



February 5th, 2026

Missouri House of Representatives
201 West Capitol Avenue
Jefferson City, MO 65101
House Health and Mental Health Committee

Re: HB 2279 Creates provisions relating to cost-sharing under health benefit plans

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to submit testimony in support of HB 2279. The EveryLife Foundation for Rare Diseases is powered by the rare disease community to improve health outcomes by driving change through evidence-based policy, leading science-driven policy and regulatory research, activating the community to advocate for their rights and needs, and strengthening the rare disease community.

It is estimated that over 30 million Americans live with one or more rare diseases that often result in burdensome medical, indirect, and non-medical expenses.¹ Patients and families must navigate how to manage expenses from multiple inpatient and outpatient encounters, costs for prescription therapies and medical devices, and the support services that are critical for managing their health and well-being. Patients like Kelley C. must make difficult choices to support their child's rare disease treatment, "We have spent thousands of dollars out of pocket on therapies and co-pays add up quickly."

While 95% of rare diseases do not yet have an FDA-approved treatment,² for those patients who do have an available therapy, cost-sharing assistance from drug manufacturers and patient assistance programs is an important factor in the ability to access life-altering and life-saving treatments. Unfortunately, insurance companies are increasingly employing copay adjustment programs that prevent cost-sharing assistance from being applied to a patient's deductible or out-of-pocket maximum, removing the lifeline of cost-sharing assistance programs. HB 2279 would prevent insurers from using these programs to take advantage of Missouri residents.

While copay adjustment programs can reduce costs for insurance companies, they leave patients with unexpected and unaffordable costs once their copay assistance is exhausted. In 2022, the EveryLife Foundation published *The National Economic Burden of Rare Diseases in the United States*, a study that examined the comprehensive economic impact of a subset of 379 rare diseases. The study found that the total economic impact of rare diseases in the US in 2019 was \$997 billion; 60% of those costs were indirect and non-medical costs shouldered directly by families and society. Of the direct costs, inpatient care was the top driver of medical costs

¹ National Human Genome Research Institute. (2019, March 9). *Rare Diseases FAQ*. Genome.gov. <https://www.genome.gov/FAQ/Rare-Diseases>

² Gürkan, H., & Satkın, N. B. (2025). The importance of genetic diagnosis in rare diseases. *Balkan Medical Journal*, 42(2), 92–93. <https://doi.org/10.4274/balkanmedj.galenos.2025.2025-270125>

(~15%) while prescription medication was responsible for about 11% of medical costs.³ With the proliferation of high-deductible health plans, copay adjustment programs result in higher out-of-pocket costs for the frequent expert outpatient care that rare disease patients require as it takes longer for patients to satisfy the deductible and out-of-pocket maximum requirements.

Copay adjustment programs eat into the already tight budget patients have, forcing some patients to take harmful actions, such as medicine rationing and prescription abandonment. An analysis by IQVIA showed that when patient costs reach \$250, over 70% of new patients walk away from the pharmacy empty-handed, highlighting the direct connection between the rise in out-of-pocket costs and prescription abandonment.⁴ Prescription abandonment is not an option for rare disease patients who are forced to incur considerable financial strain to maintain their prescription medicine costs.

Lowering the costs of health care is an important goal; however, insurance companies that use copay adjustment programs simply shift costs to patients while ultimately collecting up to double the amount of the patient's out-of-pocket requirements. Further exacerbating the tremendous out-of-pocket financial load families living with rare diseases are expected to bear.

Thank you again for the opportunity to testify in support of HB 2279. We are excited at the prospect of Missouri joining the 25 states that have enacted similar legislation to protect patient access to treatments by preventing copay adjustment programs.⁵ We readily support Representatives Cook and Doll for taking a lead on this issue to ensure that all Missouri residents with a rare disease can maintain access to affordable, life-sustaining medical care.



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³ EveryLife Foundation for Rare Diseases. April 2022. [The National Economic Burden of Rare Disease in the United States in 2019](#).

⁴ IQVIA. May 2019. [Medicine Use and Spending in the US; A Review of 2018 outlook to 2023](#).

⁵ All Copays Count Coalition (2025). State Legislation Against CoPay Accumulators. Can be found at: <https://allcopayscount.org/state-legislation-against-copay-accumulators/>