



April 29, 2024

New Hampshire House Commerce and Consumer Affairs Committee
Legislative Office Building, Room 302-304
33 North State Street
Concord, NH 03301

Dear Chairman Hunt, Vice Chairman Ammon, and Honorable Members of the House Commerce and Consumer Affairs Committee,

On behalf of the New Hampshire cystic fibrosis (CF) community, and as a person living with CF, I write alongside the **35 undersigned New Hampshire cystic fibrosis community members and 3 patient advocacy organizations**, in strong support for the passage of Senate Bill 354- AN ACT relative to insurance cost-sharing calculations, to restrict the use of copay adjustment programs including copay accumulator and maximizer programs.

Copay adjustment programs (commonly called accumulators and maximizers) used by insurers and pharmacy benefit managers (PBMs) siphon copay assistance away from patients by not counting third-party assistance towards cost-sharing requirements such as deductibles and out-of-pocket (OOP) maximums. SB 354 restricts the use of these programs by including any third-party assistance toward patients' individual and family cost-sharing requirements.

This bill also closes the loophole that allows insurers and PBMs to deem a product "non-essential," which avoids annually set OOP maximums. **Copay assistance is critical for patients** who rely on brand-name drugs without generic alternatives.

Insurers use copay adjustment programs to prevent overutilization and steer patients toward alternative care options, but with cystic fibrosis, overutilization is impossible because CF patients go through extensive testing and diagnoses to access our specialty medicines. Simply, just like no one fakes cancer to access chemotherapy, no one fakes having cystic fibrosis to access CF medicines. Patients should not be punished for seeking the best care available.

Copay adjustment programs are often not transparent and patients may have to go out of their way to find out if they are enrolled, or worse, find out [when they receive a surprise bill](#) for thousands of dollars. These programs can decrease patients' medication [adherence](#) if they cannot afford their increased OOP costs and one study found that [25% to 36%](#) of patients stopped treatment when they received a surprise OOP cost of \$1500 or higher in the middle of their plan year. Increased OOP costs hurt patients in the long-run, as small increases in OOP costs can lead to [negative health outcomes](#) and increased mortality. Ultimately, states with accumulator and maximizer bans [do not have more expensive premiums](#) than states without these bans.

We strongly urge the House Commerce and Consumer Affairs Committee to pass SB 354 to protect patients' access to lifesaving care by ensuring that copay assistance goes towards meaningfully lowering healthcare costs for patients, not insurers' profits.



BOOMER ESIASON FOUNDATION

As a former New Hampshire state resident, who received top-notch cystic fibrosis care at Dartmouth Health, I can confidently say that CF care offered within the Granite State is nothing short of world class. It must remain so. Healthcare affordability, particularly that of prescription drug affordability, is adjudicated by the pharmacy benefits built into health insurance schemes. Copay accumulators and maximizers are, at worst, insidious designs that levy financial pain against often unknowing victims. They must be removed from the New Hampshire health insurance market, and SB 354 is the best way to do just that.

Respectfully,

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CF Community Members:

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All signatories are expressing their own personal opinions and do not necessarily represent the views of their employers.