



February 26, 2021

**Via Electronic Communication**

P. Scott Lipps  
Chair, Health Committee  
Ohio House of Representatives  
[rep62@ohiohouse.gov](mailto:rep62@ohiohouse.gov)

Adam Holmes  
Vice-Chair, Health Committee  
Ohio House of Representatives  
[rep97@ohiohouse.gov](mailto:rep97@ohiohouse.gov)

C. Allison Russo  
Ranking Member, Health Committee  
Ohio House of Representatives  
[rep24@ohiohouse.gov](mailto:rep24@ohiohouse.gov)

Re: Letter in Support of HB135

Dear Representatives Lipps, Holmes, and Russo:

Aimed Alliance is a 501(c)(3) non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. We are writing in support of HB135, and we ask that you approve the bill for a full vote before the legislature.

Historically, privately insured individuals who cannot afford their copayments or coinsurance have been able to obtain aid from copayment assistance programs –programs in which a pharmaceutical manufacturer may offer cost-sharing assistance, typically in the form of a coupon card, to an individual to ease the burden of high out-of-pocket costs. Traditionally, the coupon card has contributed toward the patient’s deductible and maximum out-of-pocket limit as well. These programs have been especially helpful for individuals enrolled in high deductible health plans (HDHPs) in which the patient is responsible for high out-of-pocket costs until the deductible is reached. Increasingly, HDHPs are the only option for many Americans; many employers and marketplace exchanges only offer HDHPs.<sup>1</sup>

Health plans are increasingly implementing copay accumulator programs, which prevent the value of a drug manufacturer’s coupon from counting toward a patient’s deductible and maximum out-of-pocket limit.<sup>2</sup> Under such programs, once copayment assistance runs out, the plan enrollee is again faced with an inability to afford his or her medication. In some instances, there are no generic alternatives, and patients may be forced to ration their medications or abandon treatment altogether.<sup>3</sup> As a result, they can experience disease progression, relapse, and other adverse events, thereby increasing health care utilization.<sup>4</sup>

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<sup>1</sup> <https://www.goodrx.com/blog/the-pros-and-cons-of-high-deductible-health-plans>

<sup>2</sup> <https://www.npr.org/sections/health-shots/2018/05/30/615156632/why-some-patients-getting-drugmakers-help-are-paying-more>

<sup>3</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20180824.55133/full/>

<sup>4</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20180824.55133/full/>

HB135 seeks to rectify this issue by requiring payers to include any payments made by or on behalf of the insured when calculating the cost-sharing requirement and maximum out-of-pocket limit. However, insurers do not need to include such payments toward the insured's cost sharing requirements or maximum out-of-pocket costs for prescription drugs if there is a medically appropriate generic alternative unless the prescriber determines that the brand prescription drug is medically necessary. In other words, this bill would prohibit health insurers from adopting copay accumulator programs (1) unless there is a generic available, and (2) even if there is a generic available, when the brand drugs have not been deemed medically necessary. The bill strikes the right balance by encouraging the use of less costly, generic medications when those medications are available and medically appropriate. However, it also takes into account that copay accumulator programs are inappropriate in all other circumstances.

Millions of American across the country rely on cost-sharing assistance to afford their medications. Such assistance is only helpful if it can be counted toward patients' deductibles and maximum out-of-pocket limits. Copay accumulator programs are especially problematic during the COVID-19 pandemic when unemployment rates are dramatically increasing every week, and individuals are struggling more than ever to afford their medications. In September 2020, Ohio's unemployment rate was at 8.3 percent, twice as high as the previous year.<sup>5</sup> Meanwhile, the Cleveland metropolitan area's unemployment rate was 10 percent, almost three times as high as the previous year.<sup>6</sup> Many of these individuals may now rely on marketplace exchange plans with high out-of-pocket costs. They need additional protections, such as the ones laid out in HB135. As such, we ask that you support HB135 and urge your fellow legislators to pass the bill. Thank you for considering our position on HB135.

Sincerely,

Stacey L. Worthy  
Counsel

CC:

Adam C. Bird  
Janine R. Boyd  
Al Cutrona  
Timothy E. Ginter  
Jennifer Gross  
Michele Lepore-Hagan  
Beth Liston  
Susan Manchester  
Phil Plummer  
Brian Stewart  
Terrence Upchurch  
Thomas West  
Andrea White  
Tom Young

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<sup>5</sup> <https://www.bls.gov/eag/eag.oh.htm>.

<sup>6</sup> [https://www.bls.gov/eag/eag.oh\\_cleveland\\_msa.htm](https://www.bls.gov/eag/eag.oh_cleveland_msa.htm).