

Impact of Accumulators, Maximizers, and Alternative Funding Programs

An Avalere Health white paper discusses commercial plan use of copay accumulators and maximizers and assesses their potential impact on patients.

[Download the white paper.](#)

Three key plan approaches can influence patient OOP costs



Accumulator Adjustment Programs

AAPs prevent manufacturer-provided and other third-party assistance from counting toward a patient's deductible or OOP maximum.



Copay Maximizers

Plans use **maximizers** to adjust patient cost sharing to equal the amount of manufacturer assistance being used.



Alternative Funding Programs

AFPs carve certain drugs out of plan formularies and require patients to work with third-party vendors to obtain financial assistance for these drugs.

Avalere Health surveyed 30 commercial plans and PBMs to understand their experience with and outcomes resulting from use of these programs.



Plan Program Use

57% Had Experience with AAPs

80% Had Experience with Maximizers

67% Had Experience with AFPs



Top Three Drivers Behind Plan Decision-Making

74% Cited Plan Cost Containment

37% Cited Plan Cost Sharing Reduction

35% Cited Employer Demand



Plan Cost/Savings Impact

52% Said Programs Improved Costs

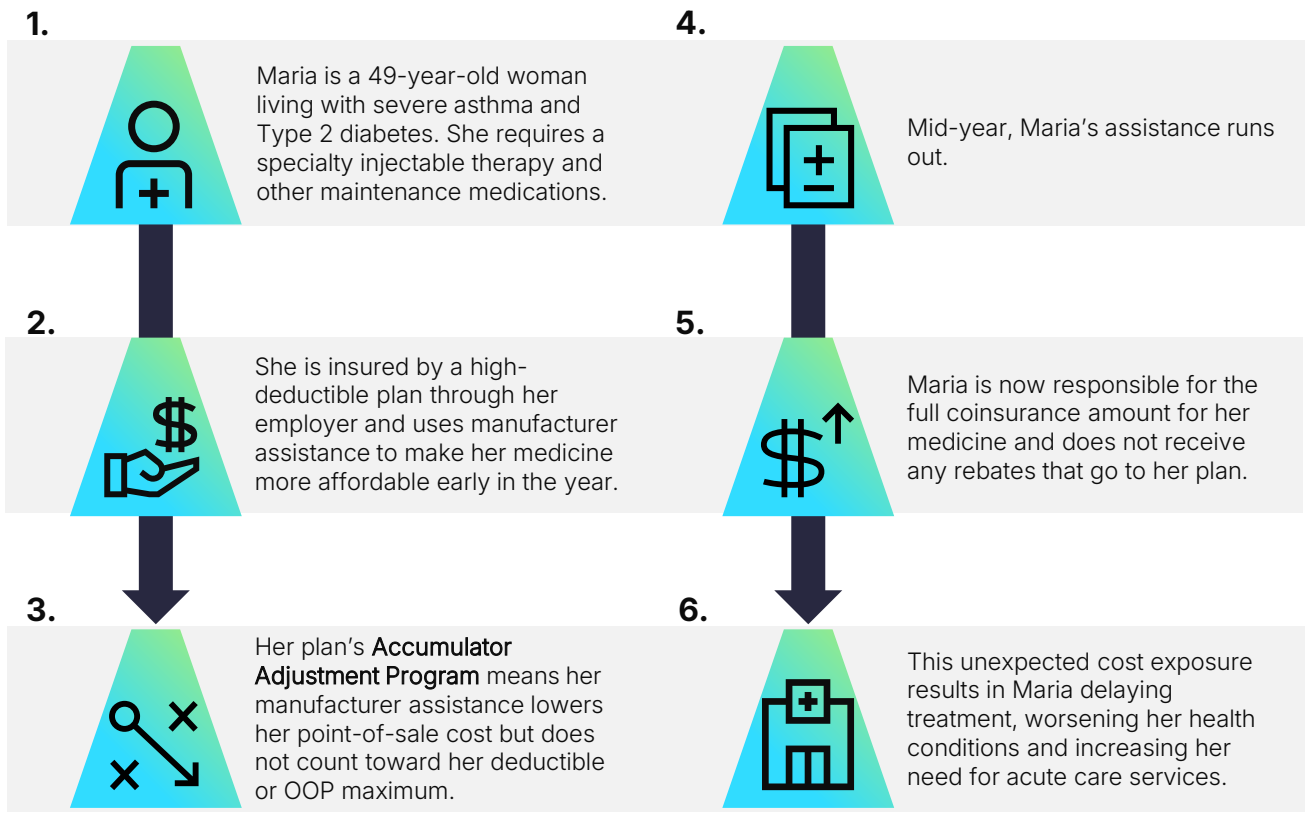
24% Said Programs Worsened Costs



Just 8% of plans on average reported comprehensively tracking patient outcomes.



A hypothetical vignette demonstrates how these programs may expose patients to higher costs and access challenges.



Medication nonadherence is estimated to result in approximately \$100 billion in annual direct costs and be associated with 125,000 annual deaths and at least 10% of hospitalizations.¹

How are policymakers responding to the growing use of these programs?



State Legislators: Restrictions on State-Regulated Plans

- ❑ More than half of US states have proposed or passed bills to require that third-party payments be applied to deductibles and OOP maximums.
- ❑ 25 states, DC, and Puerto Rico have banned the use of AAPs.



Federal Agencies: Regulations on Copay Adjustment Strategies

- ❑ CMS recently clarified EHB coverage requirements under ACA plans; this does not require coverage of specific therapies.
- ❑ A 2023 federal court ruling voided allowance of AAPs for ACA plans; however, enforcement depends on future expected rulemaking.



Federal Lawmakers: Requirements for Third-Party Payment Application

- ❑ The bipartisan HELP Copays Act would require all health plans to apply third-party payments toward patient deductibles and OOP maximums unless a generic equivalent is available.

¹ Pittman, T. "Medication Nonadherence Increases Health Costs, Hospital Readmissions." *Duke Health*. Published Nov. 20, 2018. Accessed Jan. 30, 2026. <https://physicians.dukehealth.org/articles/medication-nonadherence-increases-health-costs-hospital-readmissions>.

ACA: Affordable Care Act; CMS: Centers for Medicare & Medicaid Services; EHB: Essential Health Benefit; HELP Copays Act: Help Ensure Lower Patient Copays Act; OOP: Out-of-Pocket; PBM: Pharmacy Benefit Manager