Maine Prescription Drug Affordability Board

August 24th, 2026

Policy Options – Addressing Consumer Out-of-Pocket Costs

1. Drug or class specific coverage mandates or OOP caps
2. Insurance benefit design
3. Discount cards/ programs
4. Protections for the uninsured & low income residents

Coverage mandates or OOP caps for specific drugs or classes of drug

- **Summary:** states can require that fully-insured plans cover certain drugs with prescribed OOP maximum costs, or on specific tiers of coverage.
- **Example**: 30 states have laws on the books capping OOP costs for insulin, 7 cap costs for epinephrine.
- **Relevant Laws in Maine:** P.L. 2019 Ch. 666 caps what insurance companies can charge members for a 30-day supply of insulin at $35.

Insurance Benefit Design Requirements

- **Summary:** in the state-regulated insurance market laws or regulatory tools can allow the state to apply broad requirements to the cost-sharing structures for prescription drugs.
- **Relevant Laws in Maine:** Clear Choice Design mandates in PL 2019 Ch. 653 (see next slide)

Illustration: 2027 Clear Choice Plan Designs

- Limited use of co-insurance
- Most plans include coverage of tier 2/3 generic drugs before the deductible

Reminder: plans must still meet “actuarial value” standards for metal levels and other federal requirements (e.g. limits on pre-deductible coverage in HSA plans)

Clear Choice Plan Design 2027			Off Exchange		Off Exchange			Off Exchange			
Benefits	Catastrophic HSA	Bronze $7,000 HSA	** Bronze $8,700 HSA	Bronze $7,500 HSA	**Silver $4,000 HSA	Silver $4,500	Silver $6.000	**Silver $5,000 HSA	Gold $2,000	Gold $3,000	Platinum
Estimated AV Value	N/A	64.16%	63.16%	63.86%	70.64%	71.48%	70.70%	68.61%	80.13%	79.89 - 81.13%	90.31%
Deductible	$12,000	$7,000	$8,700	$7,500	$4,000	$4,500	$6,000	$5,000	$2,000	$3,000	$1,000
Maximum OOP	$12,000	$10,000	$8,700	$12,000	$8,700	$10,000	$10,000	$8,700	$6,000	$6,000	$4,000
Coinsurance	0%	50%	0%	50%		30%	30%		30%	30%	20%
PCP and Behavioral Health Office Visits*	$50 for 2nd & 3rd visits then deductible	$45		$45		$40	$40		$25	$20	$20
Chiropractic Services, Rehabilitative Occupational, Physical and Speech Therapy		$45		$45		$40	$40		$30	$30	$30
Specialist Visit		50% Coin. After Ded.		$80		$60	$60		$50	$50	$40
Free Standing Urgent Care		$60		$60	20% Coins. After Ded.	$40	$40		$40	$40	$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											
Outpatient Surgery and Physician/Surgical Services			0% Coin. After Ded.					20% Coins. After Ded.			
Inpatient Hospital Services and ER	0% Coins. After Ded.	50% Coin. After Ded.		50% Coins. After Ded.		30% After Deductible	30% After Deductible		30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Inpatient Physician, Rehabilitation and Surgical Services											
Ambulance											
RX - Tier 2/3 Generic		$30		$30	$25	$25	$25		$25	$10 / $25	$0
RX - Tier 4 Preferred Brand				$50	$50	$50	$50		$50	$50	$15
RX - Tier 5 NonPreferred		50% Coin. After Ded.		$100	$100	$100	30% Up to $300		$80	30% up to $300	$80
RX - Tier 6 Specialty				$250	$250	$250	50% up to $600		$250	50% up to $600	$250
Preventive Medical Benefits and RX	0%										
Pediatric Dental - Preventive & Diagnostic	0% Coins. After Ded.										
Pediatric Dental - Restorative & Basic Services		20% Coin. After Ded.		20% Coin. After Ded.	20% Coin. After Ded.						
Pediatric Dental - Major Services & Medically Necessary Orthodontics		50% Coin. After Ded.		50% Coin. After Ded.	50% Coin. After Ded.						

* 1st PCP and Behavioral Health Office Visit have $0 copay,subsequent visits have copay before deductible

Before deductible

Discount Programs

Copay Assistance	Cash price discount cards
• Used in concert with insurance, these programs are generally sponsored by manufacturers and cover or help defray the cost to consumers of expensive brand-name drugs.	• When using these discount cards, the claim for a prescription drug is not billed to the patients' insurance. Sometimes the total cost with a discount card is lower than the OOP cost, especially if the patient has a high deductible and the drug is subject to coinsurance.

Discount Cards: Copay Assistance & Copay Accumulators

- **Summary:** in some cases, insurance plans do not allow co-pays or coinsurance covered or waived by a third party assistance program to count toward deductibles or OOP maximums, a policy known as copay accumulators.
- **Examples:** several states limit the use of copay accumulators. Alternatively, California bans the use of manufacturer discount cards when generic or other alternative therapies are available.
- **Relevant Laws in Maine:** P.L. 2021 Ch. 744 requires that insurance companies allow third-party payments to count toward the deductible and OOP maximum if the drug in question has no generic equivalent or if the patient has qualified for the drug following a priori authorization, step therapy, or appeal/ exception process.

Discount Cards: Cash price discount cards

- **Summary:** there are multiple commercial discount cards (e.g. GoodRx, Single Care) but some states have formally partnered with Array Rx to offer a state-endorsed option. These discount card companies partner with PBMs to negotiate lower cash prices with pharmacies in return for steering patient volume to participating pharmacies.
- **State Example:** CT law passed in 2023 required the state Comptroller to establish a drug discount card program, and the state elected to partner with ArrayRx. Another law passed in 2025 requires that insurance companies allow patients to have their cash payments for drugs using a discount card count toward their deductible as long as the price paid was less than the *average discounted rate* for the same drug at an in-network pharmacy with insurance
- **Relevant Laws in Maine:** Maine Rx Plus program, which Dr. Dan Mickool will present on

Protections for the Uninsured and Low-Income Residents

- **Summary:** some states, including Maine, offer specific programs to provide support to low-income or uninsured residents in accessing prescription drugs.
- **Relevant examples in Maine:** Maine has a Low Cost Drugs for the Elderly and Disabled program which utilizes state funds to subsidize drugs for low-income elderly adults and those on SSDI. The legislature also created a new “insulin safety net” program in 2021 which requires pharmacies and manufacturers to provide qualifying individuals with a 30-day supply of insulin at a cost of no more than $35, if they are not enrolled in a health insurance plan subject to the cap.