MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **ANNA MEYER**		PHONE NUMBER: **573-823-6533**	
REPRESENTING: **NATIONAL MULTIPLE SCLEROSIS SOCIETY**		TITLE:	
ADDRESS: **10420 OLD OLIVE STREET RD.**			
CITY: **CREVE COUER**		STATE: **MO**	ZIP: **63141**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ 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: **2/5/2026 11:41 PM**	

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

I am in Support of this "Cost-Sharing" that Protects Missouri Residents.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **DAVID WINTON**		PHONE NUMBER: **573-230-4602**	
REPRESENTING: **PFIZER & NOVARTIS**		TITLE:	
ADDRESS: **PO BOX 1805**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65102**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **EMILY KALMAR**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: **AMERICAN CANCER SOCIETY CANCER NETWORK**	TITLE: **MISSOURI GOVERNMENT RELATIONS DIRECTOR**	
ADDRESS: **1001 CRAIG RD., STE. 330**		
CITY: **CREVE COEUR**	STATE: **MO**	ZIP: **63117**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **GABRIELLE FLORES**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **JOAN GUMMELS**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/4/2026 11:45 PM**

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

Chairwoman Stinnett and Members of the Committee: I write in support of HB 2279, 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 2279 and vote it out of committee for consideration by the House.

Thank you for your attention to this important issue.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **KATHRYN POE**		PHONE NUMBER: **330-933-6814**	
BUSINESS/ORGANIZATION NAME: **THE EVERYLIFE FOUNDATION FOR RARE DISEASES**		TITLE: **STATE POLICY MANAGER**	
ADDRESS: **1012 14TH ST. NW**			
CITY: **DC**		STATE: **DC**	ZIP: **20005**
EMAIL: **kpoe@everylifefoundation.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/5/2026 9:29 AM**	

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

Re: HB 2279 Creates provisions relating to cost-sharing under health benefit plans

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to submit testimony in support of HB 2279. The EveryLife Foundation for Rare Diseases is powered by the rare disease community to improve health outcomes by driving change through evidence-based policy, leading science-driven policy and regulatory research, activating the community to advocate for their rights and needs, and strengthening the rare disease community.

It is estimated that over 30 million Americans live with one or more rare diseases that often result in burdensome medical, indirect, and non-medical expenses. Patients and families must navigate how to manage expenses from multiple inpatient and outpatient encounters, costs for prescription therapies and medical devices, and the support services that are critical for managing their health and well-being. Patients like Kelley C. must make difficult choices to support their child's rare disease treatment, "We have spent thousands of dollars out of pocket on therapies and co-pays add up quickly."

While 95% of rare diseases do not yet have an FDA-approved treatment, for those patients who do have an available therapy, cost-sharing assistance from drug manufacturers and patient assistance programs is an important factor in the ability to access life-altering and life-saving treatments. Unfortunately, insurance companies are increasingly employing copay adjustment programs that prevent cost-sharing assistance from being applied to a patient's deductible or out of-pocket maximum, removing the lifeline of cost-sharing assistance programs. HB 2279 would prevent insurers from using these programs to take advantage of Missouri residents.

While copay adjustment programs can reduce costs for insurance companies, they leave patients with unexpected and unaffordable costs once their copay assistance is exhausted. In 2022, the EveryLife Foundation published The National Economic Burden of Rare Diseases in the United States, a study that examined the comprehensive economic impact of a subset of 379 rare diseases. The study found that the total economic impact of rare diseases in the US in 2019 was $997 billion; 60% of those costs were indirect and non-medical costs shouldered directly by families and society. Of the direct costs, inpatient care was the top driver of medical costs (~15%) while prescription medication was responsible for about 11% of medical costs. With the proliferation of high-deductible health plans, copay adjustment programs result in higher out-of pocket costs for the frequent expert outpatient care that rare disease patients require as it takes

longer for patients to satisfy the deductible and out-of-pocket maximum requirements.

Copay adjustment programs eat into the already tight budget patients have, forcing some patients to take harmful actions, such as medicine rationing and prescription abandonment. An analysis by IQVIA showed that when patient costs reach $250, over 70% of new patients walk away from the pharmacy empty-handed, highlighting the direct connection between the rise in out-of-pocket costs and prescription abandonment. Prescription abandonment is not an option for rare disease patients who are forced to incur considerable financial strain to maintain their prescription medicine costs.

Lowering the costs of health care is an important goal; however, insurance companies that use copay adjustment programs simply shift costs to patients while ultimately collecting up to double the amount of the patient's out-of-pocket requirements. Further exacerbating the tremendous out of-pocket financial load families living with rare diseases are expected to bear. Thank you again for the opportunity to testify in support of HB 2279. We are excited at the prospect of Missouri joining the 25 states that have enacted similar legislation to protect patient access to treatments by preventing copay adjustment programs. We readily support Representatives Cook and Doll for taking a lead on this issue to ensure that all Missouri residents with a rare disease can maintain access to affordable, life-sustaining medical care.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **KATHRYN POE**		PHONE NUMBER: **330-933-6814**	
BUSINESS/ORGANIZATION NAME: **THE EVERYLIFE FOUNDATION FOR RARE DISEASES**		TITLE: **STATE POLICY MANAGER**	
ADDRESS: **1012 14TH ST. NW**			
CITY: **DC**		STATE: **DC**	ZIP: **20005**
EMAIL: **kpoe@everylifefoundation.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/5/2026 9:13 AM**	

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

We are excited at the prospect of Missouri joining the 25 states that have enacted similar legislation to protect patient access to treatments by preventing copay adjustment programs. We readily support Representatives Cook and Doll for taking a lead on this issue to ensure that all Missouri residents with a rare disease can maintain access to affordable, life-sustaining medical care.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **MADELINE L'ECUYER**		PHONE NUMBER: **314-803-6477**	
REPRESENTING: **MISSOURI PHARMACY ASSOCIATION**		TITLE:	
ADDRESS:			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL: **madeline@ttglobby.com**	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/5/2026 8:40 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **MARK S. BOX**		PHONE NUMBER: **816-509-4463**	
BUSINESS/ORGANIZATION NAME: **MIDWEST RHEUMATOLOGY ASSOCIATES**		TITLE: **MEDICAL DOCTOR**	
ADDRESS: **1010 CARONDELET DRIVE, STE., 224A**			
CITY: **KANSAS CITY**		STATE: **MO**	ZIP: **64114**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **NICHOLAS TELESCO**		PHONE NUMBER: **571-483-1593**	
BUSINESS/ORGANIZATION NAME: **MISSOURI ONCOLOGY SOCIETY (MOS); ASSOCIATION FOR CLINICAL ONCOLOGY (ASCO)**		TITLE: **SPECIALIST, STATE ADVOCACY**	
ADDRESS:			
CITY: **ALEXANDRIA**		STATE: **VA**	ZIP: **22314**
EMAIL: **nicholas.telesco@asco.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/4/2026 8:28 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 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 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

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **RACHEL BAUER**		PHONE NUMBER: **573-691-5707**	
REPRESENTING: **MISSOURI STATE MEDICAL ASSOCIATION; MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS**		TITLE:	
ADDRESS: **113 MADISON ST.**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

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: **78731**
EMAIL: **sam.miller@infusionaccessfoundation.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/3/2026 12:02 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 HB 2279. 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 2279 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 2279 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

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

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: **78731**
EMAIL: **sam.miller@infusioncenter.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/3/2026 11:56 AM**

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 HB2279. 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. HB2279 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 HB2279 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

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **STEPHANIE HENGST**	PHONE NUMBER: **202-557-6389**	
BUSINESS/ORGANIZATION NAME: **THE AIDS INSTITUTE**	TITLE: **MANAGER, POLICY & RESEARCH**	
ADDRESS: **17 DAVIS BLVD**		
CITY: **TAMPA**	STATE: **FL**	ZIP: **33606**
EMAIL: **Shengst@taimail.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/4/2026 2:13 PM**

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

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 2279. Like HB1941, this bill will provide immediate relief to vulnerable patients who are struggling to afford their necessary and life-saving prescription medications.

It's no secret that healthcare is expensive; but for "high healthcare users" like those living with rare, serious, and complex chronic illnesses, the cost of staying healthy can simply be financially unrealistic. The average premium in a silver-level, marketplace plan in MO this year is $605; the average deductible is $5403; and the average coinsurance for specialty tier drugs is 40% after meeting the deductible. In total, this adds up fast and often beyond what patients have in their bank accounts. To help cover the cost of their coinsurance, patients often rely on copay assistance from manufacturers and charitable foundations. Without copay assistance, many patients are faced with the difficult decision of filling their prescription or paying rent and buying groceries.

It can often take years to receive a diagnosis and find a treatment that works for individuals with HIV, cancer, hemophilia, multiple sclerosis, lupus and others in our chronic disease community. But once a patient is on the right treatment regimen, they can live active lives and remain in the workforce. Copay assistance is often the only way to afford these specialized treatments to stay healthy and out of the ER.

HB 2279 will curb insurers and PBMs from taking advantage of patients and the copay assistance they receive. 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 ACA, these policies undermine coverage for the most vulnerable people. By restricting access to life-saving prescriptions, insurers and PBMs aren't saving anyone money, but instead they are shifting the cost to other parts of the healthcare system when patients end up in emergency settings requiring more intensive (and costly) 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. Our patients do not have cheaper 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 2279 and HB 1941 to protect patient access to life-saving medications.

Sincerely,
Stephanie Hengst,
Manager, Policy & Research

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **TYLER TRAVERS**		PHONE NUMBER:	
REPRESENTING: **NATIONAL ALLIANCE ON MENTAL ILLNESS - MISSOURI**		TITLE:	
ADDRESS:			
CITY: **COLUMBIA**		STATE: **MO**	ZIP: **65203**
EMAIL: **tyler.vertexgov@gmail.com**	ATTENDANCE: **Written**	SUBMIT DATE: **2/5/2026 10:24 AM**	

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

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

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **WILLIAM ROBIE**		PHONE NUMBER: **541-508-9629**	
BUSINESS/ORGANIZATION NAME: **NATIONAL BLEEDING DISORDERS FOUNDATION**		TITLE: **SENIOR DIRECTOR, STATE GOVERNMENT RELATIONS**	
ADDRESS: **19717 MT. BACHELOR DR.**			
CITY: **BEND**		STATE: **OR**	ZIP: **97702**
EMAIL: **brobie@bleeding.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/4/2026 1:12 PM**	

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

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."1

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."3

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

1 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.

3 84 Fed. Reg. 17545.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **HAMPTON WILLIAMS**		PHONE NUMBER: **573-893-4241**	
REPRESENTING: **MISSOURI INSURANCE COALITION**		TITLE:	
ADDRESS: **220 EAST HIGH STREET, SUITE B**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65616**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **MARK DALTON**		PHONE NUMBER: **314-644-4800**	
REPRESENTING: **MID-AMERICA CARPENTER's REGIONAL COUNCIL**		TITLE:	
ADDRESS: **1401 HAMPTON AVE.**			
CITY: **ST. LOUIS**		STATE: **MO**	ZIP: **63139**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SARAH BERRY**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/4/2026 9:23 AM**

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

House Bill 2279 compels insurers and pharmacy benefit managers to redesign cost-sharing structures by statute, not by actuarial judgment.

While framed as consumer protection, the bill mandates cost shifting, restricts lawful benefit design, and insulates high-cost brand drugs from market discipline, resulting in higher premiums for Missouri families without reducing underlying drug prices.

1. Forced Inclusion of Third-Party Payments

HB 2279 requires amounts paid "on behalf of" an enrollee—such as manufacturer assistance—to be credited toward deductibles and out-of-pocket maximums. This eliminates the distinction between costs actually borne by the patient and external subsidies, converting insurance into a pass-through for third-party pricing strategies. The inevitable consequence is increased plan costs distributed across all enrollees.[1]

2. Prohibition on Actuarial Risk Management

The bill expressly forbids carriers and PBMs from designing benefits that account for the availability of cost-sharing assistance programs. This is a direct legislative override of actuarial practice, substituting statutory command for risk assessment, utilization controls, and negotiated pricing. Missouri law does not authorize this level of intrusion into private contract design absent a narrowly tailored and fiscally supported justification.[2]

3. De Facto Protection of High-Cost Drugs

By neutralizing cost exposure whenever a generic substitute is unavailable, HB 2279 removes the primary pressure mechanism that constrains brand-name pricing. The bill does not regulate manufacturers, cap prices, or require transparency—yet it guarantees that elevated prices will be absorbed by insurance pools and premiums.

4. Contract Impairment and Arbitrary Classification

Applying these mandates to renewed or amended plans interferes with settled contractual expectations between employers, carriers, and enrollees. Additionally, the bill creates preferential treatment for certain medications and payment sources, untethered to outcomes, efficacy, or cost effectiveness,

raising equal-protection and due-process concerns.[3]

5. Cross-Bill Pattern and Structural Risk

HB 2279 mirrors HB 1941 and fits a broader cross-bill pattern this session that incrementally prohibits insurers from using cost-containment tools—while avoiding appropriations, actuarial notes, or cumulative fiscal analysis. When viewed collectively, these bills represent a systematic dismantling of insurance risk controls, a result Missouri courts evaluate based on practical operation rather than isolated legislative framing.4

HB 2279 does not lower drug prices, increase transparency, or appropriate funds. It mandates cost shifting, weakens benefit design, and ensures higher premiums statewide, while leaving pharmaceutical pricing untouched.

Consumer protection cannot be achieved by disabling the mechanisms that keep coverage affordable.

HB 2279 should be rejected.

Constitutional & Legal Footnotes:

Mo. Const. art. III, § 36 – Fiscal accountability and indirect obligations.
Mo. Const. art. I, § 13 – Impairment of contracts.
Mo. Const. art. I, § 2 – Due process and equal protection.
Missouri precedent requiring statutes to be judged by effect and cumulative operation, not stated intent.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2279**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **SHANNON COOPER**		PHONE NUMBER: **660-890-1432**	
REPRESENTING: **AMERICA's HEALTH INSURANCE PLANS**		TITLE:	
ADDRESS: **208 MADISON**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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