

# INTRODUCTION

## An Introduction to the Patient Access Network Foundation and AJMC Collaborative Supplement

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**T**oday's health insurance marketplace is brimming with 17 million newly insured individuals, including those covered directly by the Medicaid expansion or the marketplace provisions of the Affordable Care Act (ACA) and those newly enrolled in an employer plan.

Although the expansion of insurance coverage is a good thing for access and population health, specific features of the ACA coverage expansion have contributed to the rising number of underinsured individuals, defined by the Commonwealth Fund as people who have out-of-pocket healthcare expenses (eg, co-pays, coinsurance, deductibles) that account for 10% or more of their income, or at least 5% among those with lower incomes.<sup>1</sup> Individuals with rare diseases, chronic conditions, or costly illnesses like cancer, who rely on specialty drugs, are even more likely to become underinsured, and this underinsured population is growing. A 2015 issue brief on the 2014 Commonwealth Fund Biennial Health Insurance Survey revealed that 23% of adults aged 19 to 64 were underinsured—that's almost twice the 2013 rate.<sup>1</sup>

Our experience at the Patient Access Network (PAN) Foundation, an independent, national charitable organization that assists federally and commercially insured individuals living with chronic, critical, and rare diseases with the out-of-pocket costs for their prescribed medications, coincides with this finding. We have seen steady growth in patients' need for financial assistance with the out-of-pocket costs of their medical treatments. In 2013, we assisted 99,271 patients, and in 2015, we assisted 364,385 patients—a 267% increase in just 2 years. Further, the amount of assistance PAN provides to individual patients has nearly doubled in the last 2 years.

In light of these trends, last year PAN forged a partnership with *The American Journal of Managed Care* and launched the “PAN Challenge: Balancing Moral Hazard, Affordability and Access to Critical Therapies in the Age of Cost Sharing”—a call for papers to find solutions for the millions of Americans with life-threatening, chronic, or rare diseases who may not be able to access critical medications because they cannot afford the deductibles, co-pays, and coinsurance required by their health plans.

The competition sought innovative and sustainable strategies for cost sharing to reduce inequality and promote access, affordability, and adherence to treatment for 2 population categories: Medicare beneficiaries and the commercially insured. We asked that papers address 2 questions: 1) How does federal policy regarding healthcare cost sharing (eg, deductibles, co-pays, coinsurance, out-of-pocket limits) affect the ability of individuals with chronic and rare diseases to have affordable access to critical therapies? 2) What policy solutions are likely to improve access to critical therapies for individuals with chronic and rare diseases?

We are grateful for the numerous case studies we received from various organizations and the papers we received from researchers and academic institutions. The winning papers and case studies are featured in full in this supplement. We hope that these papers will stimulate a dialog about how to ease the financial burden and improve the quality of life for millions of patients and their families.

### REFERENCE

1. Collins SR, Rasmussen PW, Beutel S, Doty MM. The problem of underinsurance and how rising deductibles will make it worse—findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014. Commonwealth Fund website. <http://www.commonwealthfund.org/publications/issue-briefs/2015/may/problem-of-underinsurance>. Published May 20, 2015. Accessed February 2016. ■