

UTAH ALL COPAYS COUNT COALITION



January 27, 2022

Re: Help Utah patients by passing SB 139

Dear Senate Business and Labor Committee Members,

As a member of the Utah All Copays Count Coalition (UACCC), a group of patient-focused organizations and individuals working together to ensure Utahns can afford life-saving medications, we ask for your support of SB 139 and encourage passage this legislative session as is. SB 139 ensures patients will continue to have access to their needed medications and stay on their treatment regime prescribed by their doctor by ending the practice of Copay Accumulator Adjustment Programs (AAPs) utilized by some insurers in the private market.

Currently, in the commercial health insurance market, patients are facing higher cost-sharing due to an increase in unpredictable deductibles because of AAPs. Third-party cost-sharing programs, such as copay coupons from manufacturers, have historically helped lower patient out-of-pocket costs by applying those coupons toward the patient's deductible. Unfortunately, the adoption of AAPs have started to block those manufacturer coupons from counting towards deductibles and therefore increases the amount patients must first pay to reach their deductible.

Currently, Utah does not have a law to ensure that health insurers count co-payment assistance towards a patient's cost-sharing requirement. Twelve states (AR, AZ, CT, GA, IL, KY, LA, NC, OK, TN, VA, WV) have protected patients by passing legislation to ensure all copays count. In a recent report conducted by The AIDS Institute, 3 out of 6 insurers have implemented copay accumulator adjustment policies in Utah.

People with chronic illnesses are especially impacted by AAPs because they often experience higher cost burdens as they struggle with unexpected expenses during their deductible period. It is well-known that people living with chronic and high-cost conditions like hemophilia, cancer, cystic fibrosis, arthritis, epilepsy, HIV and multiple sclerosis face significant financial hardships each year until their deductibles have been met and the full relief of their health insurance kicks in. This hardship is made worse by AAPs because preventing copay assistance from applying to a person's deductible means it takes them longer to reach the end of the deductible period. Prolonging the deductible period can put other medical needs—such as doctors' visits, rehab therapies, MRIs, or other medications—financially out-of-reach.

We ask that the Utah State legislature join the 12 other states who passed legislation that will protect patients by ensuring all copays count towards their deductibles and out-of-pocket maximums.

Thank you!

For more information on the Utah All Copays Count Coalition visit: www.UTACCC.com

¹ 2021 The AIDS Institute. An Updated Report on Copay Accumulators.
https://aidsinstitute.net/documents/2021_TAI_Double-Dipping_Final-031621.pdf

American Cancer Society – Cancer Action Network

American Diabetes Association

Ark Insurance Solutions

Arthritis Foundation

Association For Clinical Oncology

Epilepsy Foundation – Utah Chapter

Health Agents for America

Hemophilia Federation of America

ICAN, International Cancer Advocacy Network

International Foundation for Autoimmune & Autoinflammatory Arthritis

Infusion Access Foundation

Jennifer Hepworth, Patient Advocate

Lupus and Allied Diseases Association, Inc.

Multiple Sclerosis Society – Utah Chapter

National Hemophilia Foundation

National Infusion Center Association

Rare Access Action Project (RAAP)

Society of Utah Medical Oncologists

The Apothecary Shoppe

Utah AIDS Foundation

Utah Hemophilia Foundation

Utah Pharmacy Association

Utah Nurses Association

Utah Nurse Practitioners

¹ 2021 The AIDS Institute. An Updated Report on Copay Accumulators.

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