



DATE: March 11, 2025

TO: Sen. Melissa A. Murray, *Chair*,
 Sen. Pamela J. Lauria, *Vice Chair*,
 Sen. Lori Urso, *Secretary*,
 & Members of the Senate Health & Human Services Committee

RE: Support for Senate Bill 477, An Act Relating to Insurance – Prescription Drug Benefits

We wish to express our strong support for Senate Bill 477, a much-needed bill that will protect patient access to co-pay assistance, which many Rhode Islanders depend on to cover significant portions of prescription medicine co-pays. We thank you for scheduling today's hearing on this measure as this gives the patient advocacy community the opportunity to express how vitally important S477 is to many Rhode Islanders.

First, we are grateful to the lead sponsor, Senator Robert Britto, for introducing this legislation, and to Senate Majority Leader Lawson, Majority Whip Tikoian, and others for co-sponsoring. We were heartened to see the success of this legislation during the 2023 and 2024 sessions, having passed this Committee and the full Senate unanimously. We look forward to working together to pass this legislation into law in Rhode Island this year.

The need for co-pay assistance for prescription medicine is especially critical for Rhode Islanders whose high deductible health insurance plans require them to spend thousands of dollars before their insurance kicks in. For many, this high cost sharing requirement makes it impossible for them to afford medications needed to treat a range of chronic and sometimes rare diseases without the co-pay assistance offered by a number of pharmaceutical manufacturers, charitable organizations, and other third parties. And many of these programs exist for drugs without generic alternatives.

Regrettably, health insurers have worked to block patient access to this much needed assistance. Over the last several years, an increasing number of health plans and pharmacy benefit managers have begun implementing so-called “copay accumulator adjustment programs” to prevent third-party financial assistance from counting toward a patient’s out-of-pocket obligation, essentially negating any benefit to the patient.

S477 would remove existing barriers to critical patient assistance by requiring all payments made by patients—directly or on their behalf - be counted toward an individual’s overall out-of-pocket maximum payment or deductible. Requiring health insurance carriers to do so will protect patients from surprise bills and treatment delays as well as allowing individuals to utilize the full benefit of co-pay assistance programs.

To address several concerns raised during discussions with stakeholders, we have included the following changes to this year’s legislation:

- First, page 2, lines 14-23 now states that copay assistance must be accepted by insurers and applied to an individuals’ out-of-pocket responsibility only for prescription drugs where there is no generic alternative available, with exceptions made for existing utilization management processes.
- Second, page 2, lines 24-30 now ensures individuals with high-deductible health plans coupled with a health savings account (HSA) would remain eligible to continue contributing to their HSA.

To date, 21 states, DC and Puerto Rico have already stopped this discriminatory practice by passing legislation that bans harmful accumulator policies – Arkansas, Arizona, Colorado, Connecticut, Delaware, Georgia, Illinois, Kentucky, Louisiana, Maine, New Mexico, New York, North Carolina, Oklahoma, Oregon, Tennessee, Texas, Vermont, Virginia, Washington, and West Virginia.

Many of us represent patients in the neighboring states of Massachusetts and Connecticut. We are heartened that Connecticut recently passed and Massachusetts is currently considering similar legislation to ensure patient access to co-pay assistance. We hope the Rhode Island General Assembly will join our neighbors on this issue and ensure that all Rhode Islanders have access to their medication.

Some of us who have signed this letter will also be testifying to provide more details on how critically important co-pay assistance is for individuals with different types of chronic diseases. We strongly urge passage of S477 and thank you once again for the opportunity to provide testimony today.

For more information, please contact:

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Respectfully Submitted By:

Alliance for Patient Access, American Cancer Society Cancer Action Network, American Diabetes Association, American Kidney Fund, American Society for Clinical Oncology, Arthritis Foundation, Autoimmune Association, Brain Injury Association of Rhode Island, Crohn’s & Colitis Foundation, Epilepsy Foundation of New England, Every Life Foundation for Rare Diseases, Gaucher Community Alliance, Hemophilia Federation of America, HIV & Hepatitis Policy Institute, Infusion Access Foundation, International Foundation for Autoimmune and Autoinflammatory Arthritis, Lupus & Allied Diseases Association, Mental Health Association of Rhode Island, National Alliance on Mental Illness –RI, National Eczema Association, National Hemophilia Foundation, National Infusion Center Association, National Multiple Sclerosis Society, National Oncology State Network, National Psoriasis Foundation, New England Bleeding Disorders Advocacy Coalition, New England Hemophilia Association, Patients Rising Now, Protect Our Healthcare Coalition – RI, SEIU 1199NE, Spondylitis Association of America, Susan G. Komen for the Cure, The AIDS Institute, The ALS Association, & The Michael J. Fox Foundation.