

Michigan Patients Count on Copay Assistance



Copay assistance is financial assistance typically provided by drug manufacturers or nonprofit organizations to help Michigan patients afford their medication and health care services.

- **Copay assistance is real money.** Copay assistance is **not a discount or coupon.**
- 99.6% of copay assistance is used for branded drugs that **do not have a generic alternative.**¹ That's real help for real Michigan patients.

Copay Accumulator Adjustment Programs: Limiting Which Copays Count

Copay accumulator adjustment programs hurt real people, not drug manufacturers or insurance companies.

Accumulator adjustors prevent any copayment assistance from counting toward a member's deductible or maximum out of pocket requirements. Insurers still collect copay assistance, but once it runs out they still require the patient to pay the full deductible and out-of-pocket costs.

Copay Accumulators mean the patient is required to pay the bill twice



Right now, in Michigan 70% of health plans on the marketplace feature language preventing patients from using copay assistance that counts.²

Copay assistance helps patients afford medicine prescribed by their physician and already approved by their insurer

- Insurance companies approve the prescription drug **BEFORE** patients gain access to copay assistance.
- Insurers already utilize prior authorization and step therapy to manage prescription drug costs.
- Section B of HB 4353 ensures that copay assistance is only counted if a generic alternative does not exist or has already been bypassed.



Impacting Michigan Patients and the Health Care System

Copay accumulator programs increase patients' out-of-pocket costs. Patients are far more likely to abandon their treatment when out-of-pocket costs exceed \$100.³ Health care spending on emergency visits, hospital stays, and avoidable procedures increases when patients cannot afford treatments to manage their chronic disease.

House Bill 4353 will help patients access critical treatment by ensuring all payments—made by the patient or on behalf of the patient—count towards the patient's deductible and out-of-pocket costs.

12 states have already passed legislation to stop this discriminatory practice and protect patients.

Michigan should too.



Don't Make Patients Pay TWICE – Pass House Bill 4353

Michigan All Copays Count Coalition



[1] The AIDS Institute. 2021. Double-Dipping: Insurance Companies Profit at Patients' Expense. An Updated Report on Copay Accumulators. https://aidsinstitute.net/documents/2021_TAI_Double-Dipping_Final-031621.pdf

[2] The AIDS Institute. 2022. Discriminatory Copay Policies Undermine Coverage for People with Chronic Illness. Copay Accumulator Adjustment Policies in 2022. https://aidsinstitute.net/documents/final_TAI_2022-Report-Update_020122.pdf

[3] Gleason PP, Starnes 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