February [XX], 2022

Wisconsin Assembly Committee on Health

Wisconsin State Capitol

2 East Main Street

Madison, Wisconsin 53703

**RE: Support Assembly Bill 184 to Protect Copay Assistance for Patients**

Dear Chairman Sanfelippo and members of the Committee:

On behalf of [ORGANIZATION], [I am/we are] writing to you today to thank the Wisconsin Assembly Committee on Health for holding a public hearing on Assembly Bill 184 which would ensure that the value of copay assistance counts for patients across Wisconsin. We strongly urge the Assembly Committee on Health to support this bill to ensure health plans in our great state count the value of copay assistance towards patient out-of-pocket cost responsibilities.

[OPTIONAL: Insert 2-3 sentences on how your organization’s work intersects with the need to protect copay assistance for patients, leading your organziation to support AB 184.]

Patients rely on copay assistance to access their medications and manage their health, especially where no generic alternatives exist for their condition – whether it be [cancer, HIV, rheumatoid arthritis], or any other chronic disease. But nothing stops insurance plans in Wisconsin from implementing “copay accumulator adjustment program” policies that don’t count the value of copay assistance towards patients’ annual deductible or out-of-pocket cost responsibilities. These policies allow health plans to increase their profits by requiring patients to pay the same amount *twice* to get closer to their annual out-of-pocket limit. When patients cannot afford their medications, they often skip doses or abandon treatment entirely, worsening individual health outcomes and increasing overall health care system costs.

**In fact, a new study by** **The AIDS Institute** **found that three out of every four commercial health plans in Wisconsin have policies that don’t count the value of copay assistance toward patients’ cost-sharing responsibilities.**[[1]](#footnote-1)

Wisconsin plans will argue that copay assistance is unnecessary because patients have access to cheaper medications for their conditions, but evidence tells us that’s just not true:

* **The vast majority –** **79 percent** **– of patients** who use copay assistance to access their medication have no generic options for their treatment.[[2]](#footnote-2)
* Copay assistance increases drug utilization which leads to **1.0 to 3.3% better health outcomes and a 20% increase in life expectancy** as patients do not require future inpatient and outpatient services due to increased drug utilization.[[3]](#footnote-3)
* **High patient out-of-pocket costs lead to increased medication abandonment.** A study from IQVIA found that when out-of-pocket costs reach $75-$125, more than 40% of patients abandoned their prescriptions at the counter; when those costs hit $250, that number rises to over 70% of patients.[[4]](#footnote-4)

To date, 12 states and Puerto Rico have already taken legislative action to ensure health plans count the value of copay assistance towards patient out-of-pocket costs. Wisconsin should be next.

**[ORGANIZATION] encourages the Assembly Committee on Health to support this bill and stand with the patients we serve – and their physicians – in helping those with chronic and complex conditions access the treatments they need to live a healthy and productive life.**

Thank you for your leadership and continued commitment to Wisconsin communities.

Sincerely,

[NAME]

[TITLE]

[ORGANIZATION]

1. The AIDS Institute. “Discriminatory Copay Policies Undermine Coverage for People with Chronic Illness.” January 2022. [↑](#footnote-ref-1)
2. USC Leonard D. Schaeffer Center for Health Policy & Economics. “A Perspective on Prescription Drug Copayment Coupons.” February 2018. [↑](#footnote-ref-2)
3. The University of Chicago. “The Patient Impact of Manufacturing Copay Assistance in an Era of Rising Out-of-Pocket Costs.” December 2021. [↑](#footnote-ref-3)
4. The IQVIA Institute. “Medicine Use and Spending in the U.S.” May 2019. [↑](#footnote-ref-4)