



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |   |
|--|-------------------------------|---|
| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |
| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>ANGELA BROWN</b>   |                               | PHONE NUMBER:                           |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                  |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                        |
| EMAIL:   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/3/2026 1:12 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |

My name is Angela Brown and I'm providing testimony on behalf of Missouri individuals and families, including my own brother, son, and daughter, who live every day with a chronic bleeding disorder called hemophilia. Hemophilia is a lifelong genetic disorder that prevents the blood from clotting properly. There is no cure. It doesn't take breaks. And for many families like ours, neither do the medical bills.

For people with bleeding disorders, access to medication isn't optional—it's survival. Factor replacement therapy and other treatments prevent spontaneous bleeding, joint damage, disability, and life-threatening emergencies. Without consistent access, a simple fall, dental procedure, or childhood playground accident can turn into a medical crisis.

That's why insurance co-pay accumulator adjustors are so harmful to our community. They create a barrier to care.

Bleeding disorder medications cost tens of thousands of dollars per month which means we meet our deductible/out-of-pocket costs the first time we order Spencer's medication each year. We make every effort to pay as much as we can towards that, but sometimes we need financial help. Sometimes, we rely on the support of others to meet the need. There is no generic form of the medication we call "Factor". We are not getting a discount or reduced price in cost of the medication. No family, no matter how responsible or hardworking, can absorb this kind of cost year-over-year own their own. Co-pay accumulators quietly take away access.

Under these programs, insurance companies accept third party payments—but refuse to count it toward the patient's deductible or out-of-pocket maximum. Families believe they're doing everything right. They pay their monthly premiums. They fill prescriptions. They follow their treatment plans. Then suddenly, they're told they still owe thousands of dollars because money that the insurance company received from a third-party payer (such as a charity, wealthy relative, or co-pay assistance program) doesn't count. It's not applied to their insurance deductible or out-of-pocket maximum. For a someone with a child or family member who has a bleeding disorder, this isn't just stressful, it's terrifying.

We are forced to ask impossible questions:  
 Do we delay treatment and hope there isn't a bleed?  
 Do we skip doses to make medication last longer?  
 Do we take on debt we'll never realistically pay off?  
 No one should have to make those choices to keep their loved one safe and alive.

Co-pay accumulators don't lower drug costs. They don't make the system more efficient. They simply shift financial responsibility onto people who already carry the weight of managing a complex medical condition every single day.

And the consequences don't stop with families. When patients can't afford treatment, they end up in

emergency rooms and hospital settings that are far more costly to the health care system than preventive, at-home care. Accumulators don't save money in the long run; they just move costs downstream while causing real harm.

Twenty-eight other states have already taken action to ensure that when a patient pays for medication—regardless of where the payment comes from—it counts toward their deductible and out-of-pocket maximum.

Health insurance should protect people—not penalize them. It should promote stability—not uncertainty. And it should never stand between a person and the medication that provides lifesaving treatment & care.

I respectfully ask the committee to support HB 1941 and move it forward. It provides needed consumer protections around cost-sharing under health benefit plans and will help ensure patients—especially those with serious, chronic conditions—can access the care and medications they rely on.

Thank you for your time, your attention, and your commitment to Missourians.



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| <b>WITNESS NAME</b>  |             |  |
| <b>REGISTERED LOBBYIST:</b>  |             |  |
| WITNESS NAME:<br><b>ANNA MEYER</b>   |             | PHONE NUMBER:<br><b>573-823-6533</b>     |
| REPRESENTING:<br><b>NATIONAL MULTIPLE SCLEROSIS SOCIETY</b>  |             | TITLE:                                   |
| ADDRESS:<br><b>10420 OLD OLIVE STREET RD.</b>  |             |  |
| CITY:<br><b>CREVE COUER</b>  |             | STATE:<br><b>MO</b>                      |
|  |             | ZIP:<br><b>63141</b>                     |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |
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| <b>WITNESS NAME</b>  |                                 |                          |  |
| <b>INDIVIDUAL:</b>   |                                 |                          |  |
| WITNESS NAME:<br><b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>   |                                 | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |                                 | TITLE:                   |  |
| ADDRESS:   |                                 |                          |  |
| CITY:  |                                 | STATE:                   | ZIP:                                     |
| EMAIL:   | ATTENDANCE:<br><b>In-Person</b> |                          | SUBMIT DATE:<br><b>2/5/2026 11:41 PM</b> |
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I am in Support of this "Cost-Sharing" that Protects Missouri Residents.



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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |                      |
| WITNESS NAME:<br><b>BRIDGET TYREY</b>  |             | PHONE NUMBER:<br><b>314-322-7658</b>     |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>GATEWAY BLEEDING DISORDERS ASSOCIATION</b>   |             | TITLE:<br><b>EXECUTIVE DIRECTOR</b>      |                      |
| ADDRESS:<br><b>6006 HAMPTON AVE.</b>   |             |  |                      |
| CITY:<br><b>ST. LOUIS</b>  |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>63109</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |                               |  |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |  |
| WITNESS NAME:<br><b>CARL SCHMID</b>  |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:<br><b>HIV+HEPATITIS POLICY INSTITUTE</b>   |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:<br><b>WASHINGTON</b>   |                               | STATE:<br><b>DC</b> ZIP:<br><b>20001</b> |
| EMAIL:<br><b>zlynkiewicz@hivhep.org</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 9:52 AM</b>  |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

The HIV+Hepatitis Policy Institute is a national organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions. We strongly support House Bill 1941 which ensures that health insurers accept and count payments made on behalf of patients toward their deductibles and out-of-pocket maximums.

Copay accumulators are harmful policies increasingly implemented by insurers, employers, and pharmacy benefit managers (PBMs). Under these policies, copay assistance provided by drug manufacturers does not count toward patients' cost-sharing obligations, such as deductibles and out-of-pocket maximums. While patients can initially use the assistance to afford their medications, they often face unexpected and substantial costs later in the year when the assistance runs out, leaving them unable to pay for their prescriptions.

According to the AIDS Institute, in Missouri, 87.5% of health plans offered in the individual marketplace for 2025 explicitly state in their plan documents that copay assistance may not be counted toward patients' cost-sharing obligations. This practice leaves patients in a precarious situation: insurers collect the manufacturer's copay assistance, but the patient receives no credit toward their deductible or out-of-pocket maximum. Later, when patients return to refill their medications, they are often hit with unaffordable copays effectively forcing them to pay twice. This "double-dipping" practice unfairly burdens patients and jeopardizes their ability to adhere to life-sustaining treatments.

By passing HB 1941, Missouri will join 26 other states, the District of Columbia, and Puerto Rico in protecting consumers purchasing insurance on the private market. This legislation ensures that copay assistance counts toward cost-sharing obligations, preventing patients from facing insurmountable financial barriers to their medications.

For people with HIV, hepatitis, and other chronic conditions, reliable access to medication is critical. Individuals with HIV and hepatitis B require lifelong drug regimens, while those with hepatitis C can be cured in as little as 8 to 12 weeks. Yet high deductibles and cost-sharing requirements often make these treatments unaffordable, even for insured patients. Copay assistance is a lifeline, particularly in today's challenging economic climate, where inflation and rising costs are straining household budgets.

When patients are forced to forego their medications due to high costs, the consequences are severe, not just for individual health outcomes, but also for public health and healthcare system costs. Policies

that limit access to copay assistance exacerbate these challenges, disproportionately affecting those who are already vulnerable. House Bill 1941 represents an essential safeguard against harmful insurer practices, ensuring equitable access to life-saving treatments for Missourians. For these reasons, we respectfully urge you to sign this legislation.

If you have any questions or need additional information, please feel free to contact our Government Affairs Manager, Zach Lynkiewicz, at [zlynkiewicz@hivhep.org](mailto:zlynkiewicz@hivhep.org).

Thank you for your consideration and leadership on this critical issue.

Sincerely,  
Carl E. Schmid II  
Executive Director



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| <b>WITNESS NAME</b>  |             |  |
| <b>REGISTERED LOBBYIST:</b>  |             |  |
| WITNESS NAME:<br><b>DAVID WINTON</b>   |             | PHONE NUMBER:<br><b>573-230-4602</b>     |
| REPRESENTING:<br><b>PFIZER &amp; NOVARTIS</b>  |             | TITLE:                                   |
| ADDRESS:<br><b>PO BOX 1805</b>   |             |  |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      |
|  |             | ZIP:<br><b>65102</b>                     |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |
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| <b>WITNESS NAME</b>  |             |  |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |
| WITNESS NAME:<br><b>EMILY KALMAR</b>   |             | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:<br><b>AMERICAN CANCER SOCIETY CANCER ACTION NETWORK</b>  |             | TITLE:                                   |
| ADDRESS:<br><b>1001 CRAIG RD., STE. 330</b>  |             |  |
| CITY:<br><b>CREVE COEUR</b>  |             | STATE:<br><b>MO</b>                      |
|  |             | ZIP:<br><b>63117</b>                     |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |
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| <b>WITNESS NAME</b>  |                               |  |   |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |  |   |
| WITNESS NAME:<br><b>GABRIELLE DRAPER</b>   |                               | PHONE NUMBER:                                      |   |
| BUSINESS/ORGANIZATION NAME:<br><b>DERMA CARE ACCESS NETWORK</b>  |                               | TITLE:<br><b>DIRECTOR OF ADVOCACY &amp; POLICY</b> |   |
| ADDRESS:   |                               |  |   |
| CITY:<br><b>WASHINGTON</b>   |                               | STATE:<br><b>DC</b>                                | ZIP:<br><b>20006</b>                    |
| EMAIL:<br><b>gdraper@woodberryassociates.com</b>   | ATTENDANCE:<br><b>Written</b> |  | SUBMIT DATE:<br><b>2/3/2026 3:01 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |   |

Dear Chair Stinnett,  
 ?

On behalf of the Derma Care Access Network (DCAN), I am writing in support of Missouri H.B. 1941, legislation that would ensure that all payments made to insurance companies for medicines, including those made with copay assistance, are applied to patients' out-of-pocket expense obligations. This bill will allow patients to continue using copay assistance to access their medications, while also being protected from surprise out-of-pocket costs. We ask that you support this bill, ensuring patients receive timely treatment access.

The Derma Care Access Network (DCAN) is a coalition of more than two dozen advocacy organizations representing patients, health care providers, and other skin health stakeholders working to raise awareness and inform policies impacting patient-centered care. DCAN sponsors educational initiatives and advocacy programs designed to encourage informed policymaking about the benefits of access to approved therapies and appropriate clinical care. These programs provide the foundational capacity for developing a network of engaged advocates who are trained, organized, and activated in furtherance of DCAN's mission.

According to the NIH, skin conditions affect as many as one in three Americans at any time. Common skin conditions include acne, contact dermatitis, benign tumors, cancers, atopic dermatitis (also called eczema), and psoriasis. Many patients rely on prescription drugs to improve their conditions and quality of life.

Copay assistance is often of critical importance for patients, particularly those with chronic or rare diseases. Copay assistance provides payment toward a patient's prescription copay requirements, helping increase access to treatment options. However, in recent years, many health plans have instituted a practice in which patient payments made using available copay assistance are allowed for payment but then excluded from being counted toward a patient's annual deductible, or out-of-pocket cost limit. These practices are known as copay accumulator programs, and they can significantly limit access for patients. The prevalence of these programs continues to grow – between 2018 and 2023, the implementation of copay accumulators for commercially insured patients rose from 28 percent to 49 percent.

Copay accumulator programs can hinder patient care by increasing out-of-pocket costs for patients,

leading to patients – regardless of their health status – switching medications based on unforeseen expenses. Patients may also abandon their medication altogether, as these programs can leave patients with unanticipated medical bills of hundreds or even thousands of dollars. These consequences put patients at risk for re-emerging symptoms and new side effects and place an undue burden on patients already managing complex conditions. Re-emerging symptoms and new side effects can lead to worsening conditions, leading to increased costs to the health care system via increased need for clinician and emergency room visits.

Twenty-one states have already passed copay accumulator reform legislation to help their residents. H.B. 1941 will protect access by ensuring that all payments made on behalf of a patient – including those made using copay assistance – count toward that patient’s out-of-pocket maximum. These reforms will protect patients from the surprise out-of-pocket costs associated with copay accumulator programs, support optimal patient health, and ensure the clinician-patient relationship remains intact.

On behalf of Missouri patients living with skin conditions and the Derma Care Access Network, we urge you to support H.B. 1941 throughout the legislative process to ensure patients can access the treatments they need.

Sincerely,

Gabrielle Draper  
Director of Advocacy & Policy  
Derma Care Access Network  
[gdraper@woodberryassociates.com](mailto:gdraper@woodberryassociates.com)



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| <b>WITNESS NAME</b>  |             |                          |  |
| <b>INDIVIDUAL:</b>   |             |                          |  |
| WITNESS NAME:<br><b>GABRIELLE FLORES</b>   |             | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                   |  |
| ADDRESS:   |             |                          |  |
| CITY:  |             | STATE:                   | ZIP:                                     |
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| <b>WITNESS NAME</b>  |                               |  |
| <b>INDIVIDUAL:</b>   |                               |  |
| WITNESS NAME:<br><b>JOAN GUMMELS</b>   |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:  |                               | STATE:      ZIP:                         |
| EMAIL:   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 11:45 PM</b> |
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**Chairwoman Stinnett and Members of the Committee: I write in support of HB 1941, to ensure enrollees receive the benefit of all co-payments made on their behalf towards the out-of-pocket maximum.**

**After being diagnosed with ovarian cancer in 2016, I had a complete response to chemotherapy and four years of remission. However, in late 2020, the cancer recurred and I have since lived with inoperable, incurable metastatic ovarian cancer. I have experienced six courses of chemotherapy – five in the last five years.**

**Thankfully, recent developments have expanded treatment options for ovarian cancer. In the last decade, the FDA has approved more new treatments than in the previous four decades combined. Medication that would temporarily kept my cancer stable was not approved when I was first diagnosed.**

**These new treatments, however, are costly. Like many cancer patients on expensive medications, I sought out a patient assistance program to be able to receive oral medication that gave me an entire year off chemotherapy.**

**Most insurance providers in Missouri do not allow payments made by these programs to count toward an enrollee’s out-of-pocket costs, Consequently, while the insurance company receives the benefit of the co-payment, it still requires an individual to pay the same amount in other out-of-pocket costs.**

**Sudden and serious complications often interfere with a cancer patient’s ability to work full-time, while there is no way to know how long any periods of temporary stable disease will last.**

**Requiring all co-payments made on behalf of enrollees count toward the out-of-pocket maximum means the insurance company will receive the full amount expected under the contract, while lifting an economic burden on people with life-threatening illnesses like cancer.**

**I thank the sponsors for filing this important legislation, and respectfully request that the committee support HB 1941 and vote it out of committee for consideration by the House.**

**Thank you for your attention to this important issue.**



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| <b>WITNESS NAME</b>  |                                 |   |
| <b>REGISTERED LOBBYIST:</b>  |                                 |   |
| WITNESS NAME:<br><b>MADLINE L'ECUYER</b>   |                                 | PHONE NUMBER:<br><b>314-803-6477</b>    |
| REPRESENTING:<br><b>MISSOURI PHARMACY ASSOCIATION</b>  |                                 | TITLE:                                  |
| ADDRESS:   |                                 |   |
| CITY:<br><b>JEFFERSON CITY</b>   |                                 | STATE:<br><b>MO</b>                     |
|  |                                 | ZIP:<br><b>65101</b>                    |
| EMAIL:<br><b>madeline@ttglobby.com</b>   | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>2/5/2026 8:40 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                 |   |



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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |                      |
| WITNESS NAME:<br><b>MARK S. BOX</b>  |             | PHONE NUMBER:<br><b>816-509-4463</b>     |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MIDWEST RHEUMATOLOGY ASSOCIATES</b>  |             | TITLE:<br><b>MEDICAL DOCTOR</b>          |                      |
| ADDRESS:<br><b>1010 CARONDELET DRIVE, STE., 224A</b>   |             |  |                      |
| CITY:<br><b>KANSAS CITY</b>  |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>64114</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |                      |
| <b>WITNESS NAME</b>  |                               |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |   |                      |
| WITNESS NAME:<br><b>NICHOLAS TELESCO</b>   |                               | PHONE NUMBER:<br><b>571-483-1593</b>        |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI ONCOLOGY SOCIETY (MOS); ASSOCIATION FOR CLINICAL ONCOLOGY (ASCO)</b>  |                               | TITLE:<br><b>SPECIALIST, STATE ADVOCACY</b> |                      |
| ADDRESS:   |                               |   |                      |
| CITY:<br><b>ALEXANDRIA</b>   |                               | STATE:<br><b>VA</b>                         | ZIP:<br><b>22314</b> |
| EMAIL:<br><b>nicholas.telesco@asco.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 8:28 AM</b>     |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |                      |

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 1941 and HB 2279, two bills that would prohibit health carriers in the state from utilizing co-pay accumulator and co-pay maximizer programs. Passing HB 1941 and HB 2279 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 1941 and HB 2279 take toward eliminating co-pay accumulator and co-pay maximizer programs and protecting patients with cancer in Missouri. We strongly urge the Committee to pass these bills. 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](mailto: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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|-------------|--|----------------------|
| BILL NUMBER:<br><b>HB 1941</b>   |             | DATE:<br><b>2/5/2026</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |             |  |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |  |                      |
| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>RACHEL BAUER</b>   |             | PHONE NUMBER:<br><b>573-691-5707</b>     |                      |
| REPRESENTING:<br><b>MISSOURI STATE MEDICAL ASSOCIATION; MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS &amp; SURGEONS</b>  |             | TITLE:                                   |                      |
| ADDRESS:<br><b>113 MADISON ST.</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |  |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                 |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |  |
| WITNESS NAME:<br><b>SAM MILLER</b>   |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:<br><b>INFUSION ACCESS FOUNDATION</b>   |                               | TITLE:<br><b>ADVOCACY ASSOCIATE</b>      |
| ADDRESS:   |                               |  |
| CITY:<br><b>AUSTIN</b>   | STATE:<br><b>TX</b>           | ZIP:<br><b>78731</b>                     |
| EMAIL:<br><b>sam.miller@infusionaccessfoundation.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/3/2026 12:02 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

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 HB 1941. 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. HB 1941 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 HB 1941 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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                 |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |  |
| WITNESS NAME:<br><b>SAM MILLER</b>   |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:<br><b>NATIONAL INFUSION CENTER ASSOCIATION</b>   |                               | TITLE:<br><b>ADVOCACY ASSOCIATE</b>      |
| ADDRESS:   |                               |  |
| CITY:<br><b>AUSTIN</b>   | STATE:<br><b>TX</b>           | ZIP:<br><b>78731</b>                     |
| EMAIL:<br><b>sam.miller@infusioncenter.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/3/2026 11:56 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

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 HB1941. 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. HB1941 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 HB1941 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

during the upcoming hearing. Thank you.

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|-------------------------------|---|----------------------|
| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                        |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |                      |
| <b>WITNESS NAME</b>  |                               |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |   |                      |
| WITNESS NAME:<br><b>STEPHANIE HENGST</b>   |                               | PHONE NUMBER:<br><b>202-557-6389</b>            |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>THE AIDS INSTITUTE</b>   |                               | TITLE:<br><b>MANAGER, POLICY &amp; RESEARCH</b> |                      |
| ADDRESS:<br><b>17 DAVIS BLVD</b>   |                               |   |                      |
| CITY:<br><b>TAMPA</b>  |                               | STATE:<br><b>FL</b>                             | ZIP:<br><b>33606</b> |
| EMAIL:<br><b>Shengst@taimail.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 1:36 PM</b>         |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |                      |

**Dear Chairwoman Stinnett and Committee Members:**

The AIDS Institute, a non-partisan, nonprofit organization dedicated to improving and protecting health care access for people living with HIV, hepatitis, and other chronic health conditions, is writing in support of HB 1941. This bill will immediately and directly help vulnerable patients who are struggling to afford their necessary, and life-saving prescription medications.

Affording healthcare is top of mind for many Missourians this year, but especially for those living with rare, serious, and complex chronic illnesses. With the added financial burden of spiking premium rates, many patients are struggling to meet the high deductibles in marketplace plans and the high coinsurance associated with specialty drugs. To help cover the cost of their copayment, patients often rely on copay assistance from manufacturers and charitable foundations. Access to these treatments is critical for individuals with HIV, cancer, hemophilia, multiple sclerosis, lupus and others in our chronic disease community to stay healthy, remain in the workforce, and out of the emergency department. Without copay assistance, many patients abandon their prescriptions at the pharmacy, or take measures to ration their doses, to the detriment of their health.

Bill HB 1941 will address the negative effects of a policy that many insurers and pharmacy benefit managers (PBMs) are instituting that limits patients' ability to afford and access medications. Through copay accumulators and other copay diversion policies, insurers and PBMs divert copay assistance funds intended for the patient to their own bottom lines. Like underwriting tactics before the passage of the Affordable Care Act, these policies undermine coverage for the most vulnerable people. By restricting access to these life-saving prescriptions, insurers and PBMs are costing the healthcare system more when patients seek care in emergency settings and their conditions have worsened, requiring more intensive interventions.

Opponents of the bill claim that copay assistance steers patients to higher costs drugs. However, a study from IQVIA found that only 0.4% of copay assistance use in the commercial market was for brand name drugs that have a generic equivalent. These patients do not have cheaper, generic, or other alternatives. Additionally, insurers and PBMs have utilization management protocols a patient must pass, such as step therapy and prior authorization, before a patient is granted access to a medication. The proposed legislation will protect patient access to critical medications and lower healthcare costs as patients remain adherent to their treatment regimens. In 2026, six out of seven health insurance marketplace issuers apply a copay diversion policy. This

**leaves the vast majority of patients across the state in a vulnerable position, unable to select a plan that will honor their copay assistance, allowing them to afford their prescriptions.  
We strongly urge you to pass HB 1941 to protect patient access to life saving medications.**

**Sincerely,  
Stephanie Hengst,  
Manager, Policy & Research**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|-------------------------------|--|
| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                 |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |
| <b>WITNESS NAME</b>  |                               |  |
| <b>REGISTERED LOBBYIST:</b>  |                               |  |
| WITNESS NAME:<br><b>TYLER TRAVERS</b>  |                               | PHONE NUMBER:                            |
| REPRESENTING:<br><b>NATIONAL ALLIANCE ON MENTAL ILLNESS - MISSOURI</b>   |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:<br><b>COLUMBIA</b>   | STATE:<br><b>MO</b>           | ZIP:<br><b>65203</b>                     |
| EMAIL:<br><b>tyler.vertexgov@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/5/2026 10:24 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |

**The Missouri Chapter of the National Alliance on Mental Illness is in full support of this bill. This bill will help those we serve to afford their vital medications.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                                     |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |  |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |  |                      |
| <b>WITNESS NAME</b>  |                               |  |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |                               |  |                      |
| WITNESS NAME:<br><b>WILLIAM ROBIE</b>  |                               | PHONE NUMBER:<br><b>541-508-9629</b>                         |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>NATIONAL BLEEDING DISORDERS FOUNDATION</b>   |                               | TITLE:<br><b>SENIOR DIRECTOR, STATE GOVERNMENT RELATIONS</b> |                      |
| ADDRESS:<br><b>19717 MT. BACHELOR DR.</b>  |                               |  |                      |
| CITY:<br><b>BEND</b>   |                               | STATE:<br><b>OR</b>  | ZIP:<br><b>97702</b> |
| EMAIL:<br><b>brobie@bleeding.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 1:12 PM</b>                      |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |  |                      |

Dear Chair Stinnett and members of the Committee,

The National Bleeding Disorders Foundation (NBDF) is a national non-profit organization that represents individuals with bleeding disorders across the United States. NBDF is also a founding member of the All Copays Count Coalition. Our mission is to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence. Please accept these comments in support of both bills for the hearing record.

#### About Bleeding Disorders

Hemophilia is a rare, genetic bleeding disorder affecting about 20,000 Americans that impairs the ability of blood to clot properly. Without treatment, people with hemophilia bleed internally, sometimes due to trauma, but other times simply because of everyday activities. This bleeding can lead to severe joint damage and permanent disability, or even – with respect to bleeds in the head, throat, or abdomen – death. Related conditions include von Willebrand disease (VWD), another inherited bleeding disorder, which is estimated to affect more than three million Americans.

Patients with bleeding disorders have complex, lifelong medical needs. They depend on prescription medications (clotting factor or other new treatments) to treat or avoid painful bleeding episodes that can lead to advanced medical problems. Current treatment and care are highly effective and allow individuals to lead healthy and productive lives. However, this treatment is also extremely expensive, costing anywhere from \$250,000 to \$1 million or more annually, depending on the severity of the disorder and whether complications such as an inhibitor are present.

#### Importance of Financial Assistance to Patients

Many individuals with bleeding disorders rely on patient assistance programs to ensure access to their life-saving specialty drugs. And because patients with bleeding disorders require ongoing medication therapy for the course of their lifetimes, many such patients face the prospect of hitting their out-of-pocket maximum each year. In 2026 those figures are an eye popping \$10,600 for an individual, or \$21,200 for a family. Copayment assistance programs play an essential role in mitigating this considerable financial burden – and allow patients to remain adherent to their prescribed treatment

regimen, preserving their long-term health and thereby avoiding medical complications that could increase their overall health care spending.

Patients with bleeding disorders cannot select alternative treatments: no generic drugs exist for hemophilia or related conditions. Most copayment assistance programs are for drugs without generic alternatives. A University of Southern California Schaeffer Center analysis found that 71 out of 90 high-expenditure brand drugs that offered coupons had no generic equivalent. The analysis concludes, “these results suggest that most copay coupons are not affecting generic substitution, and many may help patients afford therapies without good alternatives. As such, the copay coupon landscape seems more nuanced, and proposals to restrict coupons should ensure that patients who currently rely on them are not harmed.”<sup>1</sup>

In addition, all manufacturers of hemophilia specialty biologics offer copayment assistance programs; as a result, assistance for these products does not influence patients to use one product over another. To use the U.S. Department of Health and Human Services’ own formulation from the federal 2021 Notice of Benefit Payment and Parameters (NBPP), hemophilia copay assistance programs do not “disincentivize a lower cost alternative” nor do they “distort the market.”<sup>3</sup>

### **Copay Accumulator Adjustment Programs**

Copay accumulator adjustment programs (CAAP) limit the utility of copayment assistance programs to consumers, by excluding the financial assistance from the calculation of a person’s deductible and annual out-of-pocket maximum.

Consumers have little choice when it comes to evaluating health plans for the existence of a CAAP. There is a distressing lack of transparency around plan implementation of CAAPs. Typically, language allowing a plan to implement a CAAP is buried deep in the contract, which can be difficult or impossible to find if you only have access to the marketing materials on a health plan’s web site. Manufacturers also are typically unaware of whether a patient’s health plan has adopted an accumulator adjustment program. Moreover, individuals covered by a self-funded large group plan may find that their plan changes its policy on copay assistance midway through the plan year (this is problematic in its own right; it would also be unknown to the manufacturer).

### **Conclusion**

The use of CAAPs dramatically increases patient out-of-pocket costs and threatens adherence to treatment for vulnerable individuals affected by serious health conditions. People who live with chronic conditions like bleeding disorders rely on access to quality care, and to accessible and affordable coverage to pay for that care. CAAPs place those patients at risk of being unable to pay for their life saving medication. HB 1941 and HB 2279 place necessary and appropriate restrictions on the use of CAAPs by requiring insurers to count all contributions by or on behalf of an insured individual toward their annual cost-sharing requirement. We ask for your support for these bills and help Missouri join the twenty-six other states that have adopted similar legislation.

Thank you for considering our comments and making them part of the record. If you have any additional questions, or need any additional information, please contact Bill Robie, NBDF Senior Director, State Government Relations, and co-chair All Copays Count Coalition State Group.

Sincerely,

William Robie

<sup>1</sup> Van Nuys, et al. “A Perspective on Prescription Drug Copayment Coupons.” USC Leonard D. Schaeffer Center for Health Policy and Economics (emphasis added), February 2018. Available online at: [https://healthpolicy.usc.edu/wp-content/uploads/2018/02/2018.02\\_Prescription20Copay20Coupons20White20Paper\\_Final-2.pdf](https://healthpolicy.usc.edu/wp-content/uploads/2018/02/2018.02_Prescription20Copay20Coupons20White20Paper_Final-2.pdf).

<sup>3</sup> 84 Fed. Reg. 17545.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|-------------|--|----------------------|
| BILL NUMBER:<br><b>HB 1941</b>   |             | DATE:<br><b>2/5/2026</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |             |  |                      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |  |                      |
| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>HAMPTON WILLIAMS</b>   |             | PHONE NUMBER:<br><b>573-893-4241</b>     |                      |
| REPRESENTING:<br><b>MISSOURI INSURANCE COALITION</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>220 EAST HIGH STREET, SUITE B</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65616</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |  |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1941</b>   |             | DATE:<br><b>2/5/2026</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |             |  |                      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |  |                      |
| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>MARK DALTON</b>  |             | PHONE NUMBER:<br><b>314-644-4800</b>     |                      |
| REPRESENTING:<br><b>MID-AMERICA CARPENTERS REGIONAL COUNCIL</b>  |             | TITLE:                                   |                      |
| ADDRESS:<br><b>1401 HAMPTON AVE.</b>   |             |  |                      |
| CITY:<br><b>ST. LOUIS</b>  |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>63139</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |  |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1941</b>   |                               | DATE:<br><b>2/5/2026</b>                |      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |                               |   |      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |   |      |
| <b>WITNESS NAME</b>  |                               |   |      |
| <b>INDIVIDUAL:</b>   |                               |   |      |
| WITNESS NAME:<br><b>SARAH BERRY</b>  |                               | PHONE NUMBER:                           |      |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                  |      |
| ADDRESS:   |                               |   |      |
| CITY:  |                               | STATE:                                  | ZIP: |
| EMAIL:   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/4/2026 9:19 AM</b> |      |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

House Bill 1941 imposes a mandatory redesign of health benefit plan cost-sharing structures under the guise of consumer protection.

In practice, the bill prohibits insurers and pharmacy benefit managers from using established cost-containment tools, compels the inclusion of third-party payments in out-of-pocket calculations, and shifts pharmaceutical pricing decisions away from market discipline and toward statutory command—without fiscal transparency or constitutional restraint.

**1. Mandated Cost Shifting Without Appropriation**

HB 1941 requires carriers and PBMs to credit amounts paid “on behalf of” an enrollee toward out-of-pocket maximums, even when those payments are made by manufacturers or assistance programs. This eliminates cost-sharing as a utilization control and forces insurers to absorb costs the enrollee did not actually incur, which are inevitably passed on through higher premiums statewide. The General Assembly may not impose indirect financial obligations while avoiding an appropriation or actuarial disclosure.<sup>1</sup>

**2. Prohibition on Benefit Design and Risk Management**

The bill explicitly bars carriers from designing benefits that account for the existence of cost-sharing assistance programs. This is a direct legislative intrusion into actuarial judgment and risk pooling, substituting statutory rigidity for individualized plan design. Missouri law does not authorize the legislature to micromanage private insurance contracts to this degree absent a compelling and narrowly tailored public purpose.<sup>2</sup>

**3. De Facto Regulation of Pharmaceutical Pricing**

HB 1941 functionally shields high-cost brand-name drugs from cost-sharing pressure whenever a generic alternative is unavailable. The predictable result is reduced incentives for price moderation, increased leverage for manufacturers, and higher aggregate health care spending.

The bill does not regulate drug prices directly, but it removes the only remaining counterweight—cost exposure—through insurance law.

**4. Contract Impairment and Unequal Treatment**

**By retroactively dictating how out-of-pocket calculations must be performed for renewed or amended plans, HB 1941 substantially interferes with existing contractual expectations between carriers, employers, and enrollees. Additionally, the bill selectively favors certain medications and payment sources over others, creating arbitrary classifications untethered to outcomes or evidence.<sup>3</sup>**

#### **5. Cross-Bill Pattern and Structural Concern**

**HB 1941 is part of a broader cross-bill pattern this session in which multiple bills incrementally prohibit insurers from using cost-containment mechanisms—step therapy constraints, payment mandates, provider-specific reimbursement rules—without addressing cumulative fiscal impact.**

**Evaluated individually these bills appear narrow; evaluated collectively they represent a systematic erosion of insurance risk management, contrary to Missouri precedent requiring courts to assess statutory schemes by their practical operation.<sup>4</sup>**

**HB 1941 does not reduce drug prices, does not appropriate funds, and does not improve transparency. It mandates cost shifting, weakens plan design, and guarantees higher premiums for Missouri families while insulating pharmaceutical pricing from market pressure. Consumer protection cannot be achieved by dismantling the mechanics that keep coverage affordable.**

**HB 1941 should be rejected.**

#### **Constitutional & Legal Footnotes**

**Mo. Const. art. III, § 36 – Appropriation and fiscal accountability.**

**Mo. Const. art. I, § 13 – Prohibition on impairment of contracts.**

**Mo. Const. art. I, § 2 – Equal protection and due process.**

**Missouri case law recognizing that statutes are judged by effect and operation, not legislative framing.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |  |                      |
|--|-------------|--|----------------------|
| BILL NUMBER:<br><b>HB 1941</b>   |             | DATE:<br><b>2/5/2026</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health</b>  |             |  |                      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |  |                      |
| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>SHANNON COOPER</b>   |             | PHONE NUMBER:<br><b>660-890-1432</b>     |                      |
| REPRESENTING:<br><b>AMERICA'S HEALTH INSURANCE PLANS</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>208 MADISON</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/5/2026 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |  |                      |