



2025 Support of Legislation Banning Copay Accumulators in Utah

Submitted to the UPHA Board for review on February, 2025

Whereas, copay accumulator programs prevent financial assistance provided by drug manufacturers and specialty pharmacies from being applied toward patients' annual deductibles and out-of-pocket maximums, leading to increased financial burdens on patients;

Whereas, copay accumulators disproportionately impact individuals with chronic and/or rare health conditions, including those with bleeding disorders¹, autoimmune diseases², and cancer³, as these patients rely on high-cost, specialty medications to maintain their health and quality of life;

Whereas, the financial burden caused by copay accumulators exacerbates existing health inequities caused by the social drivers of health by creating additional barriers to care for low-income, marginalized, and underinsured populations⁵;

Whereas, copay accumulators elevate the rate of medication non-adherence and financial insecurity for patients, increasing the risk of adverse health outcomes and long-term healthcare costs due to the discontinuation of treatment(s)⁴;

Whereas, legislation banning copay accumulators has already been successfully implemented in 21 states and the District of Columbia as of June 2024⁶, demonstrating the feasibility and benefits of such policies in reducing financial strain and improving medication access for patients;

Whereas, the Utah Public Health Association recognizes the importance of promoting equitable access to healthcare and reducing financial barriers to optimal health for all Utahns, especially vulnerable populations;

Be it therefore resolved that the Utah Public Health Association:

1. Advocates for the passage of legislation banning the use of copay accumulator adjustment programs in the state of Utah.
 - a. Educates policymakers, healthcare providers, and the public about the harmful effects of copay accumulator programs on patient health and financial well-being.
2. Collaborates with patient advocacy organizations, non-profits, healthcare professionals, and other stakeholders to ensure that patients' financial assistance from drug manufacturers and specialty pharmacies counts toward their deductibles and out-of-pocket maximums.
3. Supports ongoing research and data collection to monitor the impact of copay accumulator programs and the effectiveness of policy interventions.



UPHA commits to these action items and will work to implement them by January 1, 2026.

References:

1. National Bleeding Disorders Foundation (NBDF). (2021). *Copay Accumulator Programs Impact Patients / NBDF*. National Bleeding Disorders Foundation. Retrieved from <https://www.bleeding.org/advocacy/federal-priorities/make-all-copays-count>
2. Autoimmune Association. (2024). *Autoimmune Association continues to advocate to protect copay assistance and essential health benefits*. Retrieved from <https://autoimmune.org/autoimmune-association-continues-to-advocate-to-protect-copay-assistance-and-essential-health-benefits/>
3. American Cancer Society Cancer Action Network. (2022). *All copays count*. Retrieved from <https://www.fightcancer.org/all-copays-count>
4. Choi, D., Zuckerman, A. D., Gerzenshtein, S., Katsivalis, K. V., Nichols, P. J., Saknini, M. C., Schneider, M. P., Taylor, P., & Dusetzina, S. B. (2024). A primer on copay accumulators, copay maximizers, and alternative funding programs.