



2024
**ANNUAL
IMPACT
REPORT**

Letter

FROM THE BOARD OF DIRECTORS

Dear Friends and Supporters:

In 2024, Aamed Alliance continued to advocate for upholding, enforcing, and expanding health care consumer protections, including those under the Patient Protection and Affordable Care Act (ACA), Employee Retirement Income and Security Act (ERISA), Food Drug and Cosmetic Act (FD&C Act), and protecting the needs of patients, caregivers, and health care providers. Throughout the year, Aamed Alliance engaged in original research and analysis on our policy priorities, such as expanding access to treatments; enforcing federal law in state-based exchanges; upholding disability rights and anti-discrimination laws; ensuring the reliability of health insurance coverage; and ensuring prescription drug pricing reform centers the experience of consumers and their need for affordability and treatment innovation.

We created sound, patient-centered policy recommendations that we disseminated through reports, fact sheets, brochures, legislative maps, letters, and comments. Representatives from Aamed Alliance also engaged other organizations to convey these messages, including by presenting to diverse stakeholders, communicating with the media, and collaborating with like-minded organizations whose missions align with our educational, policy, advocacy, and outreach activities. We are especially proud of the relationships we have developed with state and local legislators committed to improving health policy.

In 2025, we will continue building upon our past achievements and developing new projects that will advance the interests of healthcare consumers and providers nationwide. As we work on the policy areas we have historically prioritized, we will also engage in new advocacy surrounding access to treatments and workplace accommodations for women in mid-life; ensuring human oversight in the growing usage of artificial intelligence; and encouraging states to enforce ACA consumer protections relating to internal and external health insurance appeals processes. We look forward to working with you to protect and enhance the rights of healthcare consumers and providers.

Sincerely,

- Eifer Goldberg

Director

- Shari A. Hicks, CPhT

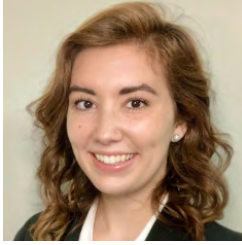
Director

- Mark Estock, RN

Director



KEY STAFF



ASHIRA VANTREES, ESQ.

Ashira Vantrees, Esq., is the Director of Legal Strategy and Advocacy at Aimed Alliance. Ms. Vantrees provides unique strategic planning and legal insights through research and analysis of laws, regulations, legislation, and advocacy initiatives. Ms. Vantrees also leads the organization's work relating to new and emerging health policy issues. Ms. Vantrees brings with her extensive experience in researching a wide variety of issues, including public health, health education, health law, human rights, women's rights, and disability rights. She is a member of the DC Bar and Florida Bar.



SHANNON GINNAN, MD

As Director of Medical Affairs for Aimed Alliance, Shannon Ginnan, M.D., provides the organization and its collaborators with valuable insight from a practitioner's perspective and serves as a liaison to the medical and healthcare technology communities.



OLIVIA BACKHAUS, ESQ.

Olivia Backhaus, Esq., is Staff Attorney at Aimed Alliance. Ms. Backhaus provides legal counsel and helps lead the organization's work on prescription drug affordability boards. Prior to joining Aimed Alliance, Ms. Backhaus was an Associate at Sequel Health Law, where she gained practical experience in policy advocacy and legislative research and strategy. She earned her J.D. from Georgetown University Law Center. She received a bachelor's degree in biology from Sewanee: The University of the South. Ms. Backhaus is a member of the DC Bar.



MICHAEL BARNES, ESQ.

Michael C. Barnes, Esq., provides outside legal counsel to Aimed Alliance. He is also Managing Attorney at Sequel Health Law, where he practices health and drug law and policy. Mr. Barnes advises commercial, professional, academic, and not-for-profit clients on legal and regulatory matters involving opioids, cannabinoids, access to treatment, insurance coverage and payment, parity, privacy, digital health, health information exchange, recovery in the workplace, and correctional health care, among other topics. He is also Chairman of the Center for U.S. Policy and a member of the advisory board for the Rx and Illicit Drug Summit, the board of directors for the Legislative Analysis and Public Policy Association, and the editorial board for the Journal of Opioid Management. Mr. Barnes is licensed to practice law in the District of Columbia and Virginia.



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BELIEFS

We believe that Americans should value their health care and prioritize it as consumers. We believe that health care industry stakeholders should place the health and safety of patients above all other considerations. We believe that the costs of health care services should be reasonable and transparent.

MISSION

Aimed Alliance is a 501(c)(3) not-for-profit health policy organization. The mission of Aimed Alliance is to protect and enhance the rights of health care consumers and providers.

VISION

The vision of Aimed Alliance is a society in which consumers, in consultation with their health care providers and loved ones, can make informed and individually appropriate decisions about their health care, and those decisions are not overridden by third parties.



2024 BY THE NUMBERS

22 

New Publications

17 

Speaking engagements

46 

Letters & Comments

4 

Webinars Hosted

2.5k 

Webinar Attendees

308 

HR Professionals Engaged

113 

Health News Summaries

12 

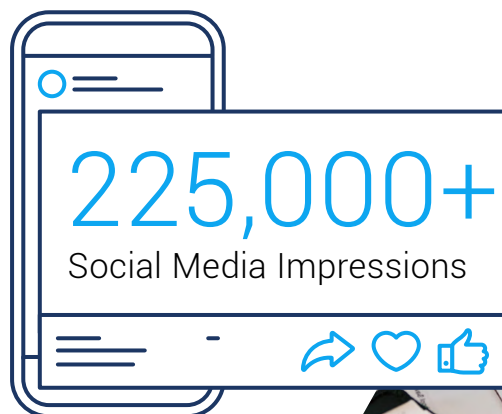

State Legislative Tracking Maps

4 

Citations in the Media

76 

Know Your Rights Consumers Assisted


225,000+
Social Media Impressions




Advocacy

AIMED ALLIANCE WORKED ON THE FOLLOWING ISSUES IN 2024:



Encouraged federal action to address non-essential health benefit (non-EHB) and alternative funding programs (AFPs).



Assisted 76 consumers in navigating health insurance appeals and insurance questions.



Successfully advocated for a new state law to place guardrails on step therapy in New York, including banning off-label stepping and limiting step therapy to no more than two drugs.



Educated patient and provider groups about copay accumulators, non-EHB schemes and AFPs.



Educated state legislators and consumers on state and federal prescription drug affordability initiatives.



Facilitated and hosted meetings with state insurance commissioners regarding enforcement of 2020 Notice of Benefit and Payment Parameters.



Facilitated and hosted meeting with the Center for Consumer Information and Insurance Oversight (CCIIO), an organization within the Centers for Medicare & Medicaid Services (CMS), regarding oversight of Patient Protection and Affordable Care Act internal and external appeal requirements.



Received response to Aired Alliance Citizen Petition to the U.S. Food and Drug Administration (FDA) regarding employer-sponsored health plans' use of international importation programs in a manner inconsistent with federal law.



Filed an amicus brief to ensure a U.S. District Court considering an injunction understood how litigation could impact consumers' ability to access and afford their medications, and the importance of educating consumers regarding these programs.



Educated human resource professionals on the importance of covering diverse treatment options and providing workplace accommodations for women in mid-life.

Advocacy HIGHLIGHTS

Aimed Alliance supports laws, regulations, and policies that encourage or require public and private payers to provide access to high-quality, individualized, culturally appropriate, efficient, and transparent health care.

Aimed Alliance also supports curtailing the use of discriminatory practices in the delivery of health care and the administration of health insurance and employee benefits. To accomplish these goals, Aimed Alliance educates patients, providers, employers, policymakers, and other stakeholders.



LEGISLATIVE SUCCESSES

Improving Step Therapy Protocols and Guardrails for New York Patients and Providers

The Issue:

Step therapy policies, also known as “fail first,” are used by insurers and pharmacy benefit managers (PBMs) to require consumers to try and fail on alternative treatments before the insurer or PBM will cover the originally prescribed treatment. As a result, the most effective treatments may be inaccessible to consumers until alternative treatments are proven ineffective. Without proper guardrails, step therapy policies may also require patients to try and fail on off-label treatments, multiple different treatments, and treatments consumers have previously failed on under a different health plan. Policies can also require consumers to try and fail a treatment for more than 30 days, forcing consumers to continue to experience symptoms without relief. In 2016, New York passed a step therapy law, but it had limited protections for consumers.



Our Work:

Over the past several years, Aimed Alliance has led the New York Step Therapy Alliance, a group of nonprofit patient advocacy organizations, professional associations, regulators, and legislative officials working together to determine how the New York step therapy law can be improved to better protect patients' access to their necessary medications, and to ensure that bad actors that violate the step therapy law are held accountable.

Building on the New York Step Therapy Alliance's [2022](#) and [2023](#) legislative wins, Aimed Alliance supported Senator Neil Breslin's and Assembly Member John T. McDonald's introduction of three bills to fill the gaps in the New York step therapy law: (1) [Protected classes](#), (2) [Reporting requirements](#), and (3) [Additional rules and protections](#). Our fact sheet on the legislation is available [here](#).

Outcome:

In 2024, thanks to Senator Neil Breslin's and Assembly Member McDonald's leadership, the New York Senate and Assembly passed new [rules and protections](#) for health plans starting on January 1, 2026. The bill was signed by Governor Hochul in December 2024.

As a result of this legislation, all New York health plans will be prohibited from creating a step therapy policy that requires (1) stepping through an off-label medication; (2) trying and failing on more than two drugs; (3) failing for more than 30 days or a duration supported by current evidence-based treatment guidelines. Additionally, health plans must accept a health care provider's attestation as evidence that a patient has tried and failed previously on a medication.

REGULATORY SUCCESS

Enforcing the 2023 U.S. District Court Decision and 2020 Notice of Benefit and Payment Parameters

The Issue:

When patients cannot afford their medications, they may rely on financial assistance from pharmaceutical manufacturers and other third parties to meet their health plan's cost-sharing responsibilities and fill their prescriptions. The value of this financial assistance typically counts toward the health plan's deductible or maximum out-of-pocket limit, unless the health plan has implemented a copay accumulator program. Copay accumulator programs exclude the value of financial assistance from third parties from counting toward the health plan's deductible or maximum out-of-pocket limit.

These programs may force patients to switch or stop taking their treatment because they cannot afford their out-of-pocket costs once their financial assistance has been exhausted. Under the 2021 Notice of Benefit and Payment Parameters (2021 NBPP), copay accumulators were permissible because the U.S. Department of Health and Human Services ("HHS") allowed plans to select whether the definition of "cost-sharing" under the Patient Protection and Affordable Care Act ("ACA") included or excluded copay assistance.



In response, three patient advocacy organizations sued HHS alleging the 2021 NBPP was illegal under a variety of theories. In September 2023, the U.S. District Court for the District of Columbia struck down the 2021 NBPP because it impermissibly allowed health plans to determine how the law applied. In December 2023, the Court clarified that, in light of the 2021 NBPP revocation, the 2020 NBPP was the current law. Under the 2020 NBPP, copay accumulators are prohibited unless used for a brand-name medication that has a medically appropriate generic alternative available.

Unfortunately, HHS announced it would be issuing a new definition of "cost-sharing" and would not enforce the 2020 NBPP in the interim. Nevertheless, states without copay accumulator bans had the opportunity to enforce the 2020 NBPP and protect consumers where HHS would not.

Our Work:

Aimed Alliance responded quickly to the U.S. District Court decision to educate consumers with a [Q&A resource](#) explaining what the decision meant for them and the standards health plans would be held to in light of the 2021 NBPP revocation. Aimed Alliance shared its legal analysis, prior to the December 2023 District Court decision, that the law would revert to the 2020 NBPP in light of the 2021 NBPPs' revocation.

In addition, Aimed Alliance worked with the Crohn's and Colitis Foundation to develop resources in English and Spanish for employers and consumers regarding the U.S. District Court Decision and 2020 NBPP.

Lastly, Aimed Alliance sent letters to state insurance commissioners in states that have not passed a copay accumulator ban, urging them to use their authority to enforce the 2020 NBPP ban on copay accumulators.

Outcome:

In response to Aimed Alliance letters urging enforcement of the 2020 NBPP, Aimed Alliance met with insurance authorities in Ohio, Iowa, Kansas, and Nevada. During Aimed Alliance's meeting with the Nevada Division of Insurance, the agency [announced it would be enforcing the 2020 NBPP ban](#) on copay accumulators in 2025 and would ensure plans were complying with requirements in the 2025 NBPP to ensure all drugs considered in addition to the EHB benchmark were treated as EHBs under the ACA. As a result, nearly 100,000 consumers in Nevada will be eligible to receive the full benefit of their copay assistance in 2025.

FAQ COURT DECISION ON COPAY ACCUMULATORS

QUICK SUMMARY
The United States District Court for the District of Columbia recently ruled with patient organizations in challenging a change implemented by the Trump Administration to the 2021 National Benefit Plan (the 2021 NBPP) that allowed health plans to determine how the law applied. In December 2023, the Court clarified that, in light of the 2021 NBPP revocation, the 2020 NBPP was the current law. Under the 2020 NBPP, copay accumulators are prohibited unless used for a brand-name medication that has a medically appropriate generic alternative available.

What was the Court Case About?
In 2021, the Department of Health and Human Services (HHS) issued a rule which allowed health plans to require copay accumulators in 2025 plans (plans that began operation on or after September 20, 2023). The District Court ruled in favor of patient groups and struck down the 2021 NBPP.

Does This Cover All Insurance?
This court decision applies to all private commercial health insurance plans, including employer-sponsored health plans. Medicare and Medicaid patients are not permitted to use copay assistance under the Anti-Kickback Statute. Therefore, this decision does not impact Medicare or Medicaid patients.

What are Copay Accumulators?
To help address the increasing health care costs, many pharmaceutical companies and foundations offer financial assistance to help patients pay for their costly medications. These programs are called copay accumulators. They allow patients to pay a portion of their copay for a brand-name medication. However, the 2021 NBPP restricted the use of copay accumulators to brand-name medications that do not have a medically appropriate generic alternative available. This court decision means that the 2020 NBPP is the current law. Under the 2020 NBPP, copay assistance is associated with improved treatment adherence and clinical outcomes.

Is This a Good Thing?
Yes! This court decision is a game-changer for patients. Accumulators divert funds needed for patients to purchase medications, leaving patients to cover the costs on their own. We know that patients suffer when they cannot pay for their medications. Copay help in 2025 is a good thing. We will continue to work on behalf of patients to ensure that the 2020 NBPP is enforced and that the 2021 NBPP is not implemented.

Frequently Asked Questions: Court Decision on Copay Accumulators

[English](#) | [Spanish](#)

WHAT PATIENTS NEED TO KNOW

Copay Accumulators Are No Longer Allowed – But Insurers Haven't Got the Message

Things Patients Need to Know
The United States District Court for the District of Columbia, recently ruled that private health plans cannot use copay accumulators to restrict patients' access to brand-name medications that do not have medically appropriate generic alternatives available. You can learn more about this court case [here](#).

Unfortunately, accumulators are still being used by insurance companies and their pharmacy benefit managers (PBMs). It is not up to patients and their employers to stop the use of accumulators and the harm they cause.

Steps Patients Can Take
Step 1: [Learn more about this court decision](#)

Step 2: Learn if your plan includes an accumulator
- Ask your human resources department if your plan includes a copay accumulator. Don't be surprised if they do not know the answer, as these programs are commonly deployed by insurers, and often included in the fine print of health insurance contracts.
- If your human resources department doesn't know or cannot answer your plan questions, write an accumulator can be found at:

Similar to Generic Alternatives
Learn more about the rules that govern the use of copay accumulators. You can learn more about this court case [here](#).

Learn More About Why Employers Must Do Better
To learn more about how employers can help their employees pay for their medications, visit our website at [aimedalliance.org](#).

Copay Accumulators Are Banned: What Patients Need To Know

[English](#) | [Spanish](#)

WHAT EMPLOYERS NEED TO KNOW ABOUT DC DECISION

Copay Accumulators Are No Longer Allowed – But Insurers Haven't Got the Message

Things Employers Need to Know
The United States District Court for the District of Columbia, recently ruled that private health plans cannot use copay accumulators to restrict patients' access to brand-name medications that do not have medically appropriate generic alternatives available. You can learn more about this court case [here](#).

Unfortunately, accumulators are still being used by insurance companies and their pharmacy benefit managers (PBMs).

The Impact for Employers
As employers, it is important that you review your health insurance plans to make sure your plan is complying properly with Federal law. As of September 20, 2023, all health plans, including employer sponsored health plans, are required to cost of copay assistance to brand name medications without a medically appropriate generic alternative towards an employee deductible and annual limit on cost-sharing.

Learn More About Why Employers Must Do Better
To learn more about how employers can help their employees pay for their medications, visit our website at [aimedalliance.org](#).

Steps Employers Can Take:
Step 1: [Learn more about this court decision](#)

Step 2: Learn if your plan includes an accumulator
Accumulators are widely used, but often not recognized. It is estimated that of all commercial markets in 2021, 42% of covered lives were in commercial health plans that had implemented accumulators. Review your plan documents. Accumulators can be included in all types of plans, but are most common in high-deductible health plans. To determine if your health plan is using a copay accumulator, look for the word "accumulator" or other terms such as:
- Out of Pocket Maximum Program
- True Accumulator or
- Employer Adjustment, Benefit Plan Protection Program.

Copay Accumulators Are Banned: What Employers Need to Know

[English](#) | [Spanish](#)

International Importation of Prescription Drugs

The Issue:

To lower employer prescription drug costs, some employer-sponsored health plans have partnered with companies that require consumers to import their prescription drugs from outside the United States. Employers are often not informed about the legal and logistical risks of these programs. Importantly, with limited exceptions, federal law prohibits the importation of prescription drugs from outside the United States. The two exceptions to this rule are (1) FDA's personal importation and enforcement discretion policy; and (2) programs authorized under Section 804 of the Food Drug and Cosmetic Act. Neither of these exceptions applies to these employer-mandated importation programs.

Our Work:

To ensure employers were aware of the risks of the programs, and consumers were protected from this mandated importation, Aired Alliance submitted a [Citizen Petition to the FDA](#) urging the FDA to issue (1) an interpretation and clear position statement regarding whether third-party companies that partner with employer-sponsored health plans can legally require employees to import their prescription drugs from outside the United States; (2) an interpretation and clear position statement regarding whether third-party companies that partner with employer-sponsored health plans can import prescription drugs on behalf of consumers enrolled in an alternative funding program; and (3) an explanation of existing reporting pathways for individuals and organizations to notify the FDA of instances where entities engage in such unauthorized practices.

The Outcome:


























Aired Alliance received an interim response from the FDA stating it was unable to reach a decision on the petition because the petition ["raised complex issues requiring extensive review and analysis by Agency officials."](#) Although the FDA's response did not directly address Aired Alliance's request, it demonstrates the complexity of this issue and the need to educate employers on the complexity and legal risks of these programs. Advocacy organizations have continued to be concerned regarding the use of these programs, and eleven organizations [sent an additional letter](#) to FDA urging it to answer the important questions raised in Aired Alliance's citizen petition.



ADVOCACY, COMMENTS, & LETTERS

Aimed Alliance also met with CCIIO to discuss oversight of internal and external appeals processes under the ACA.

Other 2024 federal and state advocacy efforts included the following:

FEDERAL	STATE
 Comment on 2025 NBPP	 20 Letters to State Insurance Commissioner without Copay Accumulator Ban Requesting Enforcement of 2020 NBPP
 Comment on 2025 Medicare Part D Rule	 Letter in Support of Vermont Copay Accumulator Ban
 AFP Taskforce Letter to Committee on Education and the Workforce – ERISA Request for Information	 Comment to Oregon PDAB
 Letter Urging CMS to Collect Data on Medicare Advantage Plans	 Letter of Support for Washington Biomarker Legislation
 AFP Taskforce letter to Tri-Agencies regarding 2025 NBPP and Non-EHB Designation	 Letter of Support for Iowa Biomarker Legislation
 Comment on Medicare Drug Price Negotiation Program Guidance	 Letter of Support for Hawaii Biomarker Legislation
 Comment on the CMS FY 2025 Physician Fee Schedule	 Comment to Colorado PDAB
 Comment on Vaccines National Strategic Plan for the United States 2026-2030	 Letter to Governor Hochul in Support of New York Step Therapy Guardrails
 Letter to CMS Regarding Definition of EHB and FAQ	 Letter to Connecticut's Governor on PDAB Alternatives
 Comment on 2026 NBPP	 Comment to Maryland PDAB Proposing Changes to PDAB Action Plan
 Letter to CCIIO and Texas Department of Insurance Regarding External Appeals and IRO Oversight	 Letter to Colorado PDAB on Policy and Procedures
	 Comment on Colorado PDAB Policy No. 4 and Rule 3 CCR 702-9
	 Comment on Nebraska PDABs
	 Letter to Illinois Legislature on PDABs
	 Letter of Support for California Copay Accumulator Ban



In addition to the federal advocacy activities listed above, Aimed Alliance signed on to letters supporting [Cancer Support Network's Inflation Reduction Act Principles for Patient-centered Engagement](#); Chron's and Colitis Foundation's letters to the United States Senate urging PBM reform; antimicrobial resistance comment for FY25 Appropriations; CMS treatment coverage for obesity; Alliance for Aging Research letter to Labor Appropriation Committee on implementation of Part D cost smoothing program; Safe Step Act Coalition letter in honor 50th Anniversary of ERISA; PIC/EACH Coalition comment on IRA guidelines; Let My Doctors Decide letter supporting step therapy reform; letter of support for the federal Improving Seniors Timely Access to Care Act; New York advocacy organizations' letter supporting PBM reform; All Copays Count Coalition's comment on 2026 NBPP; and a 2024 year-end legislative package that included PBM reform and improving cost-sharing and access.

In addition to the state advocacy activities listed above, Aimed Alliance signed on to letters supporting health care consumer protections in Colorado, West Virginia, and Missouri.

Lastly, Aimed Alliance directly engaged with payers several times in 2024 to ensure payers complied with state and federal patient protection laws. In 2024, Aimed Alliance sent letters to WellCare, University of Pittsburg Medical Center Health Plan, Blue Cross & Blue Shield of Mississippi, Geisinger Health System, Excellus, CareFirst, and United Healthcare regarding coverage policies that impaired consumers' ability to access their medically necessary treatments.



LITIGATION

Aimed Alliance and 23 advocacy organizations filed an [amicus brief](#) in the *AbbVie v. PayerMatrix* lawsuit urging the federal Court to consider how patients, caregivers, and providers are impacted by alternative funding programs. The brief also urged the Court to ensure any injunctions issued in the lawsuit provide adequate notice to consumers on how their medication access may be impacted by the injunction.

RESEARCH & ANALYSIS

In 2024, Aimed Alliance conducted research and provided analysis on its policy priorities, much of which was embodied in the comments and letters described above. Aimed Alliance also presented its research and analysis in reports, fact sheets, brochures, and legislative maps. Our research and analysis activities in 2024 included the following:



KNOW YOUR RIGHTS

Copay Accumulators: In partnership with the Crohn's and Colitis Foundation, Aimed Alliance developed several Know Your Rights resources to help educate patients and employers on the 2023 U.S. District Court decision that re-implemented the 2020 NBPP partial ban on copay accumulators.

FAQ COURT DECISION ON COPAY ACCUMULATORS

QUICK SUMMARY: The United States District Court for the District of Columbia recently ruled with patient organizations in favor of a change implemented by the Trump Administration that allowed commercial group health plans to use copay accumulators. The Biden Administration has decided not to appeal the decision to a higher court.

What was the Court Case About? In 2021, the Department of Health and Human Services (HHS) issued a rule which allowed health plans to implement copay accumulators. In 2022, patient groups filed a lawsuit against HHS claiming that the 2021 rule was illegal and asked the court to order HHS to rescind the rule. On September 26, 2023, the District Court ruled in favor of patient groups and struck down the 2021 rule permitting copay accumulators.

Does this Cover All Insurance? This court decision applies to all private commercial health insurance plans, including employer-sponsored health plans. Medicare and Medicaid patients are not permitted to use copay accumulators under the Anti-Kickback Statute. Therefore, this decision does not impact Medicare or Medicaid patients.

What are Copay Accumulators? Many pharmaceutical companies and foundations offer financial assistance to help patients pay for their medications. However, if a patient has a copay accumulator, this assistance will not be available. For example, if a patient's copay for a medication is \$100 and they have a copay accumulator, the patient's copay will increase to \$200. The patient's copay will continue to increase until it reaches the cap of the accumulator. After that, the patient's copay will return to the original amount. Copay accumulators are not permitted to be used for off-in-network or off-contract drugs.

Is This a Good Thing? The 2023 court decision is a positive change for patients. Accumulators don't look intended for patients to increase copayments, leaving patients to cover the cost of out-of-pocket. We know that patients suffer when they cannot pay for their medications. Copay higher than \$200 in 2023 have been shown to be associated with poorer health outcomes. For example, patients with chronic conditions that require medication are associated with improved treatment adherence and clinical outcomes.

[Frequently Asked Questions: Court Decision on Copay Accumulators](#)
English | Spanish

WHAT PATIENTS NEED TO KNOW

Copay Accumulators Are No Longer Allowed – But Insurers Haven't Got the Message

Things Patients Need to Know The United States District Court for the District of Columbia, recently ruled that private health plans cannot use copay accumulators for brand name medications that do not have medically appropriate generic alternatives available. You can learn more about the court case [here](#).

Unfortunately, accumulators are still being widely used by insurance companies and their pharmacy benefits managers (PBMs). It is now up to patients and their employers to stop the use of accumulators and the harm they cause.

Biologics: Generic Alternative Like generic, biologic and biosimilar alternatives of brand name biologics (PBMs) are not required to provide medically appropriate generic alternatives. You can learn more about this court case [here](#).

Unfortunately, accumulators are still being widely used by insurance companies and their pharmacy benefits managers (PBMs). It is now up to patients and their employers to stop the use of accumulators and the harm they cause.

Steps Patients Can Take

Step 1: [Download our patient copay accumulator](#)

Step 2: Learn your plan includes an accumulator:

- Ask your insurer (based on description of your plan) if your plan includes a copay accumulator. Don't be surprised if they tell you there isn't one, as these programs are complex, difficult to navigate and often included in the fine print of health insurance contracts.
- If your Human Resources department doesn't have an answer, review your plan documents. While an accumulator can be found in all

The DCDC has readily recognized that generic and biosimilar alternatives are generally the same quality, safety, and effectiveness as their brand name counterparts. It is important that all commercial insurers in 2023, 42% of covered lives were in commercial health plans that had implemented accumulators. Review your plan documents. Accumulators can be included in all types of plans, but are most common in high deductible health plans. To determine if your health plan is using a copay accumulator, look for the word "accumulator" or other terms such as:

- "Out-of-Pocket Protection Program"
- "Trade Accumulator"
- "Copay Adjustment: Benefits Plan Protection Program."

[Copay Accumulators Are Banned: What Patients Need To Know](#)
English | Spanish

WHAT EMPLOYERS NEED TO KNOW ABOUT DC DECISION

Copay Accumulators Are No Longer Allowed – But Insurers Haven't Got the Message

Things Employers Need to Know The United States District Court for the District of Columbia, recently ruled that private health plans cannot use copay accumulators for brand name medications that do not have medically appropriate generic alternatives available. You can learn more about the court case [here](#).

Unfortunately, accumulators are still being widely used by insurance companies and their pharmacy benefits managers (PBMs).

The Impact for Employers As employees, it is important that you review your health insurance plans to make sure your plan is acting consistently with Federal law. As of September 26, 2023, all health plans, including employer sponsored health plans, are required to court all costly assistance for brand name medications without a medically appropriate generic alternative known to an employee, including and annual limits on cost-sharing.

Steps Employers Can Take:

Step 1: [Download our employer copay accumulator](#)

Step 2: Learn if your plan includes an accumulator: Accumulators are being used, but often not recognized. It is important that all commercial insurers in 2023, 42% of covered lives were in commercial health plans that had implemented accumulators. Review your plan documents. Accumulators can be included in all types of plans, but are most common in high deductible health plans. To determine if your health plan is using a copay accumulator, look for the word "accumulator" or other terms such as:

- "Out-of-Pocket Protection Program"
- "Trade Accumulator"
- "Copay Adjustment: Benefits Plan Protection Program."

[Copay Accumulators Are Banned: What Employers Need to Know](#)
English | Spanish





Step Therapy Reform in Vermont:

In partnership with the National Psoriasis Foundation and the Vermont Medical Society, Aimed Alliance developed a fact sheet explaining the new step therapy law passed in Vermont during its 2024 legislative session

[English](#)



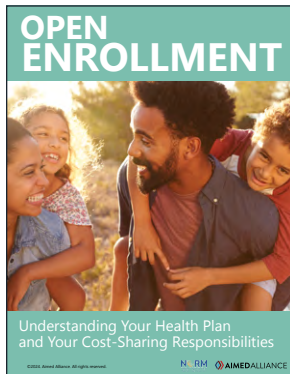
Medicare Part D Smoothing:

In 2025, Medicare participants will be eligible to spread the cost of their prescription drugs over 12 months and benefit from a \$2,000 cap on prescription drug costs. To ensure consumers are aware of this program, Aimed Alliance developed a resource to explain how consumers can enroll in the smoothing program in 2025.

[English](#)

OPEN ENROLLMENT

Aimed Alliance published the following consumer and employer resources in 2024 to help consumers have access to, find, and enroll in an appropriate health insurance plan.



2025 Open Enrollment:

Understanding Your Health Plan and Your Cost-Sharing Responsibilities



2025 Open Enrollment:

Selecting Benefits for Your Employees to Protect Their Health

REPORTS & FACT SHEETS

Aimed Alliance regularly develops focused reports and fact sheets to help educate consumers, providers, caregivers, employers, and policymakers on a variety of complex issues. Below are some of our reports, fact sheets, and additional resources from 2024:

Alternative Funding Programs



Alternative Funding Programs: What Employers Need to Know:

Aimed Alliance and ten other advocacy organizations published a white paper explaining how alternative funding programs work and the risk these programs may pose to employers and employees.



Employers Plans Beware: Alternative Funding Programs May Be Riskier Than They Appear:

Aimed Alliance published an article in *Health Affairs* explaining how alternative funding programs partner with employer-sponsored health plans and how these programs may be inconsistent with employers' fiduciary obligations under the Employee Retirement Income and Security Act.



AFPs – Navigating Today's Pharmacy Benefits Efficiently, Effectively, and Ethically:

Aimed Alliance, HR.com, and the Alliance for Patient Access published a report surveying employers on their perspective of alternative funding programs, international importation, and copay accumulators.



Prescription for Success: Navigating the Risks of AFPs for Employers and Employees

Aimed Alliance and the Alliance for Patient Access published an article on HR.com, authored by Josie Cooper, Executive Director of the Alliance for Patient Access, discussing the 2024 Aimed Alliance and Alliance for Patient Access survey on alternative funding programs and the risks of these programs to employers and employees.

REPORTS & FACT SHEETS

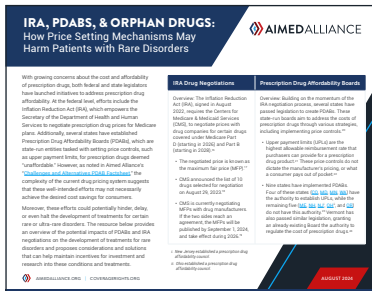
Aimed Alliance regularly develops focused reports and fact sheets to help educate consumers, providers, caregivers, employers, and policymakers on a variety of complex issues. Below are some of our reports, fact sheets, and additional resources from 2024:

Prescription Drug Affordability



PDAB Challenges and Alternatives:

Aimed Alliance released a fact sheet and an accompanying [one-pager](#) explaining that it is unclear whether prescription drug affordability boards (PDABs) will directly improve consumer affordability and discusses alternatives that may better address consumers' needs.



IRA, PDABs, & Orphan Drugs: How Price Setting Mechanisms May Harm Patients with Rare Disorders:

Aimed Alliance developed this fact sheet to educate legislators and advocates on how PDABs and the Inflation Reduction Act's Medicare negotiation program may negatively impact patients with rare diseases and access to orphan drugs. The fact sheet describes alternatives that can foster innovation and protect access to these therapeutics.

Prescription Drug Affordability Boards 101:

Aimed Alliance developed a resource hub to explain PDABs and provide resources to consumers and advocacy organization interested in engaging PDABs to address prescription drug affordability. This resource hub features key resources developed by Aimed Alliance on PDABs, including:



2024 Enacted PDAB Legislation



2024 Proposed PDAB Legislation



2024 Enacted Related Drug Pricing Legislation

STATE MAPS

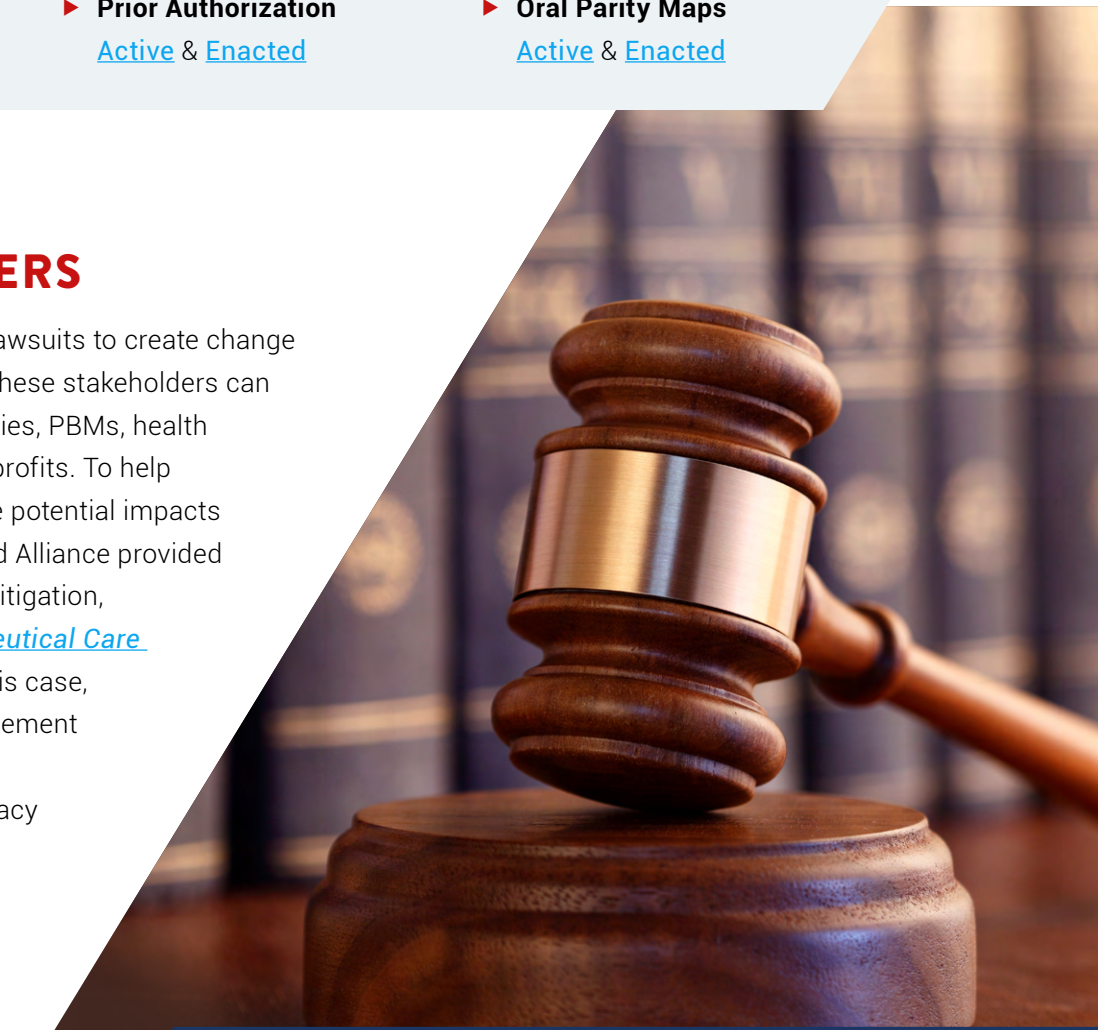
Bills & Laws

Aimed Alliance regularly tracks and monitors state-based legislation that would improve consumers' access to medically necessary treatments and alleviate administrative burdens on providers. Our 2024 legislative tracking included the following maps:

- ▶ **Step Therapy**
[Active](#) & [Enacted](#)
- ▶ **Non-medical Switching**
[Active](#) & [Enacted](#)
- ▶ **Biomarkers Maps**
[Active](#) & [Enacted](#)
- ▶ **Copay Accumulators**
[Active](#) & [Enacted](#)
- ▶ **Prior Authorization**
[Active](#) & [Enacted](#)
- ▶ **Oral Parity Maps**
[Active](#) & [Enacted](#)

LAWSUIT TRACKERS

Various stakeholders often file lawsuits to create change within the health care system. These stakeholders can include pharmaceutical companies, PBMs, health insurers, payers, and even non-profits. To help advocates track and monitor the potential impacts of these lawsuits, in 2024, Aimed Alliance provided periodic summaries of relevant litigation, including [Mulready v. Pharmaceutical Care Management Association](#). In this case, the Pharmaceutical Care Management Association (PCMA), a trade association representing pharmacy benefit managers (PBMs), sued the Oklahoma Insurance Commissioner in an effort to invalidate an Oklahoma law aimed at improving patient access to pharmacy providers, partly by regulating PBMs.



Aimed Alliance is expanding its
judicial advocacy activities in 2025!

[Sign up for the monthly Aimed Alliance newsletter](#)
to ensure you don't miss anything.





Thought LEADERSHIP

Using its research and analysis, Aimed Alliance develops sound, patient-centered policy recommendations. Representatives for the organization disseminate messages by interacting with the news media and presenting to audiences of patients, advocates, practitioners, human resource professionals, policymakers, and the public. In 2024, our thought leadership included:

SPOTLIGHT PRESENTATIONS:

Copay Accumulators/Non-EHB/Alternative Funding Programs:

To inform consumers, employers, providers, and caregivers about the impacts of copay accumulators, non-EHB programs, and AFPs on patients, Aimed Alliance hosted a series of webinars on these issues. These webinars provided patient and health care professional perspectives, legal and regulatory analysis, and employer insights on the impacts of these programs. Aimed Alliance also participated in several meetings and conferences hosted by other organizations.

- ▶ Panel Participant, "Copay Accumulators," at Sanofi Advocacy Meeting.
- ▶ Panel Participant, "2020 NBPP Decision," at [Chronic Care Policy Alliance Meeting](#).
- ▶ Moderator, "[Alternative Funding Programs: Protecting Patients in an Ever-Changing Healthcare Landscape](#)," at BIO International 2024.
- ▶ Panel Participant, [The War on Copay Assistance: New Challenges for Access and Affordability](#), at Coalition of State Rheumatology Organizations Annual Advocacy Conference.
- ▶ Panel Participant, "[Patients Under Pressure: From A\(FPs\) to Z](#)," at BIO Coffee Chat.
- ▶ Co-host: [HR.com, Copay Compliance Understanding Cost-Sharing and Fiduciary Obligations for Employers](#), Webinar
- ▶ Panel Participant, [Alternative Funding Programs](#), at Community Oncology Alliance Pharmacy Association October meeting.

Prescription Drug Affordability Boards:

To inform legislatures, advocates, and advocacy organizations about the complexity of prescription drug affordability, rare disease carveouts, and other drug pricing reforms that can impact health care consumers, Aimed Alliance hosted and participated in a variety of webinars and panels discussing these complex issues.

- ▶ Host, "[PDAB 101](#)" Webinar
- ▶ Presenter, "[Legislative Approaches to Prescription Drug Affordability](#)," at National Foundation of Women Legislatures Annual Conference.
- ▶ Roundtable Participant, "Women's Health and Healthcare Reform," at National Foundation of Women Legislatures Annual Conference.
- ▶ Panel Participant, "[Solving the Policy Puzzle on Winning Solutions to Improving Patient Affordability & Access to Medicines](#)," at Women in Government Annual Conference.
- ▶ Presenter, "[Louisiana Alternative Funding Program Taskforce](#)," at September 2024 Taskforce Meeting.
- ▶ Panel Participant, "[September 2024 PDAB Workshop](#)," at Rare Access Action Project webinar.
- ▶ Panel Participant, "[Promoting Health Equity Through Prescription Medication](#)," at National Black Caucus of State Legislatures 48th Annual Legislative Conference.

Medicare Advantage Reform:

Step therapy polices, also known as "fail first," are a practice used by insurers and pharmacy benefit managers (PBMs) to require consumers to try and fail on alternative treatments, before the insurer or PBM will cover the originally prescribed treatment. Medicare Advantage plans are required to cover at least the same benefits as traditional Medicare; however, unlike traditional Medicare, Medicare Advantage plans are permitted to use step therapy to delay and deny access to medically necessary treatments. Aimed Alliance participated in thought leadership to raise awareness regarding the need for Medicare Advantage and traditional Medicare to provide the same benefits without unnecessary delays or denials. As part of these efforts, Aimed Alliance and National Minority Quality Forum co-hosted a webinar titled, [Understanding the Need for Medicare Advantage Reform](#).

Utilization Management Reform

Aimed Alliance envisions a society in which consumers, in consultation with their health care providers and loved ones, can make informed and individually appropriate decisions about their health care, without having those decisions overridden by third parties. An individual should be able to obtain the health care services that he or she needs, when the individual needs them. Third-party payers often erect barriers, known as utilization management policies, that stand between a patient and his or her ability to access medically necessary health care services. Aimed Alliance discussed these barriers during the following events:

- ▶ Panel Participant, [Pressure on Patients](#), Alliance for Patient Access, National Policy and Advocacy Summit.
- ▶ Panel Participant, [Is Utilization Management Valuable or Villainous?](#), Community Oncology Alliance, 2024 Payer Exchange Summit.



Women in Mid-Life:

Menopause and perimenopause can have profound effects on workplace productivity and women's career growth. Despite the growing recognition of the need for inclusive workplace policies, the specific career-related challenges and health care coverage needs faced by women in midlife are not adequately addressed. Aimed Alliance addressed these challenges at the following events:

- ▶ Host, [Supporting Women in Midlife: Survey Insights on Workplace Practices and Employee Benefits](#), Webinar.
- ▶ Roundtable Leader, Policies to Support Women in Midlife, National Foundation for Women Legislators 2024 Annual Conference.

IN THE MEDIA

Aimed Alliance was published, quoted or recognized in the following media outlets in 2024:

▶ **THE SHERIDAN PRESS** thesheridanpress.com

House weighs bill to uniformize prior authorization in Wyoming | Local News

▶ **ROCHESTER FIRST.COM**

More Guardrails proposed for insurer "fail first" medication requirements

▶ **CARE TALK** HEALTHCARE. UNFILTERED.

Why Congress and the FDA Must Regulate CBD Consumer Products Now

Aimed Alliance also published five news releases in 2024 about its work products and policy wins.





Organizational **COLLABORATION**

Aimed Alliance collaborates with like-minded organizations whose missions align with our efforts by participating in coalitions and sharing our research and analysis at meetings and conferences. In 2024, our organizational collaboration activities included:

COALITIONS

Leader

- ▶ New York Step Therapy Alliance

Co-Chair

- ▶ Advocacy Working Group, Alternative Funding Program Taskforce

Member

- ▶ State All Copays Count Coalition
- ▶ Federal All Copays Count Coalition
- ▶ Safe Step Act Coalition
- ▶ Collaborative for Cannabinoid Science & Safety
- ▶ Ohio All Copays Count Coalition
- ▶ Ohio Biomarker Coalition
- ▶ Pennsylvania All Copays Count Coalition
- ▶ Utah All Copays Count Coalition
- ▶ New York Biomarker Coalition
- ▶ Patient Advocacy Leaders and Drug Development Industry Network (PALADIN)
- ▶ Ensuring Access through Collaborative Health (EACH)
- ▶ Movement Disorders Policy Coalition (MDPC)

Looking **AHEAD**

In 2025, Aired Alliance will build upon past achievements with new projects that advance the interests of health care consumers and providers nationwide. We will continue our outreach to employers regarding employee health benefits; track active legislation, enacted laws, and health care reform lawsuits; and focus on projects on access to care, copay accumulator programs, mental health, reducing health disparities, value-based initiatives, and stopping workplace discrimination. We will also expand our work to engage in a variety of issues relating to women's health and women in midlife, judicial advocacy, artificial intelligence, and other new and emerging issues.



To stay up to date on our health policy activities, sign up for our monthly newsletter at aimedalliance.org/newsletters, and follow us on social media:



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