



## National Coalition Applauds Bipartisan Federal Legislation to Ensure Copay Assistance Counts for Patients

### HELP Copays Act Would Protect Treatment Affordability for Vulnerable Patients

WASHINGTON, DC –March 7, 2025—Today, national patient and provider advocacy groups that make up the All Copays Count Coalition applauded the reintroduction of the Help Ensure Lower Patient (HELP) Copays Act, bipartisan federal legislation to ensure vulnerable patients can access and afford the necessary and life-saving medications prescribed by their doctors. The HELP Copays Act [\[S.864\]](#) would require insurers and pharmacy benefit managers (PBMs) to count copay assistance payments they receive on behalf of patients toward those patients’ annual deductible and out-of-pocket limit. [\[S.864\]](#) is championed by a bipartisan group of members of the U.S. Senate, including Senators Marshall [R-KS], Kaine [D-VA], Tillis [R-NC], Markey [D-MA], Murkowski [R-AK], and Merkley [D-OR].

“Now more than ever, Americans with chronic illness need the HELP Copays Act,” said Rachel Klein, Deputy Executive Director at The AIDS Institute. “By passing this bipartisan bill, Congress will be fulfilling its promise to lower out-of-pocket costs and require insurers and PBMs to provide the coverage their enrollees are paying for.”

Americans living with serious, complex and chronic illness have increasingly been subjected to “copay diversion” schemes by insurers and PBMs. These policies (confusingly called “copay accumulator adjustment policies”) enable insurers and PBMs to profit from copay assistance intended to help people afford high-cost specialty medications. While insurers and PBMs receive copayments for prescription drugs they deem medically necessary, they don’t deduct those payments from what patients owe. That means that when the assistance runs out, patients find that they have not met their annual deductible or out-of-pocket limit, even though the insurer and/or PBM has received thousands of dollars in payments for that purpose. According to a recent report from The AIDS Institute, more than 40% of individual health plans in 2025 include these policies. In thirty-nine states, at least one plan has a copay accumulator adjustment policy, and in 10 states, more than 75% of individual health plans have these policies. This leaves patients with few, if any, options to select a plan that will honor their copay assistance, counting those payments toward their deductible and out-of-pocket limit. Twenty-one states, DC, and Puerto Rico have laws restricting this practice.

“Health insurers and PBMs use many tools to ensure that they only cover specialty drugs when they are medically necessary for a given patient, because these medications are expensive,” said Jason Harris, Vice President of Government Relations & Advocacy at the National Psoriasis Foundation. “And they set the cost-sharing amounts very high to offset their costs. The HELP Copays Act will simply ensure that when a copayment is made for a drug that the insurer and PBM has already agreed the patient should have, they credit the patient for that payment.”

The HELP Copays Act eliminates barriers to care by:

- Requiring health plans to count the value of copay assistance toward patient cost-sharing requirements; and
- Ending an insurer/PBM practice classifying certain medications as “non-essential” to avoid out-of-pocket maximums

There is growing support for federal policy efforts to ensure copay assistance counts toward patient costs.

- **States Are Taking Similar Action to Ensure Copay Assistance Counts.** To date, 21 states, the District of Columbia and Puerto Rico have enacted policy to ensure copay assistance counts towards patients’ out-of-pocket costs.
- **Americans Believe the Government Should Ensure Copay Assistance Counts.** According to a National Hemophilia Foundation survey, more than 80% of voters in both political parties believe the government should require copay assistance to be applied to patients’ out-of-pocket costs.
- **The American Medical Association Opposes Copay Accumulators.** In 2020, the AMA issued a resolution calling for federal and state laws that would ban copay accumulator policies, including in federally regulated ERISA plans.

"The HELP Copays Act represents a critical lifeline for patients living with bleeding disorders and other chronic conditions who face crushing out-of-pocket costs for life-sustaining medications," said Phil Gattone, President and CEO of the National Bleeding Disorders Foundation. "Many in our community rely on financial assistance programs to afford their treatments, which can cost tens of thousands of dollars annually. By ensuring that all copays count toward deductibles and out-of-pocket maximums, this legislation acknowledges the financial reality facing patients and eliminates the 'double payment' burden that keeps needed medications out of reach for too many Americans. We extend our sincere gratitude to Senators Marshall and Kaine for their bipartisan leadership. Their commitment to addressing the challenges faced by patients demonstrates true dedication to improving healthcare affordability. NBDF strongly urges the Senate to advance this bipartisan legislation that puts patients first and addresses one of the most significant barriers to care our families face."

About the All Copays Count Coalition

The All Copays Count Coalition (ACCC) is comprised of members serving the interests of beneficiaries with chronic and serious health conditions that rely on copay assistance in various forms to make medically necessary drug treatments affordable. The coalition provides information about the harmful effects of pricing schemes, known as “copay accumulators and maximizers,” on access to prescription drugs for people with chronic and serious health conditions.

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