WELCOME

We convene. We spark conversation. We accelerate collaboration.
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter Name</th>
<th>Organization/Position</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome &amp; Introductions</td>
<td>John Clymer</td>
<td>Executive Director, The National Forum for Heart Disease &amp; Stroke Prevention</td>
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<td>[Image of John Clymer]</td>
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<td>12:32</td>
<td>Patient Co-Pay Accumulators</td>
<td>Ryan Gough</td>
<td>Executive Director, Partnership to Advance Cardiovascular Health</td>
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<td>[Image of Ryan Gough]</td>
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<td>12:40</td>
<td>Access Now! Campaign</td>
<td>Amy Friedrich-Karnik, MPP</td>
<td>Director, Public Policy, WomenHeart</td>
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<td>[Image of Amy Friedrich-Karnik]</td>
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<td>12:48</td>
<td>Q &amp; A</td>
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The Partnership to Advance Cardiovascular Health (PACH) works to advance public policies and practices that result in accelerated innovation and improved cardiovascular health for heart patients around the world.

Goal: To bring together the cardiovascular patient advocacy community to have one voice on important health policy issues.
Utilization Management

Policy Affecting Access to Approved Therapy

- Prior Authorization
- Nonmedical Switching
- Step Therapy
- Specialty Tiers
- Co-pay Accumulators
What is a Co-pay Coupon?

**How Do Co-pay Coupons Work?**

1. **Doctor or manufacturer provides co-pay coupon to patient**
2. **Co-pay coupon discount applied at pharmacy**
3. **Pharmacy submits coupon to manufacturer**
4. **Manufacturer pays remaining co-pay to insurance**
The Co-Pay Surprise
Q: “Some insurers are moving to accumulator adjustment programs…. [which means that patients] may not be able to use [assistance] for certain copays or deductibles in relation to prescription drugs. Where do you guys fall?”
A: “What we’re looking at, what we should do in terms of these coupon programs, but I think we need to understand the issue at its base...  

“...So we’d like to get at the root cause of bringing the cost of pharmaceuticals down...”
Co-pay Accumulators

The Fine Print

We reserve the right not to apply manufacturer or provider cost share assistance program payments (e.g., manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons) to the Deductible or Out-of-Pocket maximums.

Based on personal communication, currently not applying the copay accumulator program
What’s the Cause?

Insurers/PBMs: “Co-pay coupons encourage use of high priced drugs instead of cheaper alternatives.”

“Pharma companies will feel no pressure to lower drug prices…unless patients are unable to afford them.”

- Vivian Ho, healthcare economist, Rice University in the LA Times

Pharma: Co-pay coupons are necessary to help patients afford medications they need for rare or hard-to-treat conditions while insurers continue to increase premiums and deductibles.

“Average health-insurance deductible for individuals with employer-provided coverage reached $1,505 in 2018, as opposed to $303 in 2006.” - LA Times

NEW YORK (Reuters) - Walmart (WMT.N) and Home Depot (HD.N), two of the top 10 U.S. employers, have embraced a health insurance strategy that punishes drugmakers for using discount cards to keep patients from switching or stopping their medications.
41 million Americans in a plan that uses an accumulator

25% of U.S. employers are implementing and will grow to as much as 50%

Patients Left in the Middle?

Patients with complex conditions often depend on co-pay coupons.

- AIDS
- Cystic Fibrosis
- Hepatitis
- Rheumatoid Arthritis
- Cancer
- Hemophilia
- Multiple Sclerosis

Cardiovascular Health
What’s the Policy Solution?

- State-level legislation moving in statehouses across the country
- Anecdotally, implementation has been spotty, weak and confusing
- Discussion that out-of-pocket caps or copay assistance legislation must be addressed through federal legislation
The Access Challenge

Unfortunately a classic case of modern medicine:

We are living in a time of burgeoning medical discovery where rare and difficult-to-treat conditions are now treatable or curable. They’re oftentimes expensive. How do we ensure access to appropriate patients?
Interested in Getting Involved?

Ryan Gough
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515-867-1997
Access Now! Campaign

Amy Friedrich-Karnik, MPP
Director, Public Policy

December 12, 2018
Access Now! Campaign

❤️ Goal: Identify and help address access issues among women with heart disease, including WomenHeart Champions

❤️ Collected information via online survey, phone interviews, and focus groups of women with heart disease, and convened a meeting with key stakeholders

❤️ Developed recommendations and held a Congressional briefing in 2017
Major results

❤ Findings/Themes from our Champions
❤ Access issues are common, including access to medication and cardiac rehab
❤ Out of pocket costs lead many women to skip or delay medications, true across different income levels and insurance type
❤ Annual income does make a difference in access to care
❤ Prior authorization was an issue, causing delays or denials
Major results

❤ Some Recommendations
❤ Expand patient navigation systems to help consumers enroll in the ACA
❤ Empower patients and their caregivers to become knowledgeable consumers
❤ Train and utilize patient advocates within physicians’ offices to improve adherence and reduce costs
Access to Care Educational Module

Access to Care: Everyday Challenges for Women With Heart Disease

Getting What the Doctor Ordered

25% of women struggled to get the medicine, treatment, or care that their doctor prescribed.

What types of care did they have trouble getting?

- 49% prescription medication
- 26% care at a center or clinic
- 7% medical supplies
- 6% other medical services or tests

Difficult & Dangerous Decisions

26% insurance did not cover or delay treatment to manage out-of-pocket costs.

What insurance do they have?

- 39% Medicare
- 31% private insurance
- 31% employer-sponsored insurance
- 24% Medicaid
- 13% other insurance
- 13% uninsured

Is delaying or skipping affected by income?

- 21% income under $50,000
- 17% $50,000-$99,999
- 14% $100,000-$149,999
- 24% $150,000-$199,999
- 34% $200,000 or above
Access to Care Animated Video
#DefendPreex

❤️ Goal – For elected officials to hear from women with heart disease about the importance of policies that ensure people with pre-existing conditions can’t be denied health insurance
#DefendPreex

Campaign page that allowed people to email their members of Congress and tell their story
Supported by:

- Amgen
- Bristol-Myers Squibb
- Janssen Pharmaceuticals, Inc.
- Pfizer
- Sanofi/Regeneron Pharmaceuticals, Inc.

Questions:

Amy Friedrich-Karnik, MPP
Director, Public Policy
afriedrich@womenheart.org
Recordings Available

- Slides and audio from previous spotlights available at https://www.nationalforum.org/value-access-member-spotlight-webinars