November 29, 2021

The Honorable A. Donald McEachin (D-VA) 
House of Representatives 
Washington, DC 20515

The Honorable Rodney Davis (R-IL) 
House of Representatives 
Washington, DC 20515

Dear Congressman McEachin and Congressman Davis,

We are writing to express our sincere thanks to you for your leadership in introducing HR 5801, the Help Ensure Lower Patient Copays Act (HELP Copays Act) and pledge to work with you to ensure that this common-sense, bipartisan legislation becomes law.

People living with serious, chronic health conditions often face multiple barriers to the therapies they need to treat their conditions, such as administrative hurdles like prior authorization and step therapy that limit access to specialty medications. And once approved, patients often face skyrocketing deductibles and steep cost-sharing requirements. With no other options to afford the medicine they need, many patients turn to charitable or manufacturer copay assistance to afford their drugs. But now, they are faced with an additional barrier and unexpected bills that could reach in the thousands of dollars because their insurance plan will not count the copay assistance they get toward their annual deductible or out-of-pocket maximum.

We applaud your legislation because it is a two-part solution that eliminates barriers to treatment for some of the most vulnerable Americans—those who live with serious, complex chronic illness—ensuring that they can afford the necessary and often life-saving medications prescribed by their doctors:

- The bipartisan HELP Copays Act requires health plans to count the value of copay assistance toward patient cost-sharing requirements. This would bring much-needed relief to financially vulnerable individuals by ensuring that all payments—whether they come directly out of a patient's pocket or with the help of copay assistance—count towards their out-of-pocket costs.
- Your legislation also closes a loophole that allows many employer health plans to deem certain covered drugs as “non-essential,” which means that the insurer will not count any cost-sharing toward the patient’s deductible and out-of-pocket maximum. Your bill will require all private plans to count all cost-sharing for covered services to accrue to a patient’s deductible and out-of-pocket maximum.

Together, these practices undermine coverage for pre-existing conditions, hurt patient access to medicines, decrease drug adherence, and even cost our health care system more money. We pledge to work with you to ensure that the HELP Copays Act becomes law and these harmful practices end once and for all.

Sincerely,

National Organizations

AIDS Alliance for Women, Infants, Children, Youth & Families
Aimed Alliance
Alliance for Balanced Pain Management
Alliance for Patient Access
National Council for Mental Wellbeing
National Eczema Association
National Hemophilia Foundation
National Infusion Center Association (NICA)
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Pancreas Foundation
National Psoriasis Foundation
NephCure Kidney International
Parkinson & Movement Disorder Alliance
Patient Access Network (PAN) Foundation
Patient Services, Inc.
Project Sleep
Pulmonary Hypertension Association
Restless Legs Syndrome Foundation
RNS
Scleroderma Foundation
Spondylitis Association of America
Susan G. Komen
The AIDS Institute
The Michael J. Fox Foundation for Parkinson's Research
US Hereditary Angioedema Association

State-Level Organizations

AIDS Alabama
AIDS Foundation Chicago
Alaska Hemophilia Association
Alaska Rheumatology Alliance
APLA Health
Arkansas Rheumatology Association
Asian Health Coalition
Bleeding Disorders Association of Northeastern NY
Bleeding Disorders Association of South Carolina, formerly Hemophilia of South Carolina
California Chronic Care Coalition
Coalition of Wisconsin Aging and Health Groups
CommuniCare Health Centers, San Antonio, TX
Community Welfare Services of Metro Detroit
Connecticut Hemophilia Society
Florida Society of Rheumatology
Georgia Society of Rheumatology
Great Lakes Hemophilia Foundation
Hawaii Health and Harm Reduction Center
Hawai'i Parkinson Association
HD Reach
Hemophilia Alliance of Maine
Hemophilia Association of New York, Inc.
Hemophilia Association of the Capital Area
Hemophilia Foundation of Michigan
Hemophilia Foundation of Southern California
Hemophilia of North Carolina
Hemophilia Services Consortium, Inc
Hep Free Hawaii
Lone Star Bleeding Disorders Foundation
Louisiana Hemophilia Foundation
Mary M. Gooley Hemophilia Center
Massachusetts, Maine and New Hampshire Rheumatology Association
Mercy Housing and Human Development
Michigan Rheumatism Society
Midwest Hemophilia Association
MidWest Rheumatology Association
Nebraska Rheumatology Society
Nevada Chronic Care Collaborative
New England Bleeding Disorder Advocacy Coalition (NEBDAC)
New England Hemophilia Association
New York Blood Center
New York City Hemophilia Chapter
New York State Bleeding Disorders Coalition
North Carolina Rheumatology Association
Ohio Association of Rheumatology
Oklahoma Hemophilia Foundation
Oregon Rheumatology Alliance
Pacific Northwest Bleeding Disorders
Pennsylvania Rheumatology Society
Rheumatology Association of Minnesota and the Dakotas
Rheumatology care center
Rocky Mountain Hemophilia & Bleeding Disorders Association
Sangre de Oro
SisterLove, Inc.
South Carolina Hemophilia and Bleeding Disorders Advocacy Coalition
Southwestern Ohio Hemophilia Foundation
State of Texas Association of Rheumatologists (STAR)
Texas Bleeding Disorders Coalition
Texas Central Bleeding Disorders
Texas Rare Alliance
Texas Rheumatology Care
The Wisconsin Rheumatology Association
United Hemophilia Foundation
Virginia Hemophilia Foundation
Virginia Society of Rheumatology
Vivent Health
Washington Rheumatology Alliance
Western Pennsylvania Bleeding Disorders Foundation
WNY BloodCare