

S.5299A A.1741A

Ensure Third-Party Assistance Can Assist Patients

1 in 3

New Yorkers have faced
financial hardship
as a result of medical bills²

In 2022, the average deductible
for the most popular level of health plans that offer
midrange coverage is

\$5,155

more than double the average
deductible of \$2,555 in 2015¹



38%

of New Yorkers

say they or a family member are
**sacrificing healthcare
because of cost**²

Health plans are shifting more of the cost burden to patients through deductibles and coinsurance. **As costs increase, patients may be forced to abandon their treatment.** Third-party assistance helps patients with complex and/or high-cost conditions afford their medications and adhere to their treatment regimen, especially when no generic alternative is available.

Since 2018, an increasing number of health plans have begun implementing policies often referred to as “copay accumulator programs” to prevent third-party assistance from counting toward a patient’s out-of-pocket obligation, essentially negating any benefit to the patient. Imagine if a college accepted a \$10,000 scholarship on behalf of a student, only to require the student to still pay the full cost of tuition because the \$10,000 did not come out of the student’s own pocket.

With S.5299A/A.1741A, health plans will still get their money and patients will be able to better afford their care. **Now is the time to address these policies and require health plans to allow third-party assistance to actually assist patients.**

In **30** states,
at least 50%
of all plans
include a
copay accumulator policy¹

14
states
have passed
legislation to
**prohibit
copay
accumulators**

Hear from the mom of two boys with hemophilia
about the importance of third-party assistance at
nysbd.org/allcopayscount



1. The AIDS Institute. “Double-Dipping: Insurance Companies Profit at Patients’ Expense.” March 2021.

2. The Robert Wood Johnson Foundation. “How New Yorkers Feel about Affordability and Healthcare Reform.” March 2022.

