



PATIENTS IN TENNESSEE ARE FALLING THROUGH THE CRACKS

IT'S TIME TO STOP THESE HARMFUL INSURANCE PRACTICES THAT SKIRT EXISTING LAWS

Tennessee patients and employers pay a premium for health benefits annually, and the Tennessee legislature has been working hard to protect those benefits and ensure patient access to critical medications. Yet insurance companies and the pharmacy benefit managers (PBMs) they employ continue to find new ways to offload their responsibilities and limit or deny essential patient coverage. **As a result, patients are falling through the cracks and are not benefiting from the laws intended to protect them.**

In 2021, Tennessee signed into law¹ a ban on copay accumulator adjustment programs. This law was passed to ensure that insurance companies cannot exclude the value of patient assistance programs and other outside funding from counting towards the patient's annual deductible or maximum out-of-pocket limit. This was meant to ensure that patients receive the benefit of copay assistance and can reach their deductible, lowering out-of-pocket costs.

SB 420/HB 870 will prevent tactics that skirt the existing protection, ensuring patients receive the coverage they need to live healthy and productive lives.

IRS LOOPHOLE

Some insurers & PBMs have discriminated against patients who hold a High Deductible Health Plan (HDHP) with a Health Savings Account by not applying any assistance to their out-of-pocket costs. This bill protects patients when they've reached their minimum annual deductible, which is consistent with federal IRS statutory requirements.

BANNING ALTERNATIVE FUNDING PROGRAMS (AFPS)

AFPs are third-party vendors that partner with employer-sponsored health plans to offer "alternative" coverage for the plan participants specialty drugs. AFPs end up hurting patients as they manipulate the formulary to exclude specialty medications from coverage, have limited pharmacy and provider networks, and can lead to increased out-of-pocket costs for the patients.

BANNING MAXIMIZERS

Insurance companies have created copay maximizer programs that manipulate the formulary and collect more copay assistance than is required from the patient assistance programs. However, none of the assistance secured counts towards the patient's deductible or out-of-pocket maximum.

PASS SB 420/HB 870 & ENSURE PATIENTS RECEIVE THE COVERAGE THEY DESERVE!



NATIONAL
PSORIASIS
FOUNDATION®

CSRO
COALITION OF STATE RHEUMATOLOGY ORGANIZATIONS