

“Abbie” Video Highlights Need for Insurance Reforms that Lower Out-of-Pocket Costs

“If a doctor prescribes a treatment and the insurer authorizes it, the copay should be affordable.”

JANUARY 10, 2022 - WASHINGTON, DC: No Patient Left Behind (NPLB), a non-profit organization dedicated to eliminating patients’ out-of-pocket costs and ensuring that drugs go generic without undue delay, today released a video to raise awareness about the high out-of-pocket costs insurers charge patients for doctor-prescribed treatments.

[The video shares the story of “Abbie”](#), a young girl who represents the stresses, frustrations, and sacrifices that U.S. families face when struggling to pay out-of-pocket costs. “Abbie” reminds us that high deductibles, copays, and other out-of-pocket costs charged by health plans pose real barriers to care. They are harming American families:

- 26% of *insured* U.S. households reported that have had problems paying medical bills ([KFF](#))
 - 46% of *insured* adults report difficulty affording their out-of-pocket costs
 - 27% report difficulty affording their deductible
- An out-of-pocket cost increase of only \$10 per drug causes a 33% increase in mortality ([NBER](#)).

“Abbie’s story represents the frustration that a growing number of insured Americans have with their health plans for charging higher and higher out-of-pocket costs each year – despite families also paying higher monthly premiums,” said NPLB Executive Director Peter Rubin. “The notion that a cancer patient must pay high deductibles and other out-of-pocket costs to ensure she has ‘skin in the game’ is ridiculous. Policymakers must end this regressive tax on the sick and enact insurance reforms that lower patient costs across Medicare, employer sponsored insurance, and ACA exchange plans.”

High out-of-pocket costs that insurers charge patients are a problem that impacts Americans across most insurance segments. For example, 12 of the 16 national Medicare Part D plans in 2022 charge beneficiaries 40-50% coinsurance for brand name medicines – even after plans approve the treatment as medically necessary ([KFF](#)). Similarly, 30% of families with employer sponsored insurance are “covered” by plans with a \$6,000 out-of-pocket maximum or more. ([Commonwealth](#))

[The “Abbie” video](#) and NPLB resources can be found at npatientleftbehind.org and via twitter @nplb_org.

About NPLB

[NPLB](#) is dedicated to ensuring patient affordability and continued innovation by arming stakeholders with research, information, and educational tools to fight for lower out-of-pocket costs and ensure brand name drugs go generic without undue delay.

Over the last year, NPLB and its supporters have released:

- [presentations about how to achieve biopharma affordability and innovation](#)
- [animations about how the health care system should work](#)
- [research papers](#)
- [op-eds](#)
- Mobilized a critical mass of researchers, innovators, investors, and patients to write Congress about
 - [the perils of HR 3](#)
 - [how minor fixes to BBB can achieve lasting Rx affordability and innovation](#)