

TESTIMONY

In Support Of

LD 1783: An Act To Require Health Insurance Carriers and Pharmacy Benefits Managers To Appropriately Account for Cost-sharing Amounts Paid on Behalf of Insureds

**Tracey Gideon
Hemophilia Alliance of Maine**

**BEFORE THE JOINT STANDING COMMITTEE ON HEALTH COVERAGE, INSURANCE
AND FINANCIAL SERVICES**

Tuesday, January 11, 2022, 10:00 AM

Senator Sanborn, Representative Tepler - and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services-

My name is Tracey Gideon, and I am offering this written testimony today on behalf of the Hemophilia Alliance of Maine (HAM), the New England Hemophilia Association (NEHA), and the New England Bleeding Disorders Advocacy Coalition (NEBDAC), as well as on behalf of our Maine bleeding disorder community. HAM is a state-wide non-profit organization whose mission is to assist and enhance the quality of life for Maine's people and families who have a bleeding disorder. NEHA and NEBDAC are our New England wide advocacy organizations for people with bleed disorders.

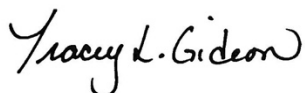
We want to express our strong support for LD 1783 and urge your support as well. This bill would prohibit harmful copay accumulator programs in Maine. Many insurers and Pharmacy Benefit Managers (PBMs) are now utilizing copay accumulators to stop copay assistance from counting towards a patient's deductible and maximum out of pocket spending. These practices are creating significant financial and health issues for bleeding disorder patients.

The copay assistance provided by pharmaceutical manufacturers and nonprofit organizations provide a financial lifeline for many people. Until recently, insurers applied the total cost of a patient's prescription - what the copay assistance covered and what the patient paid out of pocket - to the patient's insurance deductible. Sadly, and unfairly, copay accumulators will now allow the

insurance company to double dip and get paid twice - once from the copay assistance and then again by patients' deductibles. LD 1783 would put an end to this insurer double dipping and ensure patients get the full benefit of co-pay assistance programs. Patients already face a significant physical, financial, emotional, and administrative burden in navigating a complex health care system that is becoming more and more unpredictable. Yet, insurers have raised deductibles, increased use of coinsurance, and added new prescription drug formulary tiers. In 2021, the average deductible for the most popular level of health plans that offer midrange coverage is \$4,879.00 nearly double the average deductible of \$2,556.00 in 2015.

As our state continues to recover from the deadly impact of COVID-19, ensuring access to the medical care and treatment has never been more important. We urge you to pass legislation to prevent harmful and unfair copay accumulator policies, an emerging change in insurance plans. Several states have already stopped this discriminatory practice by passing legislation that bans accumulator policies — Arkansas, Arizona, Connecticut, Georgia, Illinois, Kentucky, Louisiana, North Carolina, Oklahoma, Tennessee, Virginia, West Virginia, and Puerto Rico.

Thank you for your consideration and support of LD1783. We stand ready to work with you to find solutions that protect those with a bleeding disorder across our state.



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