POLICIES TO HELP PATIENTS PAY LESS FOR THEIR MEDICINES

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America's biopharmaceutical companies agree that, for too many Americans, the health care system is not working and needs to change. While medical innovation has made the United States a world leader in the discovery of new medicines, these treatments won't benefit patients who can't get them.

There are no easy solutions, but patients need real leadership from everyone involved in our health care system to make it work better. That's why our companies are calling for everyone in the health care system to join us in supporting common-sense reforms to make insurance work like insurance and ensure that patients can access and afford the medicines their doctors prescribe.

We believe the following policies are the best way to achieve these goals and make sure that *patients pay less* for their medicines.

1 Share the Savings

On average, more than half of spending on brand medicines goes to health insurers, PBMs, the government and others, not the manufacturer that researched and developed the medicine. However, patients often do not benefit from these significant discounts in the form of lower out-of-pocket costs for their medicines. That's not right, and it needs to change. If insurance companies and middlemen don't pay the full price for medicines, patients shouldn't have to either. These rebates and discounts must be directly shared with patients at the pharmacy counter.

2 Make Insurance Work

The amount patients with commercial health insurance pay for their medicines is determined by insurers and PBMs. New tactics by these companies can make it harder or impossible for patients to get important treatments for chronic illnesses such as asthma, diabetes, HIV, and others. Policymakers should ensure that patients assistance benefits everyone by closing policy loopholes in health insurer coverage that allow AAP, Maximizers, and AFPs to interfere.

3 Offer Lower, More Predictable Cost Sharing Options

Actual spending on medicines is growing at the slowest rate in years. Unfortunately, it doesn't feel that way for patients. Insurers are increasingly using high deductibles and coinsurance that result in patients paying more for certain medicines out of pocket. Patients should have more choices when it comes to their medicine coverage. Every state should require health insurers to offer at least some health plan options that exclude medicines from the deductible and offer set copay amounts instead of forcing patients to pay an amount based on the full list price of their medicines.

4 Cover Medicines from Day One

Insurers increasingly require patients to pay high deductibles before receiving coverage of their medicines. This can lead to patients rationing or not taking their medicines, which can result in devastating consequences to their health. Policymakers can help patients from day one by requiring all plans to cover certain medications used to treat chronic conditions with no deductible. Additionally, insurers should be mandated to offer some plans that cover all medicines from day one.

5 Cap Patient Cost Sharing

Many commercially insured patients are being exposed to high out-of-pocket costs due to increasing use of deductibles and coinsurance. High cost sharing is a barrier to prescription medicine access, especially for patients with chronic, disabling or life-threatening conditions, who shoulder the largest share of the burden. Cost sharing should not be so burdensome that it prevents patients with insurance from accessing necessary prescription medicines.