurers not to count drug manufacturer copay assistance towards a beneficiary's out-of-pocket costs. After all this time, the federal government is still blatantly ignoring the court ruling and not enforcing the law that requires insurers to count copay assistance towards patient cost-sharing. As a result, insurers and their PBMs are pocketing billions of dollars of copay assistance meant for patients, and then, because that assistance isn't counted, charging patients for the same costs, forcing them to come up with thousands of dollars more to meet their deductible and copays.

Health Affairs Scholar

The effect of state copay accumulator bans on premiums in commercial health insurance markets

Yevgeniy Feyman ✉, Kimberly Westrich, William Sarraille, Rory Martin, David Choi, Jonathan D Campbell Author Notes

Health Affairs Scholar, Volume 4, Issue 11, November 2026, qxag289,
https://doi.org/10.1093/haschl/qxag289
Published: 09 November 2026 **Article history** ▾

Results

From 2020 through 2024, average premiums in states that enacted bans grew slower (20.8%) than in states that did not (24.2%). There was no statistically significant difference in average annual premiums in states with bans if bans had not been implemented ($41.08; 95% CI: −$151.28 to $233.43). This was consistent across specifications.

Conclusion

The evidence does not support concerns that copay accumulator bans increase premiums.

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PRESS RELEASE

June 8, 2026

Contact: Jennifer Burke
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House Appropriations Calls on CMS to Ensure Copay Assistance Counts Toward Out-of-Pocket Limits

Will Improve Patient Affordability of Prescription Drugs

Washington DC… The HIV+Hepatitis Policy Institute applauds the House Appropriations subcommittee for including strong report language as part of the FY2027 Labor, HHS Appropriations bill that urges CMS to provide clear guidance so manufacturer copay assistance for prescription drugs counts toward patient out-of-pocket limits. (see page 179)

> *Ensuring Patient Assistance Counts toward Out-of-Pocket Limits.*—The Committee notes the decision in HIV & Hepatitis Policy Institute et al. v. U.S. Department of Health & Human Services, No. 1:22–cv–02604 (D.D.C. Sept. 29, 2023), regarding the treatment of manufacturer cost-sharing assistance under the annual limitation on cost sharing. The Committee encourages CMS to provide clear guidance to plans and issuers regarding compliance obligations related to cost-sharing assistance policies, including accumulator adjustment programs, consistent with applicable law and court decisions. The Committee further encourages CMS to engage stakeholders and coordinate with State regulators, as appropriate, to promote transparency for beneficiaries regarding the treatment of manufacturer cost-sharing assistance.

Pending EO 12866 Regulatory Review

RIN: 0938-AW10
Title: HHS Notice of Benefit and Payment Parameters for 2028 (CMS-9875)
Agency/Subagency: HHS / CMS
Legal Deadline: None
International Impacts: No
Pandemic Response: No

Received Date: 10/19/2026
Stage: Proposed Rule
Economically Significant: Yes
Affordable Care Act [Pub. L. 111-148 & 111-152]: No
Dodd-Frank Wall Street Reform and Consumer Protection Act, [Pub. L. 111-203]: No

ACCC: Reintroduction of the House HELP Copays Act

WASHINGTON, DC – December 4, 2025—Today, Representatives Kean (R-NJ), Barragán (D-CA), Miller-Meeks (R-IA), Auchincloss (D-MA), Fitzpatrick (R-PA), and Watson-Coleman (D-NJ) reintroduced the Help Ensure Lower Patient (HELP) Copays Act to make necessary and life-saving prescription medications more affordable for patients with rare, serious, and chronic conditions. The All Copays Count Coalition, a group of nearly 90 national patient and provider advocacy organizations, commend these champions for their commitment to protecting the most vulnerable Americans.

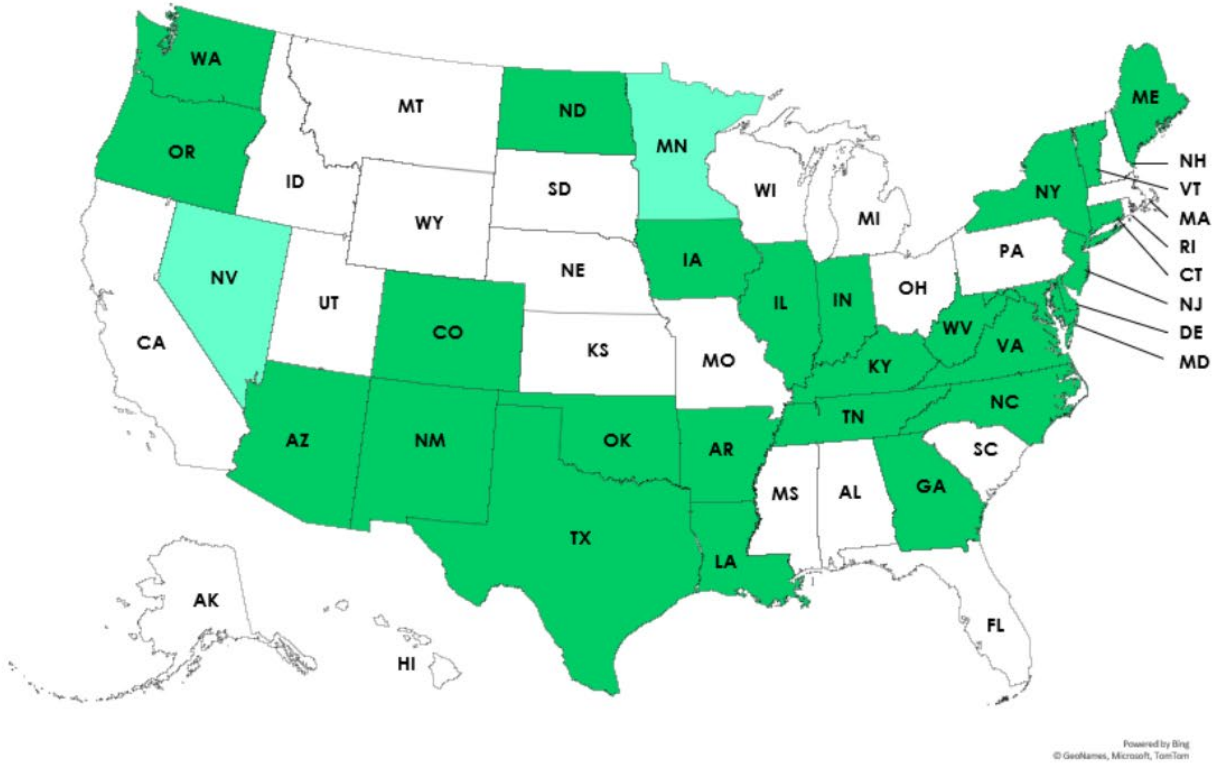
UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

SAMUEL HEINZ, on his own behalf and on behalf of all those similarly situated,	)	
Plaintiff,	)	**Case No. _____**
vs.	)	
UNITEDHEALTHCARE INSURANCE COMPANY, INC.,	)	**JURY TRIAL DEMANDED**
	)	**Date:**
Defendant.	)	

CLASS ACTION ERISA COMPLAINT

STATE ACCUMULATOR LAWS

January 2026



LAWS: 26 STATES & PUERTO RICO, DC

REGULATORY ACTION: 2 STATES

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November 4, 2026

Mr. Mike Causey
Commissioner
North Carolina Department of Insurance (DOI)
The State of North Carolina
3200 Beechleaf Court
Raleigh, NC 27604

Re: The Petition of Frank Marino & Enforcing North Carolina's Copay Accumulator Ban

Dear Commissioner:

We understand that Mr. Frank Marino has filed a petition with your office asking your agency to reconsider a statutory position which we understand that an employee provided to Mr. Marino of N.C. Gen. Stat. § 58-56A-3(c1). As we understand it, the employee stated that N.C. Gen. Stat. § 58-56A-3(c1) only applies to Pharmacy Benefit Managers and not to insurance companies. This position was apparently taken even though the statute unambiguously imposes the same obligation on an "insurer or pharmacy benefit manager". *Id*. We urge you to reject this misreading of the statute as it is contrary to the plain language of the statutory text.

No. 25-2494

IN THE

United States Court of Appeals for the Eighth Circuit

IOWA ASSOCIATION OF BUSINESS AND INDUSTRY, *et al.*,

Plaintiffs-Appellees,

v.

IOWA INSURANCE COMMISSIONER, Doug Ommen

Defendant-Appellant.

On Appeal from the United States District Court
for the Southern District of Iowa
Case No. 4:25-cv-00211
(The Honorable Stephanie M. Rose)

BRIEF OF AMICUS CURIAE HIV AND HEPATITIS POLICY INSTITUTE IN SUPPORT OF DEFENDANT-APPELLANT AND IN SUPPORT OF AFFIRMANCE, IN PART, AND OF REVERSAL, IN PART

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General Counsel HIV and Hepatitis Policy Institute

October 9, 2025

Copay Maximizers

Copay Maximizers

DEPARTMENT OF HEALTH AND HUMAN SERVICES

45 CFR Part 156

[CMS–9874–NC]

RIN 0938–AW02

Request for Information; Comprehensive Review of the Essential Health Benefits Framework and Typical Employer Plan Standard

July 15, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Comments in response to the Request for Information on Essential Health Benefits [CMS-9874-NC]

Dear Administrator Oz:

We, the undersigned 96 organizations, on behalf of millions of patients and American consumers who live with complex medical conditions and chronic illnesses that rely on prescription drugs to remain healthy and alive write in response to the Request for Information on the Comprehensive Review of the Essential Health Benefits and Typical Employer Plan.

https://hivhep.org/wp-content/uploads/2026/07/EHB-Sign-on-Letter-7.15.26.pdf

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NEW YORK

ANNABELLE GURWITCH, individually and on behalf of all others similarly situated, Plaintiff, vs. SAVE ON SP LLC, EXPRESS SCRIPTS, INC., and ACCREDO HEALTH GROUP INC., Defendant.	Case No. 25-cv-00006-LJV **Oral Argument Requested**

REDACTED PLAINTIFF'S OMNIBUS OPPOSITION TO DEFENDANTS' MOTIONS TO DISMISS

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC.,

Plaintiff,

v.

SAVE ON SP, LLC,

Defendant.

Civil Action No.: 22-2632(JKS)(CLW)

OPINON AND ORDER

Alternative Funding Programs

FDA Warning Letters

- **FDA Warning Letters, CanaRx, 2003 and 2019**
  - *CanaRx remains active in 2026*
  - *https://www.stlawco.gov/sites/default/files/HumanResources/(CANARX)%20Formulary.pdf*

CANARX

Web ID: **SLCMEDS**
Plan Name: **PPO**

For More Information
Call: +1-866-893-6337

Page 1 of 2

Feb 12 2026

- **FDA Warning Letter, ElectRx, 2023**
  - *ElectRx remains active in 2026*
  - *https://files-backend.assets.thrillshare.com/documents/asset/uploaded_file/1469/Mcallenisd/420f885b-9ccf-4d5d-9a20-82805ebd4f44/ElectRx-Formulary-January-2026.pdf?disposition=inline*

ELECTRx
Pharmacy Benefit Strategists

ElectRx Drug Formulary as of January 2026
Hours 8:30AM to 4:30PM M-F EST
ElectRx Customer Service: 1-855-353-2879 / Physician Fax: 1-833-353-2879

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FDA Citizen Petition Response

FDA response to Aimed Alliance Citizen Petition re AFPs & importation (FDA-2024-P-1058), March 2026:

"Alternative funding programs as described in the Petition are not permitted to import drugs under Section 804."

HIV+HEP POLICY INSTITUTE

UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND

GILEAD SCIENCES, INC., *et al.*,	:	
Plaintiffs,	:	Case No. 24-CV-3566-JRR
v.	:	
MERITAIN HEALTH, INC., *et al.*,	:	
Defendants.	:	

TEMPORARY RESTRAINING ORDER
AND ORDER TO SHOW CAUSE FOR A PRELIMINARY INJUNCTION







CNBC INVESTIGATIONS

Feds arrest top official of healthcare company, alleging illegal drug importation

PUBLISHED WED, NOV 11 2026•4:33 PM EST | UPDATED WED, NOV 11 2026•5:58 PM EST

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

ABBVIE INC.,

Plaintiff,

v.

PAYER MATRIX, LLC,

Defendant.

Case No. 23 CV 2836

Judge Georgia N. Alexakis



E. RxFree4Me and International Drug Sourcing

In April 2024, Payer Matrix began to work with an international drug sourcing company called RxFree4Me. [325] at 18 ¶ 67; [329] ¶ 109. Although RxFree4Me is not itself a pharmacy, it works with Canadian pharmacies to source drugs to patients in the United States. [329] ¶¶ 110, 113. Payer Matrix facilitates the sourcing process by arranging for data-sharing between RxFree4Me and the patient's provider, but Payer Matrix does not itself arrange for international shipping and has no formal agreement with RxFree4Me. *Id.* ¶¶ 108, 111, 115–16.



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

NOVARTIS AG and GENENTECH, INC.,

Plaintiffs,

v.

SHARx, LLC and CAMPBELL HEIGHTS PHARMACY LTD,

Defendants.

Case No.



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POLICY INSTITUTE

PRESS RELEASE

October 29, 2026

Contact: Jen Burke
jburke@hivhep.org
(301) 801-9847

Trump Administration Requires PBMs to Disclose Income from Copay Assistance Schemes

Transparency Rule Will Shed Light on Copay Accumulators, Maximizers, & Alternative Funding Programs

Some commenters identified certain policies and practices that may be implemented and administered by providers of pharmacy benefit management services that the commenters believed should be disclosed under the final rule. Examples include utilization management; cost sharing policies; and use of copay accumulators, copay maximizers or alternative funding programs. The Department views these as examples of services that are offered by providers of pharmacy benefit managers and agrees that initial disclosure under the final rule of the services to be provided would include disclosure of these types of services that will be implemented and administered by covered service providers with respect to a covered plan.

https://www.federalregister.gov/d/2026-22306/p-359

Thank you!

Kevin Herwig
kherwig@hivhep.org

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