

Gary Feldman, MD
President

March 7, 2024

Madelaine Feldman, MD
VP, Advocacy & Government Affairs

RE: CSRO Urges You to Cosponsor the [HELP Copays Act](#) (H.R.830/S.1375)

Michael Saitta, MD, MBA
Treasurer

To the Members of the Doctors Caucus:

Aaron Broadwell, MD
Vice President & Secretary

On behalf of the Coalition of State Rheumatology Organizations (CSRO), **I am reaching out to thank those of you who have co-sponsored the *HELP Copays Act* led by Rep. Carter and Rep. Barragan, and to urge all Doctors Caucus members who have not yet signed on as cosponsors to do so.**

Erin Arnold, MD
Director

Leyka Barbosa, MD
Director

CSRO is comprised of over 40 state and regional professional rheumatology societies whose mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. Our coalition serves the practicing rheumatologist.

Kostas Botsoglou, MD
Director

Michael Brooks, MD
Director

Specialty drugs for autoimmune conditions have high out-of-pocket costs for patients and many of these products do not yet have low-cost alternatives. Even in cases where a biosimilar exists, in rheumatology there is not as much of a cost differential between the brand and the biosimilar, in large part due to the perverse incentives created by the fact that pharmacy benefit managers have more potential financial gain from preferring drugs with high list prices.

Amish Dave, MD, MPH
Director

Harry Gewanter, MD, MACR
Director

Adrienne Hollander, MD
Director

Therefore, if a patient cannot make full use of copay assistance, they will not be able to comply with their treatment regimen. In the case of progressive conditions like rheumatoid arthritis, the consequences of non-adherence – joint damage and even joint loss – are irreversible. Despite these serious consequences, in recent years, insurers and PBMs have increasingly instituted programs that prevent patients from accessing the full value of copay assistance. These programs may go by different and sometimes euphemistic names, but are generally referred to as “copay accumulators.” If an insurer has in place such a program, a patient’s cost-sharing assistance will not be counted toward their deductible or annual limit.

Firas Kassab, MD
Director

Robert Levin, MD
Director

Amar Majjhoo, MD
Director

Gregory Niemer, MD
Director

Joshua Stolor, MD
Director

EXECUTIVE OFFICE

Ann Marie Moss, MBA, CAE
Executive Director

In the 2021 Notice of Benefit and Payment Parameters (NBPP), the Centers for Medicare and Medicaid Services (CMS) allowed insurers to use accumulators in the Affordable Care Act exchange markets in states without a state-level prohibition on use of accumulators. That regulation has been struck down by a federal court. Now is the time to codify a prohibition on the use of copay accumulators in the exchanges – which is exactly what the bipartisan, bicameral *HELP Copays Act* (H.R.830/S.1375) would accomplish. Notably, federal employees already enjoy the protection that the *HELP Copays Act* would extend to enrollees in the exchanges, since the Office of

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Personnel Management [will not allow](#) use of copay accumulators and maximizers in the Federal Employee Health Benefit program.

Additionally, the *HELP Copays Act* would close the essential health benefits loophole, which allows employer health plans to deem entire categories of medications as “non-essential,” even when those categories include life-saving drugs. One of the practical impacts of this is that patients lose the protection of their annual out-of-pocket maximum, which is an especially critical protection for those with chronic disease such as rheumatoid arthritis.

For these reasons, we hope you will cosponsor this commonsense, targeted legislation that will provide immediate financial relief to patients. If you need any additional information, please don’t hesitate to contact me.

Sincerely,

Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs