

CONNECTICUT

Copay Assistance Diversion Programs

Copay Accumulators 101

Millions of Americans endure long and expensive medical journeys to get the medications that best treat their needs. Copay accumulator adjustment policies and other copay assistance diversion schemes allow insurers and pharmacy benefit managers (PBMs) to collect copayments on an enrollee's behalf without counting those payments toward the enrollee's annual deductible or out-of-pocket limit. These policies undermine access to lifesaving prescription drugs for people living with serious, complex, chronic illnesses.

Findings for Connecticut 2024 Marketplace Plans

Connecticut received an A because it has a state law protecting financial assistance for people with marketplace plans.

A new report by The AIDS Institute shows Connecticut is one of 19 states (AR, AZ, CO, CT, DE, GA, IL, KY, LA, ME, NC, NM, NY, OK, TN, TX, VA, WA, WV), plus DC and Puerto Rico that have enacted legislation that requires insurers to count third party payments, including copay assistance, toward patient cost-sharing limits in state-regulated insurance plans.

Need for Action

Unfortunately, Connecticut's law does not protect all Connecticut residents with health insurance; just those with plans regulated by the state. A federal rule requires all private health insurance plans, including employer-sponsored health plans, to count copay assistance toward patient cost-sharing limits in most cases. Connecticut policy makers and insurance regulators must ensure health insurers and pharmacy benefit managers comply with federal rules.

The HELP Copays Act of 2023 ([HR 830](#) and [S. 1375](#)) would enact these same protections in federal law to protect people on employer-sponsored health plans living with chronic illness.



For enacting a state law to protect vital patient assistance



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