

# OREGON

## 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 Oregon 2024 Marketplace Plans

Oregon received an F because 5 out of 6 plans have copay assistance diversion policies.

These plans <b>have</b> copay assistance diversion policies:	These plans <b>do not have</b> copay assistance diversion policies:
BridgeSpan Health Company Moda Health Plan PacificSource Health Plan Providence Health Plan + Regence BlueCross BlueShield of Oregon	Kaiser Permanente*

### Need for Action

Oregon legislators can further protect Oregonians with chronic illness by joining 19 other states, Washington D.C., and Puerto Rico and enacting legislation to protect residents from these harmful practices by insurance companies and PBMs. Such legislation would ensure Oregonians with state-regulated insurance plans are protected.

A federal rule requires all private health insurance plans, including marketplace and employer-sponsored health plans, to count copay assistance toward patient cost-sharing limits in most cases. The plans listed above have copay diversion policies contrary to this rule. Oregon insurance regulators can 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 with employer-sponsored health plans living with chronic illness.

\* = Plan applies copay assistance for brand drug with no generic equivalent  
+ = Plan utilizes as copay maximizer or alternative funding program



For failing to protect vital patient assistance

