

March 4, 2026

The Honorable Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard Baltimore, MD 21244

Sent electronically via regulations.gov

RE: [CMS-9883-P] Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027

Dear Administrator Oz,

The American College of Rheumatology (ACR), representing over 10,400 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to respond to the Health and Human Services Notice of Benefit and Payment Parameters for 2027 as published in the Federal Register on February 11, 2026. However, we remain disappointed that the proposed rule does not revise policies related to copay assistance and a patient's deductible. We urge the Centers for Medicare and Medicaid Services (CMS) to allow copay assistance to be counted toward a patient's deductible to enable patients to access needed treatments without financial hardship.

Many people who take expensive specialty medications receive copay assistance coupons from drug manufacturers to cover part of the cost. In response, some health plans have introduced copay accumulator programs that would prevent this assistance from counting toward a patient's deductible or maximum out-of-pocket expense. As a result, when the copay assistance runs out, the patient is required to pay the entirety of their deductible in order to access critically needed medications, which many patients are unable to afford. The copay assistance is essentially pocketed by the insurer or other industry middlemen, such as pharmacy benefit managers (PBMs), while many patients discontinue their treatments.

In September 2023, the District Court for DC struck down copay accumulator policies, requiring insurers to count copay assistance toward a patient's out-of-pocket limits in most cases. In response, CMS indicated that it would issue a new rule on these policies. Two and a half years later, this rule has still not yet been issued, leaving many patients, particularly those who require high-cost specialty medications to manage chronic illnesses, struggling to afford their prescriptions. The financial hardship associated with these policies can lead patients to ration medication or discontinue treatment altogether. Research shows that over 70% of new patients opt not to fill a prescription with a copayment of \$250 or more.¹ The American College

¹ "Medicine Use and Spending in the U.S. A Review of 2018 and Outlook to 2023," *IQVIA*, May 2019.
<https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/medicine-use-and-spending-in-the-us-a-review-of-2018-and-outlook-to-2023>.

of Rheumatology urges CMS to promptly issue a new rule that will close this loophole which is allowing insurers and PBMs to profit at patient expense.

Patients suffering from rheumatic diseases often rely on drugs with higher costs, such as biologics and biosimilar products, to manage their disease and improve their quality of life. In 2023, copay assistance was used for nearly 20% of prescriptions for patients with private insurance (though much higher for some therapy areas), with a total value of \$23 billion.² Without assistance from manufacturers in the form of copay coupons, many patients are forced to delay treatment, ration their medication, forfeit treatment entirely, or suffer incredible financial hardships to pay for their treatment. Recognizing the continued struggle for patients to afford their medications, we hoped that CMS would revise the current policies that allow insurers to exclude copay assistance from counting toward a patient's deductible regardless of generic availability.

Health plan deductibles and out-of-pocket limits continue to rise. By excluding copay assistance from out-of-pocket spending, insurers delay and/or prevent patients from meeting their deductible and achieving partial relief from their financial burden. This increases financial strain on patients and families and delays or prevents medically necessary care.

Current CMS policy counters efforts to provide greater access for patients to receive quality care and to receive the right treatment for the right patient at the right time. While we understand the need to find solutions to help curb the increasing cost of healthcare, we cannot support policies that sacrifice our patients' health in the name of cost savings.

Please contact Sweta Haldar, MSPH, Manager of Regulatory Affairs, at shaldar@rheumatology.org or (202) 807-5262 should you have any questions or require any additional assistance.

Sincerely,



Christopher Phillips, MD

Chair, American College of Rheumatology Committee on Rheumatologic Care

² "The Use of Medicines in the U.S. 2024: Usage and Spending Trends and Outlook to 2028," *IQVIA*, April 2024. <https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/the-use-of-medicines-in-the-us-2024>.