This New Policy on Co-Pays and Deductibles Will Limit Access to Meds

60 groups sign a letter to state insurance commissioners and attorneys general asking them to reverse the policy.

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Many health insurance plans and pharmacy benefits managers have begun prohibiting HIV prescription drug co-pay coupons from counting toward deductibles and maximum out-of-pocket expenses, and the practice has limited consumers' access to HIV and hepatitis C medications.

This new policy is damaging and must be reversed, according to a letter signed by 60 HIV groups and sent to all state insurance commissioners and attorneys general, asking them to investigate.

"Plans are implementing these policies with no consumer notice, leaving consumers to find out that this policy is in place after they incur steep prescription drug cost sharing midyear," the HIV groups write. "These policies are unfair to the consumer and will have significant individual and public health consequences."

One of the biggest obstacles to accessing medication is cost, the letter points out. Even people who have insurance often face high co-pays and deductibles—which can lead to people skipping their meds. Co-pay assistance programs have helped reduce this burden but not letting that assistance count toward a deductible negates that benefit. The new practice can also lead to treatment disruptions midyear when the medications become too expensive.

"We strongly oppose these new policies and call on plans to reverse this practice," the letter states. "Given this damaging lack of transparency, plans should be required to post their co-pay card policies clearly in plan documents and formularies and notify their beneficiaries and health care providers explicitly and directly of changes to their policies."

To learn more about this topic, read the POZ Basics on HIV Drug Assistance Programs.
