



National  
Multiple Sclerosis  
Society

# Reform Co-Pay Accumulator Programs

**Position:** Copay accumulators can shift costs to people relying on specialty drugs, and jeopardize access to care for people living with MS. The National MS Society **supports SB 560** and policies that require copay assistance to count towards a person's deductible.

**Copay Accumulator Programs or Accumulator Adjustment Programs** are relatively new practices that some pharmacy benefit managers and insurers use to prohibit manufacturer copay assistance from counting towards annual deductibles or maximum out-of-pocket costs.

- People living with MS often face high deductible and cost-sharing burdens, and are responsible for thousands of dollars in out-of-pocket costs—even with health insurance.
- Because patients are responsible for all of their health costs until their annual deductible is met, prolonging the deductible period by not counting copay assistance funds can put other medical needs financially out of reach.

**With the implementation of copay accumulator programs, people with MS are experiencing higher cost burdens as they struggle to meet expenses.**

- Over 70% of respondents to a recent survey of people living with MS reported they rely on copay assistance currently or have in the past.

**Consider this (over-simplified) example.**

- Let's say someone on a high-cost specialty drug is in a health plan with an annual deductible of \$1000, and they are approved for \$500 in copay assistance. If their health plan does NOT use a copay accumulator, the \$500 copay assistance will count toward the person's deductible. ( $\$1,000 - \$500 = \$500$ ) So, she/he only has to pay the \$500 remaining to reach her/his deductible. This is how copay assistance programs are meant to work -- by lowering the out-of-pocket costs of high-cost drugs for people who rely on them. **Oregonian cost: \$500**
- But if their health plan *does use a copay accumulator*, the \$500 copay assistance will not count toward her/his deductible. ( $\$1,000 - \$0 = \$1,000$ ), so she/he must pay the full \$1,000 to reach their deductible. **Oregonian cost: \$1000**
- Let's join West Virginia, Illinois, Oklahoma, Virginia, Arizona, & Georgia having these payments count, **as they did before January 2021.**

## What is multiple sclerosis (MS)?

- MS is an unpredictable, often disabling disease of the central nervous system.
- MS interrupts the flow of information within the brain, and between the brain and body.
- Symptoms range from numbness and tingling to blindness and paralysis.
- The progress, severity and specific symptoms of MS in any one person cannot yet be predicted.

## Oregon Copay Accumulator Program Legislation SB 560 would:

- Ensure patients' deductible periods are not lengthened, causing undue financial burden.
- Guarantee that forms of help such as prescription drug copay assistance continue to be applied to a patient's annual deductible and out-of-pocket maximum amounts.
- SB 560 will help Oregonians continue to access the life-saving treatments they need by requiring that all payments made by or on behalf of a patient count toward their cost sharing obligations.
- Until real solutions to the challenges of un-affordable MS drugs are found, copay assistance from drug manufacturers or other sources must remain available.