



March 4, 2021

Representative Bronna Kahle
Chair, House Committee on Health Policy
Michigan State House of Representatives
Lansing, MI 48933

Honorable Chair and Members of the House Committee,

The Michigan Society of Hematology and Oncology (MSHO) and the Association for Clinical Oncology (ASCO) are pleased to **support HB 4353: Insurance: health benefits; application of amount paid by the insured or other certain parties when calculating the insured's co-pay for a prescription drug; require under certain conditions**. If passed, this measure would take important steps toward protecting patients from excessive out of pocket costs. As such, it is vital that this measure is considered on its own and that its tie-bar with HB 4347 is broken so that patient protection is not beholden to the passage of more contentious policy efforts.

MSHO is an organization of physicians from private practice, hospital and academic medical center settings that provides educational, reimbursement, legislative advocacy, and networking services to physician members as well as their clinical staff, practice managers and billing staff members. ASCO is the world's leading professional society representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

MSHO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, **it is critical that such policies be developed and implemented in a way that does not undermine patient access**. Copay accumulator programs target specialty drugs for which manufacturers often provide copay assistance. With a co-pay accumulator program in place, a manufacturer's assistance no longer applies toward a patient's co-pay or out-of-pocket maximum. This means that patients will experience increased out of pocket costs and take longer to reach required deductibles. **By prohibiting these funds from counting toward patient premiums and deductibles, co-pay accumulators negate the intended benefit of patient assistance programs and remove a safety net for patients who need expensive specialty medications but cannot afford them.**

While co-pay accumulator programs are described as a benefit for patients, these programs in effect prevent patients from reaching their deductibles sooner while increasing cost-sharing for patients. These programs lack transparency and are often implemented without a patient's knowledge or full understanding of their new "benefit." Increases in out of pocket costs for the patient can result in significant adverse impacts on patient finances, which contributes to medical bankruptcies and disproportionately affects low-income populations. In this manner **co-pay accumulator programs could jeopardize outcomes, as patients may decide to forego or discontinue treatment or seek different treatment for non-medical reasons**. If a patient does forego care, this could lead to poorer health outcomes and potentially higher costs to the health care system.

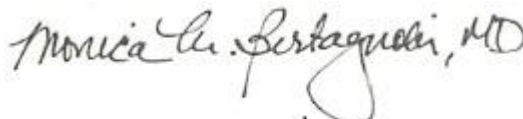
MSHO and ASCO are encouraged by the steps that HB 4353 takes toward eliminating co-pay accumulator programs in Michigan and we therefore urge the committee to recommend breaking the tie-bar and pass the measure. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement on Co-Pay Accumulators](#) by our affiliate, the American Society of Clinical

Oncology. Please contact Allison Rollins at ASCO at allison.rollins@asco.org or Mary Kay Makarewicz, Executive Director of MSHO, at mmakarewicz@msho.org if you have any questions or if we can be of assistance.

Sincerely,



Anas Al-Janadi, MD
President
Michigan Society of Hematology and Oncology



Monica Bertagnolli, MD, FACS, FASCO
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