

March 19, 2024

To: Senate Health and Human Services Committee

Re: Support for SF 4602 as Amended

Dear Chair Wiklund, Ranking Member Utke and Members of the Committee,

On behalf of the ALS Association, I am writing in support of SF 4602 as amended, which addresses medical debt reforms and a ban on copay accumulator policies in insurance plans, which would ensure that the value of copay assistance is counted when calculating patient out-of-pocket cost responsibilities.

Amyotrophic lateral sclerosis (ALS) is an always fatal progressive neurodegenerative disease that slowly robs a person's ability to walk, talk, eat, and eventually breathe. The cost of care for someone living with ALS is astronomical, with annual out-of-pocket expenses reaching upwards of \$250,000 per year. As with many people living with complex medical conditions, those with ALS must take various drugs to maintain their health. The copays associated with acquiring them significantly add to this crushing financial burden.

One way that people with ALS afford their care is through copay assistance programs, where cards or coupons from nonprofit organizations or drug manufacturers help reduce the cost of drugs. However, insurers and pharmacy benefit managers increasingly use copay accumulator adjustment programs to prevent such assistance from counting towards patient cost-sharing, such as their deductible or annual out-of-pocket maximum. In effect, the insurer is "double dipping" and is paid twice by demanding payment of out-of-pocket costs: first from copay assistance programs provided by drug manufacturers or nonprofits and then again from patients.

Copay accumulator adjustment programs do not just harm patients' finances; they undermine their access to lifesaving prescription drugs, making it even more difficult for people living with ALS and other complex medical conditions to adhere to a treatment plan. With lower copays, consumers are more likely to take their medications regularly.

We strongly support medical debt reform and the prohibition of copay accumulator adjustment programs. We believe that <u>all Minnesota residents</u> should be able to afford necessary treatments by ensuring <u>all payments</u> – made by or on behalf of them – are counted towards their deductible and out-of-pocket maximums.

Thank you for your research, time and consideration of this critical legislation.

Sincerely,

Sarah Sanchez Managing Director, Advocacy The ALS Association sarah.sanchez@als.org