

October 7, 2020

Lewis G. Sandy, MD, FACP
Executive Vice President,
Clinical Advancement
UnitedHealth Group
9900 Bren Road East, MN
Minnetonka, MN 55343

Dear Dr. Sandy:

On behalf of the undersigned organizations and the thousands of physicians and patients we represent, we are writing regarding UnitedHealthcare's proposed copay accumulator initiative and the impact it would have on patients' ability to access the critical treatments they rely on to control their disease.

It is our understanding that, as of January 1, 2021, UHC will ask physicians to provide information regarding copay assistance funds which patients receive for their treatments. UHC would then use this information to enforce a copay accumulator, ensuring that no copay assistance funds are applied toward patients' deductibles or out of pocket maximum payments. Our organizations oppose this change as it would endanger patients' access to care and undermine the doctor-patient relationship. We urge UHC to explore other pathways to rein in drug costs without jeopardizing patients' health.

Our organizations are acutely aware that the specialty drugs targeted by this policy are expensive; however, they are also vitally important for our patients. Most of these drugs have no generic equivalents or therapeutic alternatives, meaning patients do not have lower-cost options. As deductibles and out of pocket maximums rise, copay assistance programs allow patients to access these life-altering medications without regard to their personal financial status. When health plans block copay assistance funds from being applied toward patient deductibles, the funds are depleted mid-year and patients face thousands of dollars in unexpected medical bills. This predictably leads to discontinuation of treatment, often with disastrous consequences. In fact, one recent study found that more than one in four specialty brand prescriptions are abandoned during the deductible phase, which is three times greater than the abandonment rate when there is no deductibleⁱ. These concerns have already led at least four states to prohibit accumulators in individual and small group health plans.

The copay accumulator initiative proposed by UHC negates the benefit of copay assistance for patients in need, shifting the burden of high drug costs to the patient and threatening access to medically necessary therapies. The dramatic increase in out of pocket expenses will put these treatments out of reach for many patients, potentially leading to disease flares, expensive surgeries, permanent disability, and higher overall health care costs. Moreover, asking physicians to report on the amount their patients receive in copay assistance will put them in an ethically objectionable position. As outlined above, the copay accumulator restrictions proposed by UHC

threaten patients' access to treatment. As such, reporting this information would likely harm the patient as well as the doctor-patient relationship, and would be unethical under AMA guidelines.

We appreciate your review of these concerns and ask that UHC not move forward with the proposed copay accumulator initiative or physician reporting on copay assistance. We would also welcome the opportunity for further dialogue on this issue. For questions or to arrange a call, please contact Meredith Strozier, ACR Director of Practice Advocacy at mstrozier@rheumatology.org or (404)633-3777.

Sincerely,

The AIDS Institute
American Academy of Dermatology Association
American Academy of Neurology
American College of Gastroenterology
American College of Rheumatology
American Gastroenterological Association
American Kidney Fund
Arthritis Foundation
Association for Clinical Oncology
Cancer Support Community
Council of State Rheumatology Organizations
National Multiple Sclerosis Society

¹ <https://www.iqvia.com/institute/reports/medicines-use-and-spending-in-the-us-a-review-of-2016>. Accessed 9/22/20.