

The Capping Prescription Costs Act of 2018

Senators Warren, Nelson, Wyden, and Murray

Congresswoman Rosen

The skyrocketing cost of prescription drugs is one of the most critical issues facing American families. According to recent government estimates, prescription drug spending is projected to increase faster than other categories of major health expenditures – due in large part to increases in the prices of these drugs.¹ At the same time, more than a quarter of Americans who are taking prescription drugs say that they find it difficult to afford the costs of their medicine.²

Even for Americans with health insurance coverage, prescription drug costs are still a problem. The share of people with employer coverage who have high prescription drug costs – defined as more than \$5,000 a year – has increased sharply over the past decade.³ Individuals with life-threatening or chronic conditions that require high-cost specialty drugs – conditions such as multiple sclerosis, cancer, hepatitis or HIV/AIDS – may face thousands of dollars a month in out-of-pocket costs.⁴

President Trump’s drug pricing blueprint does little to meaningfully address the problem of high drug costs, relying on drug companies to embrace voluntary price cuts rather than proposing policies that would actually protect families from out-of-pocket costs. Yet commonsense policies to cap consumer cost-sharing for prescription drugs are spreading at the state level. Eight states have already taken some steps to limit what insurance companies can require consumers to pay in out-of-pocket drug costs, including monthly caps.⁵

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The Capping Prescription Costs Act of 2018 takes real steps to tackle the problem of high drug prices by placing a monthly cap on out-of-pocket costs that families owe for their medicines. The bill:

- Caps prescription drug copays at \$250/month for individuals and \$500/month for families;
- Applies to both group health plans and individual market plans;
- Ensures that individuals and families with high prescription drug costs are protected and can access necessary medications.

**The Capping Prescription Costs Act of 2018 is endorsed by
Families USA, Community Catalyst, and Public Citizen**

¹ Centers for Medicare & Medicaid Services, “CMS Office of the Actuary Releases 2017-2026 Projections of National Health Expenditures,” press release, February 14, 2018, <https://cms.gov/newsroom/mediareleasedatabase/press-releases/2018-press-releases-items/2018-02-14.html>.

² Kaiser Family Foundation Health Tracking Poll, September 14-20, 2016, <https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/>

³ Cynthia Cox, “What Are Recent Trends and Characteristics of Workers with High Drug Spending,” Kaiser Family Foundation, October 27, 2016, <https://www.healthsystemtracker.org/chart-collection/recent-trends-characteristics-workers-high-drug-spending>

⁴ Katie Thomas and Charles Ornstein, “The Price They Pay,” *The New York Times* and *ProPublica*, March 5, 2018, <https://features.propublica.org/drug-prices/high-cost-drugs-the-price-they-pay/>.

⁵ Sabrina Corlette, Ashley Williams, and Justin Giovannelli, “State Efforts to Reduce Consumers’ Cost-Sharing for Prescription Drugs,” Commonwealth Fund, November 16, 2015, <https://www.commonwealthfund.org/blog/2015/state-efforts-reduce-consumers-cost-sharing-prescription-drugs>;

Sandy Ahn and Sabrina Corlette, “State Efforts to Lower Consumer Cost-Sharing for High-Cost Prescription Drugs,” Urban Institute, August 2017, <https://www.urban.org/sites/default/files/publication/93071/2001491-state-efforts-lower-rx-cost-sharing.pdf>; Quynh Chi Nguyen and Michael Miller, “Addressing Out of Control Prescription Drug Prices: Federal and State Strategies,” Community Catalyst, <https://www.communitycatalyst.org/resources/publications/document/2018/CC-PrescripDrugPrices-Report-FINAL.pdf>.