



Co-Pay Accumulator Programs: **WHAT CAN POLICYMAKERS DO TO PROTECT PATIENTS?**

An Overview of Policy Proposals from the
Institute For Patient Access

Co-pay accumulator adjustment programs are presenting patients with an ugly surprise at the pharmacy counter: The card that helps them afford their medication no longer counts toward their annual deductible.

As more insurers and employees institute these programs, patients face serious consequences, including medication abandonment, financial hardship and non-medical switching.

Ensuring patients' access to their medication requires viable policy solutions.

There are several options:



Require that insurers notify patients.

The notification would explain to patients that their insurer uses a co-pay accumulator program, and that the value of their co-pay card will no longer be applied to their deductible. The notification would be a standalone communication, written simply in language that all patients can understand, and it would be provided sufficiently in advance of open enrollment.



Limit the use of co-pay accumulators.

Policymakers could amend the Employee Retirement Income Security Act of 1974 (ERISA) to restrict the use of co-pay accumulators or to limit their negative impact on patients by mandating that the co-pay cards' value counts toward patients' annual deductibles.



Require transparency on patients' out-of-pocket costs.

This could be especially valuable for patients with high-deductible health plans, who may not understand the financial implications of their choice.

During open enrollment, insurers would provide information about patients' annual out-of-pocket costs, demonstrating that high-deductible plans may result in higher costs to the patient. This transparency would allow patients to make an informed decision about their health insurance and plan for predictable out-of-pocket costs.



Support patients' ability to receive financial support without penalty.

Some insurers forbid patients to receive financial support for their prescription through manufacturer support or other assistance programs. Insurers may even require patients to disclose financial assistance for medication co-pays or co-insurance, and then prevent it from counting toward patients' annual deductibles.

Policymakers on the state or federal level could prevent insurers from penalizing patients in this way for receiving the support they need to afford their medication.

Patient advocates are concerned that co-pay accumulator programs harm patients by preventing them from accessing their physician-prescribed medication.

Wise policymaking can protect patient access.



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