Protecting Access to Patient Assistance:

Helping Rhode Islanders Afford the Medications They Need

March 2026

What are Patient/Copay Assistance Programs?

- Many patients have difficulty affording the cost of their prescription drugs, especially those without a cheaper generic alternative available. **Copay assistance programs can provide much needed financial relief to cancer patients and those with chronic illnesses who rely on costly medications.**
- In many cases, a cancer patient needs a drug that does not yet have a modestly-priced generic or other alternative to taking the specific medication their provider has prescribed.
- These programs, offered by manufacturers, charitable organizations, and other third parties, help offset the burden of high-cost drugs and give patients access to life-saving drugs they otherwise could not afford.

The Problem

- In recent years, insurers have implemented so-called 'Copay Accumulator Adjustment Programs', a tool which allows an individual to use copay assistance, but doesn't count the amount of the support used towards the individual's deductible or max out-of-pocket amount (MOOP).
- Even as patient assistance is being paid to the insurer on behalf of the patient, only the funds spent directly by the individual count, meaning patients see greater out-of-pocket costs and take longer to reach their required deductibles and out-of-pocket maximums.
  - **Copay Accumulator Adjustment Programs put patients and their families in an impossible situation of having to choose between their health and other financial obligations.**
- A May 2022 survey conducted by the American Cancer Society Cancer Action Network (ACS CAN) found that over a quarter of those who enrolled in patient assistance programs report that the assistance they received was not applied to their deductible or other out-of-pocket cost requirements and another 22% were unsure.
  - Most people enrolled in copay assistance programs agree that this assistance provides access to medication that they otherwise couldn't afford.
- **28 states, Washington, DC and Puerto Rico have already taken action to restrict discriminatory accumulator policies through legislation or regulatory action.**

Patient Assistance & Health Equity

Prescription drug costs are a challenge for nearly one-third of cancer patients and survivors, with one-in-five individuals skipping or delaying taking prescribed medications due to costs. The negative impacts of not being able to benefit from a copay assistance program are even greater among some patient populations, with many Black, Hispanic, and Asian cancer patients and survivors reporting they have declined treatment due to cost after finding they were unable to enroll in a copay assistance program.

Please Support S2253 / H7947 to Protect Patient Access to Copay Assistance and Help Rhode Islanders Afford the Medications They Need

Please Support S2253 / H7947 to Protect Patient Access to Copay Assistance and Help Rhode Islanders Afford the Medications They Need

Impact on Rhode Islanders

"I rely on my copay assistance card to help me afford the drugs I need to live a life free from the pain and discomfort caused by my condition. When my insurance stepped-in and told me that any assistance I get to help me afford my medications would not be credited toward my deductible, I was devastated.

I believe it is wrong for insurance companies to make it more difficult for patients to afford the drugs they need. It is time for Rhode Island to join other states that have put an end to these harmful insurance company tactics."

Paul A. – Woonsocket, RI

Supporters in the Ocean State:

American Cancer Society Cancer Action Network

NEHA New England Hemophilia Association

Epilepsy Foundation New England

American Diabetes Association. Connected for Life

ALS Association

MS National Multiple Sclerosis Society

SEIU Healthcare 1199NE United for Quality Care

Crohn's & Colitis Foundation

The Michael J. Fox Foundation for Parkinson's Research

Susan G. Komen

Arthritis Foundation

NAMI Rhode Island

Protect our Healthcare

National Psoriasis Foundation

The AIDS Institute

autoimmune association

Spondylitis Association of America – Serving the Spondyloarthritis Community

HFA Hemophilia Federation of America

ASCO Association for Clinical Oncology

HIV+HEP Policy Institute

Infusion Access Foundation

GCA Gaucher Community Alliance

NICA National Infusion Center Association

NOSN National Oncology State Network

AfPA Alliance for Patient Access

Lupus and Allied Diseases Association, Inc.

EveryLife Foundation

American Kidney Fund – Fighting on All Fronts

NEBDAC New England Bleeding Disorders Advocacy Coalition

AiArthritis International Foundation for Autoimmune & Autoinflammatory Arthritis

Brain Injury Association of Rhode Island

National Hemophilia Foundation – for all bleeding disorders

National Eczema Association

MHARI Mental Health Association of Rhode Island

Patients Rising Now

For more information please contact:

Ryan Timothy Strik,

Rhode Island Government Relations Director, ACS CAN

Ryan.Strik@cancer.org | (401) 259-1052

American Cancer Society Cancer Action Network
fightcancer.org

Patient Assistance Programs

Many cancer patients have difficulty affording the cost of their prescription drugs, regardless of whether they are insured. This is especially true for newer drugs that do not have a generic equivalent. Many programs exist to help patients afford their medication. This fact sheet focuses on two of these – copay assistance programs and patient assistance programs.

Manufacturer Support Through Copay Assistance

Some prescription drug manufacturers operate programs that directly support the uninsured or privately-insured patient for use of the manufacturer's products. These include:

- Copay cards: the manufacturer distributes copay cards in paper or electronic form that the patient brings to the pharmacy and uses to get a discount on their cost-sharing. These cards can be distributed through providers, or directly to patients via mass media or websites. Some cards work for multiple fills of one drug, or for multiple drugs.
- Electronic "switch": An electronic process that activates discounts in pharmacy computer systems but does not require a physical card.

Because of Federal Anti-Kickback statutes, manufacturers are prohibited from directly paying for any part of drug costs for patients relying on a Federal Health Care Program (FHCP) including Medicare and veterans' programs and having those costs count towards the patient's out-of-pocket costs.[1]

Charitable Patient Assistance Programs

Tax-exempt charities are legally permitted to provide patient assistance programs, such as serving patients with certain diseases or supporting low-income or uninsured patients. These copay foundations accept charitable funding with general public support and corporate giving, including pharmaceutical companies. These programs are permitted to support FHCP patients, on the condition they operate within the parameters defined by the U.S. Health and Human Services Office of Inspector General.

Requirements for eligibility in the programs vary: some programs only assist uninsured patients, others will assist patients who have insurance but whose plan does not cover the drug the patient needs, and others will assist patients who have coverage for a particular drug, but cannot afford the required copay, coinsurance or deductible. Once enrolled in a program, patients are instructed on how to pay for their medication – often with a discount card or a card that functions like a credit card.

Impact of Programs

Patient or copay assistance programs help many cancer patients afford their medications. In many cases a cancer patient needs a drug that does not yet have a modestly-priced generic or other alternative to taking the specific medication their provider has prescribed. A patient/copay assistance program's financial support can give patients access to a life-saving drug that they otherwise could not afford. Some policymakers argue that these programs potentially increase prescription drug costs by allowing the manufacturers to keep the "list price" of their drugs high, but without these programs many cancer patients are left with few options to pay for their therapies. Additionally, some argue that these programs cause patients and doctors to choose more expensive drugs, where generic or cheaper alternatives exist. This reduces a plan's ability to steer patients towards more cost-effective drugs and may increase premiums.[2] However, many of the programs exist for drugs without generic alternatives.

Further, even lower cost drug treatments, especially over a period of months, can be out of-reach for many low-income people. Studies of patients with certain treatment types report a significant drop in adherence when co-pays increase to a range of $30 to $90.[3] Of economically vulnerable patients with any condition surveyed with various levels of coverage, nearly 60 percent projected they were extremely concerned they would be unable to cover out-of-pocket medication costs over the next 12 months.[4]

Some state legislatures have considered bills that prohibit drug manufacturers from establishing copay assistance programs in the state, or otherwise pay, waive or reimburse a patient for his or her insurance copay. Additionally, some pharmacy benefit managers, insurers and/or employers are implementing "accumulator adjustment programs," which prevent the costs that are covered by a patient or copay assistance program from applying towards the patient's deductible or out-of-pocket maximum. With no policy to require transparency in how often these programs are implemented or regarding which drugs, it is unclear how often these policies are implemented or enforced with regard to cancer drugs.

ACS CAN Position

A decision regarding oncology treatment should be a medical decision between a doctor and patient. Patient assistance programs help enrollees to have access to the most appropriate prescription drugs. Prohibiting the use of these programs could deny cancer patients access to medically necessary prescription drugs. At the same time, these programs should not be used to steer patients toward a higher-cost medication when a less expensive alternative is available, covered, and medically appropriate for an enrollee. ACS CAN supports legislation to require that prescription drug copay assistance be counted toward the patient's out-of-pocket cost obligations.

---

[1] Centers for Medicare and Medicaid Services. Memorandum To: All Part D Sponsors. HPMS Q & A - Patient Assistance Programs. October 4, 2006. DEPARTMENT OF HEALTH & HUMAN SERVICES (cms.gov)

[2] Starner CI, Alexander GC, Bowen K, Qiu Y, Wickersham PJ, Gleason PP. Specialty drug coupons lower out-of-pocket costs and may improve adherence at the risk of increasing premiums. Health Aff Oct 2014 vol. 33 no. 10 1761-1769.

[3] Neugut, AI, Subar M, Wilde ET, Stratton S, Brouse CH, Hillyer GC, et al. Association between prescription copayment amount and compliance with adjuvant hormonal therapy in women with early-stage breast cancer.
Journal of Clinical Oncology. Vol 29, no 18. June 20, 2011.

[4] Narang, AK, Nicholas, LH. Out-of-Pocket Spending and Financial Burden Among Medicare Beneficiaries with Cancer. JAMA Oncology. November 23, 2016.

Copay Accumulator Adjustment Programs

Increasing Costs to Patients and the Health Care System

A 2020 NPF survey of people with psoriasis and psoriatic arthritis found:[1]

80.3% taking biologics with commercial insurance rely on copay assistance.

71% with incomes between $50,000 and $99,999 would be unable to afford their treatment without copay assistance.

Under copay accumulator adjustment programs, health insurers **double dip** because out-of-pocket costs are paid twice.

Copay Assistance is financial assistance typically provided by charitable organizations or drug manufacturers to help patients pay out-of-pocket costs for their medications or health care services.

Although sometimes called "copay coupons" or "copay cards" it is important to remember that copay assistance is **real money**.

Terms to Know:

Coinsurance: the out-of-pocket costs a patient owes for a service or medication, calculated as a percentage of the total cost.

Deductible: the amount of money the insured pays before insurance coverage kicks in.

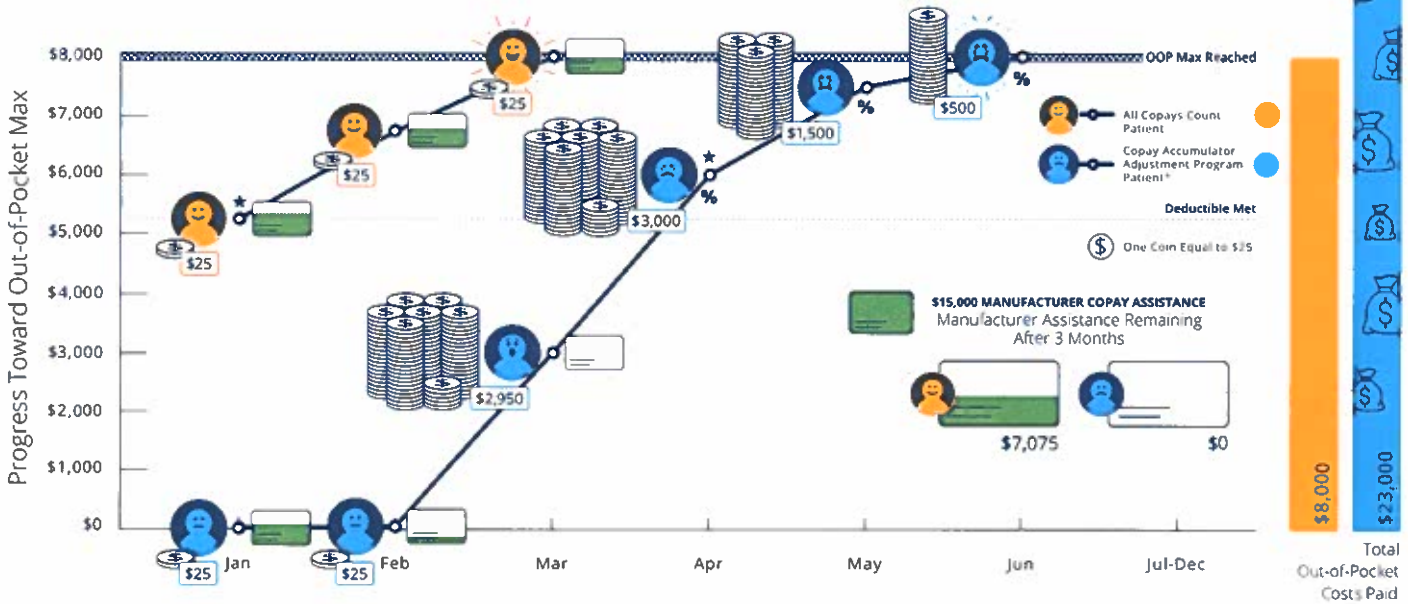
Out-of-Pocket (OOP) Maximum: the maximum amount the insured pays out-of-pocket for services/treatments during the plan year before your insurance pays 100 percent of the costs.

The Problem: Refusing to Count All Copays

Copay Accumulator Adjustment Programs:

- Do not count copay assistance toward a patient's deductible or out-of-pocket maximum. The copay assistance – **real money** – is used to pay for the patient's out-of-pocket costs but the health plan does not count it toward the patient's deductible and out-of-pocket maximum.
- Allow insurance companies to **shirk their fiduciary responsibilities** by excluding copay assistance from cost sharing calculations.

In a 2020 NPF survey, nearly half of people who experienced a copay accumulator adjustment program did not find out until they were at the pharmacy counter.



Total Patient Out-of-Pocket Costs

The cost to the patient before accumulator program:
$75

The cost to the patient under accumulator adjustment program:
$8,000

**This example does not reflect pre- or post-deductible per prescription out-of-pocket caps that have been implemented in some states.*

Far Reaching Impact of Copay Accumulator Adjustment Programs

Impacts on Patients

Increases out-of-pocket costs
When copay assistance runs out, patients are stuck paying the bill, a second time, out of their own pocket.

May lead to worse health outcomes
Patients are far more likely to abandon their treatment when out-of-pocket costs exceed $100.[2]

Impacts on the Health Care System

Nonadherence
Health care spending on emergency visits, hospital stays, and avoidable procedures increases when patients cannot afford treatments to manage their chronic disease.

Shirking fiduciary responsibility
Insurers and PBMs **"double dip"** because out-of-pocket costs are paid twice - first from copay assistance and then from patients.

Policy Solution: Ensure All Copays Count

Lawmakers can help patients afford critical treatments by ensuring all payments – made by or on behalf of patients – are counted toward the patients' deductibles and out-of-pocket maximums:

- Patients should not be punished for utilizing copay assistance for treatments they need to control their chronic conditions.
- Insurers and PBMs should not shirk their fiduciary responsibilities.

Change is possible
5 states – Virginia, West Virginia, Arizona, Illinois and Georgia – have already stopped this discriminatory practice by ensuring all copays count.

Myth: **"Copay assistance increases use of brand name drugs over their generic alternatives."**
A study of claims data by IQVIA found that 99.6% of copay cards are used for branded drugs that do not have a generic alternative.[3]

Myth: **"Patients can choose a cheaper treatment option."**
Insurers have utilization management tools – prior authorization and step therapy – to guide patients toward lower cost alternatives. Only after an insurance company approves coverage for a treatment can the patient use copay assistance to help cover their out-of-pocket costs.

Myth: **"Copay assistance is just a discount – not real money – which is why it should not count toward a patient's deductible or out-of-pocket maximum."**
Copay assistance is real money that is paid by a charitable organization or manufacturer to help a patient reduce their out-of-pocket costs. By excluding copay assistance from counting toward a patient's cost sharing requirements, insurers are shirking their fiduciary responsibility.

References

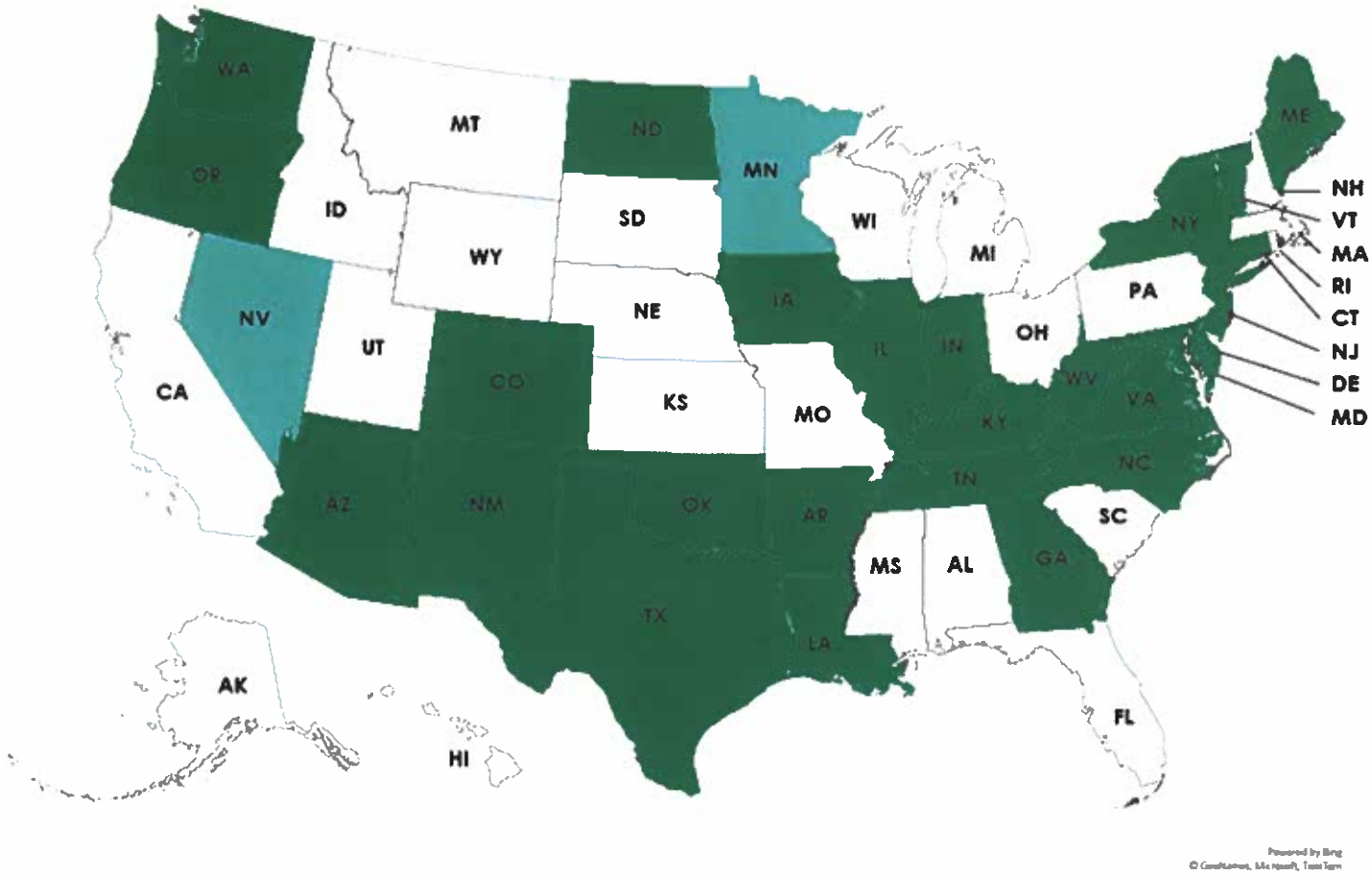
1. *National Psoriasis Foundation Survey of Patients with Psoriasis and Psoriatic Arthritis. 2020.*
2. *Gleason PP, Starner CI, Gunderson BW, Schafer JA, Sarran HS. Association of prescription abandonment with cost share for high-cost specialty pharmacy medications. J Manag Care Pharm. 2009;15(8):648-658. doi:10.18553/jmcp.2009.15.8.648*
3. *IQVIA. An Evaluation of Co-Pay Card Utilization in Brands after Generic Competitor Launch. https://www.iqvia.com/locations/united-states/library/fact-sheets/evaluation-of-co-pay-card-utilization*

NATIONAL PSORIASIS FOUNDATION

www.psoriasis.org

STATE ACCUMULATOR LAWS

January 2026



LAWS: 26 STATES & PUERTO RICO, DC

REGULATORY ACTION: 2 STATES

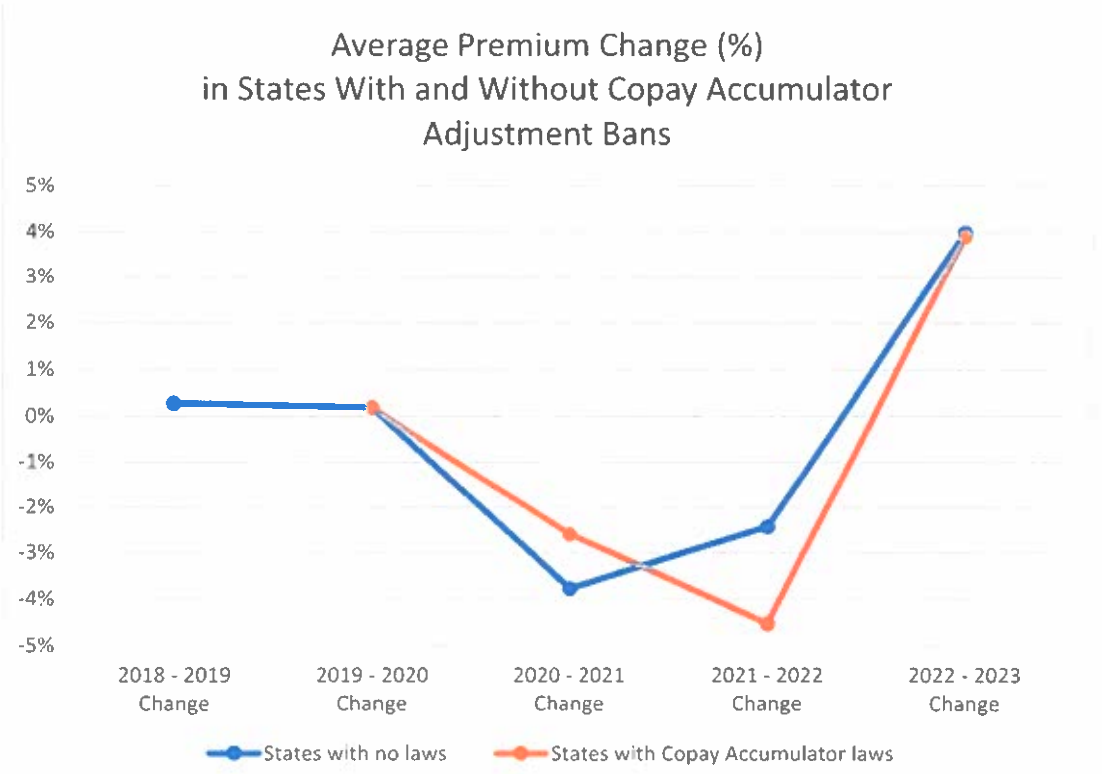
THE AIDS INSTITUTE

May 2023

Comparison of Marketplace Average Benchmark Premiums Between States With and Without Copay Accumulator Adjustment Bans

Between 2019 and 2022, 16 states enacted laws banning insurers and pharmacy benefit managers (PBMs) from diverting copay assistance funds intended to help patients living with serious, complex chronic illness afford the expensive medications on which they rely. Patients and providers first noticed this practice (called "copay accumulator adjustments") in 2017.[1]

The AIDS Institute analyzed annual premium changes in states with copay accumulator adjustment bans and those without. **We found no evidence that enacting a copay accumulator adjustment ban has a meaningful impact on average premiums.**



Source: Marketplace Average Benchmark Premiums, Kaiser Family Foundation. Assumes that impact of copay accumulator adjustment bans would begin on Jan 1 of the year following enactment of the state law.

[1] For more information about copay accumulator adjustment policies and their impact on patients, see: The AIDS Institute, *Discriminatory Copay Policies Undermine Coverage for People with Chronic Illness: Copay Accumulator Adjustment Policies in 2023*, February 2023.

Marketplace Average Benchmark Premiums by State Copay Assistance Accumulator Bans in Place by 2023

States	2018	2019	2020	2021	2022	2023
Arizona	$516	$471	$442	$436	$390	$410
Illinois	$486	$478	$451	$423	$418	$453
Virginia	$535	$555	$521	$479	$450	$371
West Virginia	$545	$596	$628	$654	$752	$824
Georgia	$483	$487	$463	$456	$394	$413
Arkansas	$364	$378	$365	$394	$387	$416
Connecticut	$545	$475	$570	$580	$581	$627
Kentucky	$422	$460	$471	$476	$387	$422
Louisiana	$474	$454	$500	$545	$541	$565
North Carolina	$627	$618	$558	$516	$504	$512
Oklahoma	$659	$696	$601	$554	$498	$510
Tennessee	$743	$548	$511	$466	$445	$473
Delaware	$589	$684	$548	$540	$548	$549
Maine	$588	$544	$513	$440	$427	$457
New York	$506	$569	$610	$597	$592	$627
Washington	$336	$406	$391	$388	$396	$395
Alabama	$558	$546	$553	$590	$597	$567
Alaska	$726	$702	$724	$675	$712	$762
California	$430	$439	$430	$426	$417	$432
Colorado	$470	$488	$358	$351	$358	$380
District of Columbia	$324	$393	$414	$415	$387	$428
Florida	$466	$477	$468	$457	$456	$471
Hawaii	$438	$493	$474	$478	$484	$469
Idaho	$478	$498	$520	$495	$461	$425
Indiana	$339	$339	$387	$421	$398	$397
Iowa	$713	$762	$742	$523	$502	$484
Kansas	$518	$552	$502	$491	$450	$471
Maryland	$487	$419	$397	$347	$328	$336
Massachusetts	$316	$332	$343	$363	$389	$417
Michigan	$381	$383	$360	$347	$340	$362
Minnesota	$385	$326	$309	$307	$327	$335
Mississippi	$519	$521	$487	$459	$448	$461
Missouri	$529	$499	$483	$479	$442	$473
Montana	$525	$561	$483	$471	$483	$477
Nebraska	$767	$838	$711	$699	$595	$550
Nevada	$432	$410	$374	$393	$383	$386
New Hampshire	$475	$402	$405	$357	$309	$323
New Jersey	$413	$352	$392	$405	$424	$441
New Mexico	$414	$365	$345	$339	$389	$445
North Dakota	$377	$457	$383	$493	$497	$475
Ohio	$371	$380	$375	$375	$375	$413
Oregon	$414	$443	$446	$437	$444	$462
Pennsylvania	$575	$484	$459	$455	$390	$433
Rhode Island	$311	$336	$332	$349	$361	$379
South Carolina	$520	$552	$509	$476	$444	$496
South Dakota	$521	$557	$593	$618	$601	$626
Texas	$434	$444	$432	$436	$424	$461
Utah	$550	$542	$486	$472	$456	$471
Vermont	$505	$622	$662	$669	$749	$841
Wisconsin	$569	$537	$491	$457	$429	$456
Wyoming	$865	$865	$881	$791	$762	$802

Source: Kaiser Family Foundation, Marketplace Average Benchmark Premiums. Assumes law impacted premiums the year after it was passed. Key: Blue cells = States with copay accumulator adjustment bans passed between 2019 and 2022; Orange font = Year law impacted premiums