



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1681		DATE: 2/12/2026	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/12/2026 11:59 PM	
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I am in Support of this Bill. Something NEEDS to be done to protect Rural Missouri, Consumer and Medical Insurance Protections for all Missourians and Small Family, Community-Based Pharmacies.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID WINTON		PHONE NUMBER:
REPRESENTING: PFIZER; NOVARTIS; REACH FOUNDATION		TITLE:
ADDRESS: PO BOX 1805		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: Written	SUBMIT DATE: 2/12/2026 8:35 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER:	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION; MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS: 113 MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jscott@msma.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/12/2026 8:02 AM	
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In support



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: NICHOLAS TELESCO		PHONE NUMBER: 571-483-1593	
BUSINESS/ORGANIZATION NAME: MISSOURI ONCOLOGY SOCIETY; ASSOCIATION FOR CLINICAL ONCOLOGY		TITLE: SPECIALIST, STATE ADVOCACY	
ADDRESS: 2318 MILL ROAD			
CITY: ALEXANDRIA		STATE: VA	ZIP: 22314
EMAIL: nicholas.telesco@asco.org	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 9:40 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Chair Stinnett and Members of the House Committee on Health and Mental Health,

The Missouri Oncology Society (MOS) and the Association for Clinical Oncology (ASCO) are pleased to support HB 1681, which would prohibit health carriers in the state from utilizing co-pay accumulator and co-pay maximizer programs. Passing HB 1681 is a crucial step in alleviating financial barriers to care for some of Missouri’s most vulnerable patients.

MOS and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Co-pay accumulator and co-pay maximizer programs target specialty drugs for which manufacturers often provide co-pay assistance. With a co-pay accumulator or co-pay maximizer program in place, a manufacturer’s assistance does not apply toward a patient’s co-pay or out-of-pocket maximum – meaning patients will experience increased out-of-pocket costs and take longer to reach required deductibles and out-of-pocket limits.

Co-pay accumulator and maximizer programs allow insurers and PBMs to “double dip” by receiving the manufacturer’s co-pay assistance and still requiring the patient to pay their full cost-sharing amount. The patient receives no financial benefit, while the insurer or PBM profits twice. Co-pay accumulator and maximizer programs lack transparency and are often implemented without a patient’s knowledge or full understanding. These programs remove a critical safety net for patients, many of whom are facing life-threatening illnesses and financial barriers to care. Many patients face prohibitive out-of-pocket expenses, with the average cost of cancer care exceeding \$42,000 in the year following diagnosis. Research has found the financial burden of care leads patients to delay prescription refills, use less medication, or skip doses entirely, ultimately leading to poorer health outcomes and greater financial costs.

MOS and ASCO are encouraged by the steps HB 1681 takes toward eliminating co-pay accumulator and co-pay maximizer programs and protecting patients with cancer in Missouri. We strongly urge the Committee to pass this bill. For a more detailed understanding of policy recommendations from our affiliate, the American Society of Clinical Oncology, we invite you to read the ASCO Policy Brief on Co-Pay Accumulators and the ASCO Position Statement on Out-of-Pocket Costs for Cancer Care. We welcome the opportunity to be a resource for you. Please contact Nick Telesco at ASCO at Nicholas.Telesco@asco.org if you have any questions or if we can be of assistance.

Sincerely,

**Yifan Tu, MD
FASCO
President
Missouri Oncology Society**

**Lynn Schuchter, MD,
Chair of the Board
Association for Clinical Oncology**

MOS is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is an organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SAM MILLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: INFUSION ACCESS FOUNDATION		TITLE: ADVOCACY ASSOCIATE	
ADDRESS:			
CITY: AUSTIN		STATE: TX	ZIP: 78704
EMAIL: sam.miller@infusionaccessfoundation.org	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 1:10 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Committee Members,

On behalf of the Infusion Access Foundation, I extend our gratitude for your service to the people of Missouri. We strongly encourage your support for HB1681. This critical legislation ensures that payments made by or on behalf of an enrollee count toward their cost-sharing obligations, a policy crucial in protecting access to care for Missouri patients, especially those relying on high-cost medications.

The Infusion Access Foundation is a nonprofit advocacy organization dedicated to protecting access to infusions and injections. We support patients across all disease states and advocate for expanding access to the therapies that help patients live their best, healthiest lives. In conjunction with our grassroots advocacy work, we advocate for individual patients who face significant barriers to care.

Unfortunately, some insurers have implemented "copay accumulator" and "copay maximizer" programs, which prevent copay assistance from counting toward deductibles or out-of-pocket maximums. These policies create insurmountable financial barriers for patients, pushing their treatment out of reach and increasing the risk of disease progression, flare-ups, and complications. HB1681 will address this problem by ensuring that payments made by or on behalf of an enrollee, whether directly by the patient or through third-party assistance, count toward their insurance cost-sharing responsibilities. This provision will help ensure that patients can access the medications they need without being unfairly burdened by insurance practices that undermine financial assistance.

The passage of HB1681 represents a commitment to protecting the health and well-being of Missouri residents. We urge you to stand with patients by supporting this critical legislation.

Thank you for your leadership and dedication to improving access to care for the people of Missouri.

Sincerely,
Alicia Barron, LGSW
 Executive Director
 Infusion Access Foundation



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: SAM MILLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: NATIONAL INFUSION CENTER ASSOCIATION		TITLE: ADVOCACY ASSOCIATE
ADDRESS:		
CITY: AUSTIN	STATE: TX	ZIP: 78704
EMAIL: sam.miller@infusioncenter.org	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 1:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Committee Members,

On behalf of the National Infusion Center Association (NICA), I would like to thank you for your service to the people of Missouri. We strongly urge your support for HB1681. This critical legislation ensures that payments made by or on behalf of a patient count toward their cost-sharing responsibilities. This policy is vital not only to protecting patients but also to safeguarding the ability of healthcare providers to deliver high-quality care.

NICA is a nonprofit organization formed to support non-hospital, community-based infusion centers caring for patients in need of infused and injectable medications. To improve access to medical benefit drugs that treat complex, rare, and chronic diseases, we work to ensure that patients can access these drugs in high-quality, non-hospital care settings. NICA supports policies that improve drug affordability for beneficiaries, increase price transparency, reduce disparities in quality of care and safety across care settings, and enable care delivery in the highest-quality, lowest-cost setting.

One of the most significant challenges we face as providers is the implementation of "copay accumulator" and "copay maximizer" programs by some insurance companies. These programs prevent copay assistance, whether paid directly by patients or through third-party assistance, from counting toward the patient's deductible or out-of-pocket maximum. As a result, patients are often unable to afford the treatments they need, or they delay seeking care until their financial situation becomes untenable. For providers, this creates a ripple effect of administrative burdens.

Healthcare professionals are forced to spend significant time and resources communicating with insurance companies, reprocessing claims, and attempting to secure approvals for treatments. This takes time away from providing care and drives up operational costs for healthcare facilities, particularly those in ambulatory infusion settings that already function as cost-effective alternatives to hospital care. HB1681 will help alleviate these pressures by ensuring that all payments made on behalf of patients count toward their cost-sharing obligations. This will allow providers to deliver care more efficiently and ensure patients can stay on their prescribed treatments without unnecessary financial obstacles.

The passage of HB1681 is a critical step toward reducing the administrative and financial burdens that these harmful practices place on healthcare providers, while ensuring that patients continue to have access to the life-saving treatments they rely on. We urge you to support this essential legislation.

Thank you.

**Sincerely,
Brian Nyquist, MPH
President & CEO
National Infusion Center Association**



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SUSAN HENDERSON MOORE		PHONE NUMBER: 573-268-6924
REPRESENTING: AMERICAN CANCER SOCIETY ACTION NETWORK		TITLE:
ADDRESS: 630 BOLIVAR ST.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/12/2026 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/10/2026 12:50 PM	

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I submit this testimony in opposition to House Bill 1681 because it impermissibly interferes with federally governed health-plan design, creates unequal treatment among enrollees, and lacks the constitutional safeguards required for lawful economic regulation.

HB 1681 mandates how cost-sharing payments must be credited toward out-of-pocket maximums and restricts how health carriers and pharmacy benefit managers may design benefits in relation to cost-sharing assistance programs. These requirements intrude into core plan-administration functions governed by federal law, including the Affordable Care Act, the Internal Revenue Code, and ERISA.[1]

The bill further creates arbitrary classifications among enrollees based solely on the availability of generic drug substitutes—an external market condition unrelated to medical necessity or enrollee choice. Such disparate treatment raises equal-protection concerns under both the United States and Missouri Constitutions.[2]

HB 1681 also employs vague standards, prohibiting benefit designs that “take into account” assistance programs without defining the scope of prohibited conduct. Vague statutory commands in complex regulatory environments violate due-process principles by failing to provide fair notice or enforceable limits.[3]

Finally, the bill reshapes insurance economics without legislative findings, fiscal safeguards, or review mechanisms, effectively substituting legislative mandate for actuarial and regulatory judgment.

Addressing affordability concerns is a legitimate goal. Doing so through constitutionally defective mandates that conflict with federal law and destabilize benefit design is not. For these reasons, I respectfully urge the committee to oppose House Bill 1681.

In closing, House Bill 1681 substitutes market coercion for constitutional governance. A law that rewrites benefit design, conflicts with federal standards, and treats similarly situated enrollees unequally cannot be justified as consumer protection. Rights-based policy requires clarity, equity, and lawful authority—none of which this bill provides.

FOOTNOTES

[1] U.S. Const. art. VI, cl. 2; ERISA §514, 29 U.S.C. §1144; Gobeille v. Liberty Mut. Ins. Co., 577 U.S. 312 (2016)

[2] Allegheny Pittsburgh Coal Co. v. County Comm’n, 488 U.S. 336 (1989); Mo. Const. art. I, §2

[3] **FCC v. Fox Television Stations, 567 U.S. 239 (2012); Mo. Const. art. I, §10**