NPLB Applauds Growing Momentum for Insurance Reforms that Lower Out-of-Pocket Costs for Patients

APRIL 28, 2021 - WASHINGTON, DC: No Patient Left Behind, a non-profit organization dedicated to eliminating patients’ out-of-pocket costs and ensuring that drugs go generic without undue delay, applauds the growing momentum to enact insurance reforms that make prescription drugs more affordable.

Prioritizing reforms such as drug pricing and access that help patients -- not payers -- is essential to achieving healthcare affordability. A recent letter signed by 124 disease groups calls for enacting an array of insurance reforms. Among them: capping patient cost-sharing requirements across market segments, enforcing Affordable Care Act (ACA) non-discrimination provisions, ensuring insurers and pharmacy benefit managers (PBMs) pass negotiated drug discounts directly on to patients, adding plans that include first-dollar prescription coverage, and allowing copay assistance to count toward patients’ annual deductibles or out-of-pocket maximums.

“Insurance reforms that lower out-of-pocket costs are vital to improving patient health,” said Peter Rubin, Executive Director of No Patient Left Behind. “Insurance reforms that improve patient affordability should be the top priority for both the Administration and Congress.”

Rubin noted that policymakers have powerful incentives to ensure patients can afford prescriptions prescribed by their doctors and authorized by their insurers. Recent data shows that out-of-pocket costs continue to climb despite reductions in the net price of drugs -- and that patients can see a 33 percent increase in mortality with just a $10 increase in copayments.

“Healthcare policy does not have to be a zero-sum game,” Rubin said. “Reforms also are necessary to make sure innovative drugs go generic once market exclusivity expires so America can maximize the value of its innovation investment. Helping patients afford their prescribed medicines is realizable and achievable if policymakers take a balanced approach.”