

# STATEMENT



## In Support of Senate Bill 2253 (Britto) March 26, 2026

**Position: The Pharmaceutical Research and Manufacturers of America (PhRMA) supports Senate Bill 2253 (SB 2253), which would prohibit health insurers and pharmacy benefit managers (PBMs) from implementing Accumulator Adjustment Programs (AAPs) that prevent third-party assistance from counting toward a patient’s deductible and maximum out-of-pocket limit.**

Prescription medicine costs are a small and stable share of overall health care spending, accounting for just 14% of total U.S. health care spending.<sup>1</sup> Average net prices for protected brand medicines grew by 3.0% in 2023, below the rate of inflation for the fifth year in a row, and IQVIA reports that net price growth was flat in 2024.<sup>2</sup> Looking ahead, average net price growth is projected to be -1 to -4% per year through 2028.<sup>3</sup> Unfortunately, it doesn’t feel that way for patients because health insurers are increasingly using deductibles and coinsurance, rather than copays, which results in patients paying the full list price or a percentage of the list price for their medicines, not the discounted price paid by the insurer or PBM. This higher cost sharing can impact patients’ ability to adhere to their prescribed treatment, which can be devastating for patients with chronic conditions who rely on medicines to keep their symptoms in check.

To help patients better afford and stay adherent to their medicines, many third-party entities, including pharmaceutical manufacturers, offer cost-sharing assistance. Historically, commercial health insurance plans have counted this cost-sharing assistance toward a patient’s deductible and maximum out-of-pocket limit, providing relief from high cost-sharing and making it easier for patients to get their medicines. Unfortunately, health insurers and PBMs are increasingly adopting policies, often referred to as AAPs, that block manufacturer cost-sharing assistance from counting toward patient cost-sharing requirements.

When health insurers implement such programs, they can substantially increase patients’ out-of-pocket costs, financial burdens, and health risks. Many patients who have benefited from cost-sharing assistance to afford their medicines have no idea that health insurers and PBMs are no longer counting cost-sharing assistance toward their annual out-of-pocket limits. As a result, patients may face thousands of dollars in surprise out-of-pocket costs for their prescription medicines because manufacturer cost-sharing assistance isn’t counted as if paid by patients

<sup>1</sup> Altarum Institute. “Projections of the Non-Retail Prescription Drug Share of National Health Expenditures.” July 2022.

<sup>2</sup> IQVIA. “Use of Medicines in the U.S. in 2024: Spending and Usage Trends and Outlook to 2028.” Published May 2024; IQVIA. “Understanding the Use of Medicines in the U.S. 2025.” Published April 30, 2025.

<sup>3</sup> Ibid.

themselves.

Patients subject to these cost-sharing surprises have a significantly greater risk of treatment discontinuation and lower refill adherence. In many cases, patients leave the pharmacy empty-handed as a result. Patients experiencing “copay surprises” are 13 times more likely to discontinue treatment than patients who experience consistent copays.<sup>4</sup> Additionally, a recent study found that implementing AAPs for specialty autoimmune medicines was correlated with reductions in medication adherence among high deductible health plan enrollees.<sup>5</sup> Those patients subject to a deductible had four times higher treatment discontinuation and 12% lower refill adherence after accumulator implementation than patients in a plan that was not subject to a pharmacy deductible.<sup>6</sup>

Rhode Island should join at least 26 other states that have enacted legislation to address this issue. We encourage Rhode Island policymakers to protect patients and enable them to better afford their medicines by prohibiting the administration of benefit designs and policies, including AAPs, that exploit patient assistance and ultimately put patients’ access to medicines at risk.

**PhRMA is committed to promoting policies that protect Rhode Island patients and enable them to better afford their medicines. PhRMA respectfully supports the passage of SB 2253, which offers patient-centered solutions that will help patients pay less for their medicines.**

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*The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research companies, which are laser focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat and cure disease. Over the last decade, PhRMA member companies have invested more than \$850 billion in the search for new treatments and cures, and they support nearly five million jobs in the United States.*

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<sup>4</sup> IQVIA blog. Trends to watch through 2023: Copay Accumulator Adjustment Programs.

<https://www.iqvia.com/locations/united-states/blogs/2022/03/trends-copay-accumulator-adjuster-programs>.

<sup>5</sup> Sherman BW, Epstein AJ, Meissner B, et al. Impact of a Co-pay Accumulator Adjustment Program on Specialty Drug Adherence. *American Journal of Managed Care*. 2019; 25(7):335-340.

<sup>6</sup> Ibid.