

March 13, 2023

The Honorable Earl L. “Buddy” Carter  
U.S. House of Representatives  
2432 Rayburn House Office Building  
Washington, DC 20515

The Honorable Yvette Clarke  
U.S. House of Representatives  
2058 Rayburn House Office Building  
Washington, DC 20515

The Honorable Mariannette Miller-Meeks  
U.S. House of Representatives  
1034 Longworth House Office Building  
Washington, DC 20515

The Honorable Nanette Barragan  
U.S. House of Representatives  
2312 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brian Fitzpatrick  
U.S. House of Representatives  
271 Cannon House Office Building  
Washington, DC 20515

The Honorable Diana DeGette  
U.S. House of Representatives  
2111 Rayburn House Office Building  
Washington, DC 20515

The Honorable Bonnie Watson Coleman  
U.S. House of Representatives  
271 Cannon House Office Building  
Washington, DC 20515

Dear Representatives Carter, Miller-Meeks, Fitzpatrick, Watson Coleman, Clarke, Barragan, and DeGette:

On behalf of the physician and medical student members of the American Medical Association (AMA), I applaud the introduction of the Help Ensure Lower Patient (HELP) Copays Act (H.R. 830). This bipartisan legislation would ensure copay assistance counts toward patient cost-sharing requirements in individual, small group, and employer-sponsored health plans. It would also protect patients from harmful insurance and pharmacy benefit manager (PBM) practices that raise patient out-of-pocket prescription drug costs. We agree that this bill would help improve patient access to necessary life-saving prescriptions, promote greater transparency of unexplainable policies and practices of PBMs, and ultimately lower prescription drug costs for patients over time.

Physicians have long expressed concerns with the detrimental impact PBM business practices have on patients’ access to and cost of prescription drugs. The historical lack of price transparency for prescription medication has undermined efforts to craft policies to remedy the escalation in prescription medication costs?. Co-pay accumulator programs, in particular, target individuals in need of specialty drugs (often individuals with chronic and/or complex conditions) who need assistance to meet their financial obligations under their health plan. Co-pay assistance often is the only way patients with chronic conditions can afford their medication. Co-pay accumulator programs, however, prevent patient access by denying them any financial relief from insurmountable cost-sharing obligations. These policies also reduce the value of premiums paid by patients with chronic conditions by allowing health plans to

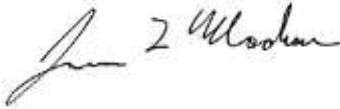
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“double dip” and accept both the co-pay assistance obtained by the patient and the additional cost-sharing then paid by the patient before the patient reaches their out-of-pocket limits. This exposes these patients to ongoing charges for their prescription drugs, as well as any other health care coverage they (or their families) may need during the year.

On a related note, in October 2022, the AMA released the findings from a new [analysis](#) that reflects the widespread lack of competition in local markets across the United States where PBMs provide services to commercial health insurers. This analysis is the first to shed light on variations in market shares and competition among PBMs at the state and metropolitan levels. Protecting patients and physicians from anticompetitive harm is another layer of complexity that warrants attention as you continue to work through these issues in an effort to protect patients and ensure prescriptions remain accessible.

The AMA appreciates your efforts and is pleased to offer our support for your legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD