**Make All Copays Count**

**Legislation To Help Patients Pay Less**

**Tennessee’s Copay Accumulator Adjustment Program Ban Bill: What you need to know**

**Overview**

Thousands of Tennesseans rely on cost-sharing assistance to afford their much-needed medications. Historically, when a patient uses cost-sharing (copay) assistance, the amount has still counted toward the patient’s deductible and maximum out-of-pocket (OOP) limit.

**The Issue**

Increasingly, Pharmacy Benefit Managers (PBMs) and insurance companies are refusing to count copay assistance payments toward patients’ deductibles and out-of-pocket maximums through a practice known as “copay accumulator adjustments.”

**What does this look like for patients across Tennessee?**

This often results in quite a shock at the pharmacy counter when Tennesseans realize they are being forced to pay thousands of dollars out-of-pocket just to get the treatment they need, when they thought their deductible or out-of-pocket maximum had been met.

Copay accumulator adjustments are putting Tennesseans’ health on the line, when patients are already suffering due to the ongoing COVID-19 pandemic.

This policy may significantly increase the money the insurance plan and/or PBM receives, while also decreasing medication access for patients who are not able to afford the full cost of their deductible.

**It is our fear that many patients will have to ration their medicines, or abandon their prescriptions altogether, which could lead to more serious health outcomes and higher costs.**

**How will SB1397/HB0619 help patients save on costs?**

**The Fix**

SB1397/HB0619, introduced in the Tennessee legislature, is a step in the right direction to guarantee that patients can continue to use copay assistance programs to help save costs. This legislation will remove barriers to prescription access by requiring that all payments made – directly by the enrollee or on the enrollee’s behalf – be counted toward their overall out-of-pocket maximum payment and deductible.

**Your voice is crucial, now more than ever!**

Tennessee lawmakers must understand that **all copays count**!They must protect their constituents from high out-of-pocket costs by requiring health plans to credit all payments made by or on behalf of patients toward patient deductibles and out-of-pocket maximums.

**Together we can fight for patients’ rights and keep affordable health care available to everyone.**

**Further FAQs**

**What is copay assistance?**

* Copay assistance (sometimes called “copay cards” or “coupons”) is money that helps patients afford out-of-pocket costs for their medications. Patients with chronic conditions such as bleeding disorders need specialty medications to manage their disease. Copay assistance is often the only way they can afford the out-of-pocket costs for their lifesaving medications.

**Does copay assistance increase use of expensive medications?**

* No. For conditions such as bleeding disorders, no generic and no low-cost alternatives exist. And health insurers still have control of what treatments patients can access, using their traditional tools of formulary design, prior authorization, etc. Patients must still gain approval from the insurer to gain access to the medication at issue.

**What happens when copay assistance is not allowed to count?**

* When an insurer applies an accumulator, the insurer collects double (or more) the amount of a patient’s required cost-sharing: once from the copay assistance program and then, when the assistance dollars are depleted, the full amount of the cost-sharing (again) from the patient themselves. This double-dipping represents a best-case scenario: It assumes that the patient can afford to pay that cost-sharing amount and access their medication. All too often, patients abandon their prescription instead, or are forced to seek treatment in a higher-cost setting such as an emergency room.