



Who is the PAN Foundation?

Our mission

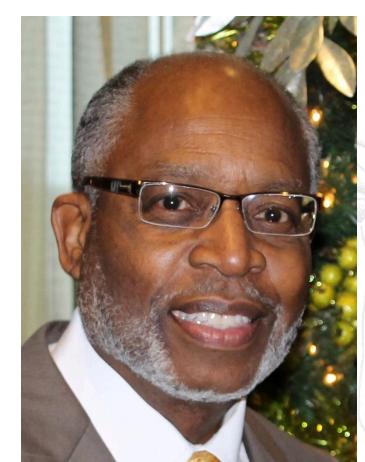
To accelerate access to affordable, equitable healthcare through financial assistance, advocacy, and education.

Financial assistance

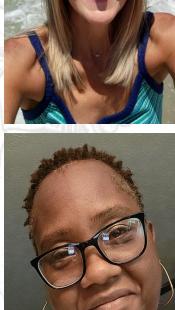
Advocacy

Education

Increased access and better health outcomes







Speakers



Amy Niles Chief Mission Officer, PAN Foundation (moderator)



Becky Burns
Chief Operating
Officer, Bleeding &
Clotting Disorders
Institute



Kim Czubaruk, JDAssociate Vice
President of
Policy, Cancer*Care*



Madelaine Feldman, MD
Vice President of
Advocacy and
Government Affairs,
Coalition of State
Rheumatology
Organizations

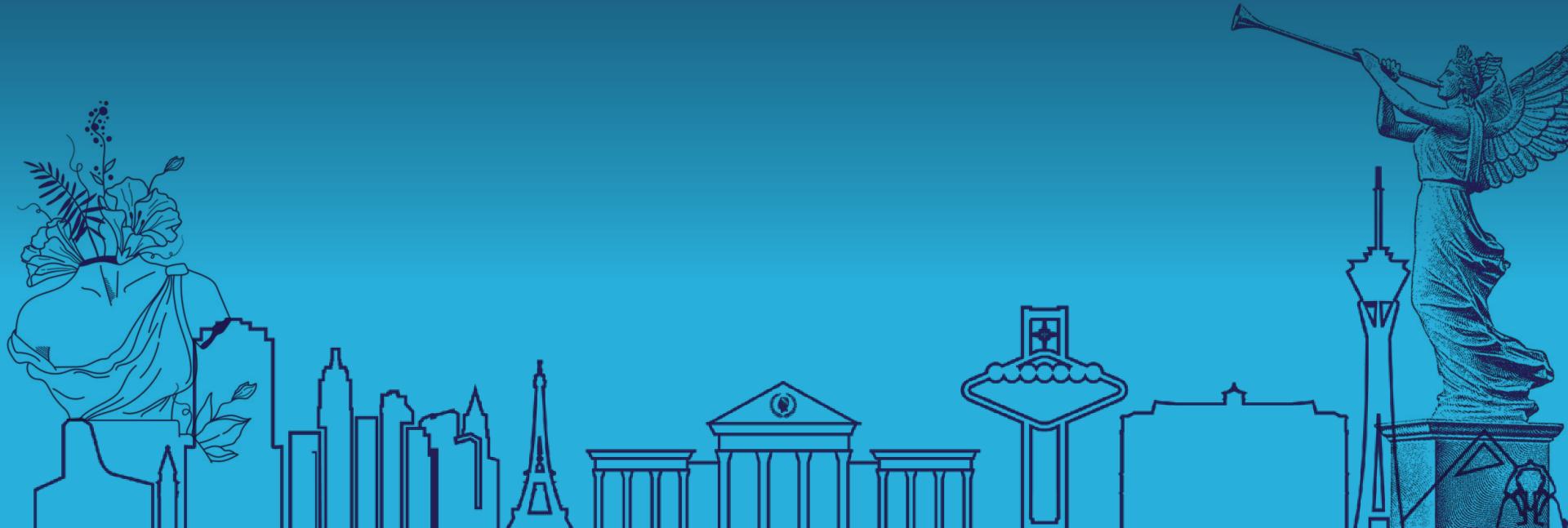


Agenda

- Defining copay accumulators, maximizers, and alternative funding programs
 - How they are similar, how they differ
 - How they are harmful to patients
- Deep dive into AFPs—how they work, how to recognize them
- Key findings from new national polling
- Raising awareness about AFPs and preventing AFPs
- Audience Q&A
- Audience calls to action



Basic definitions





Copay accumulators

A health plan or pharmacy benefit manager (PBM) directed policy that allows patients to use third-party copay assistance for covered drugs without counting that assistance toward a patient's deductible or out-of-pocket cost sharing requirements.



Copay maximizers

A tactic used by health plans or PBMs to 'maximize' the value of third-party copay assistance (typically manufacturer patient assistance program [PAP]) available for a particular covered drug in a plan year.

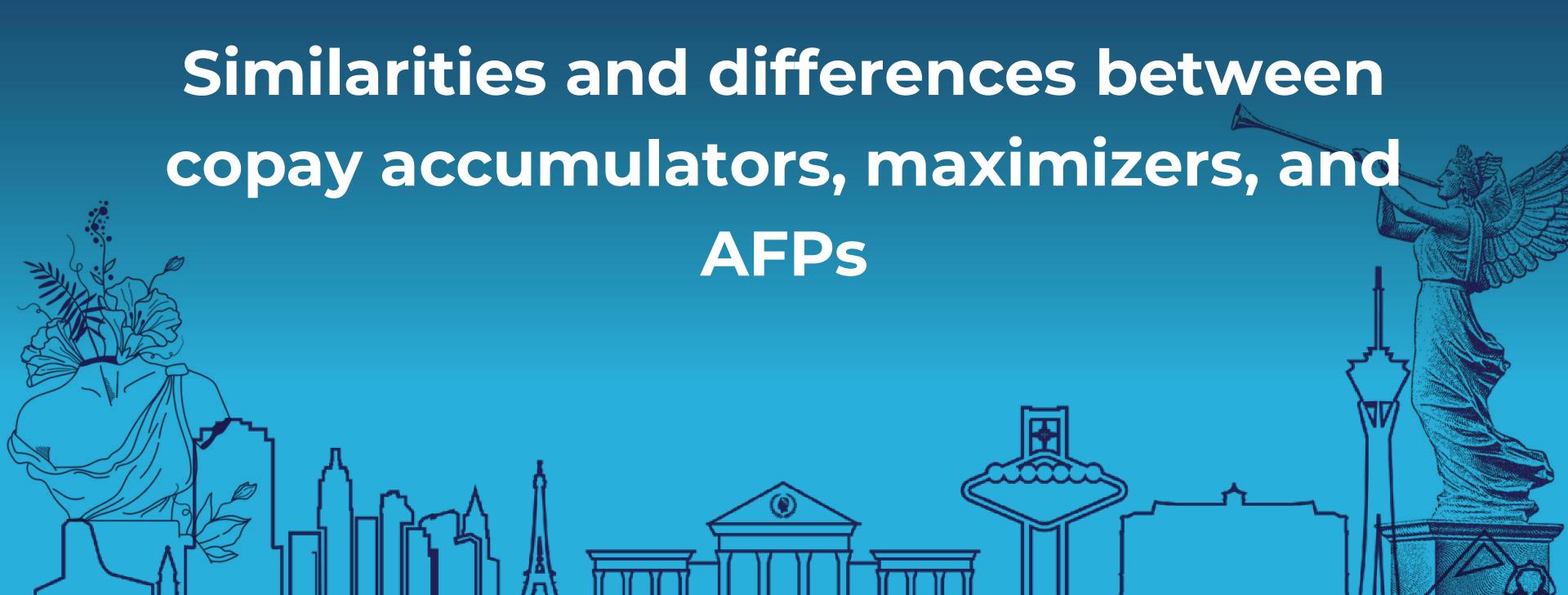
This is done by designating a covered prescription drug as a non-essential health benefit, allowing the plan/PBM to collect the maximum available amount of third-party copay assistance (which may exceed prescribed ACA patient protection cost-sharing limits) without counting any of the assistance toward a patient's deductible or out-of-pocket cost sharing requirements.



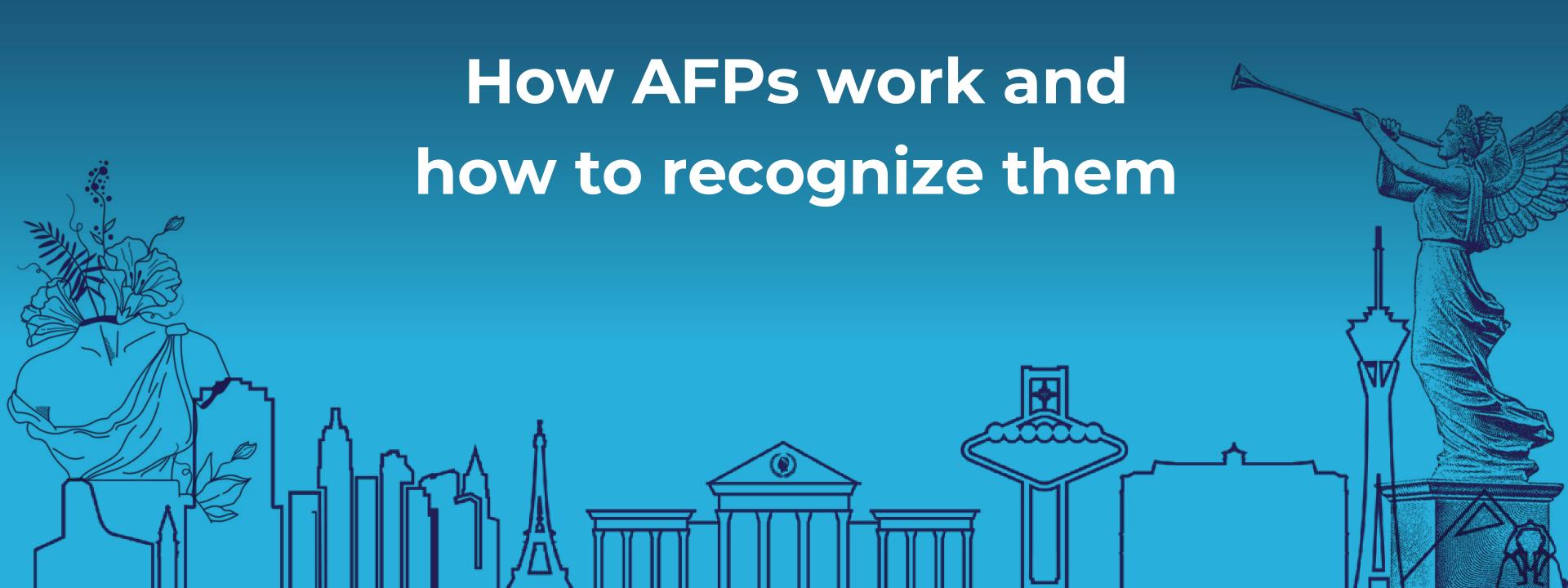
Alternative funding programs

Designed by third-party, for-profit vendors marketed to self-funded employer health plans as a cost-avoidance measure for specialty medications. AFPs are generally identifiable by the requirement that patients engage and comply with the third-party vendor trying to source the specialty medication through a manufacturer PAP or, if the PAP proves unsuccessful, sourcing the drug from a foreign pharmacy.









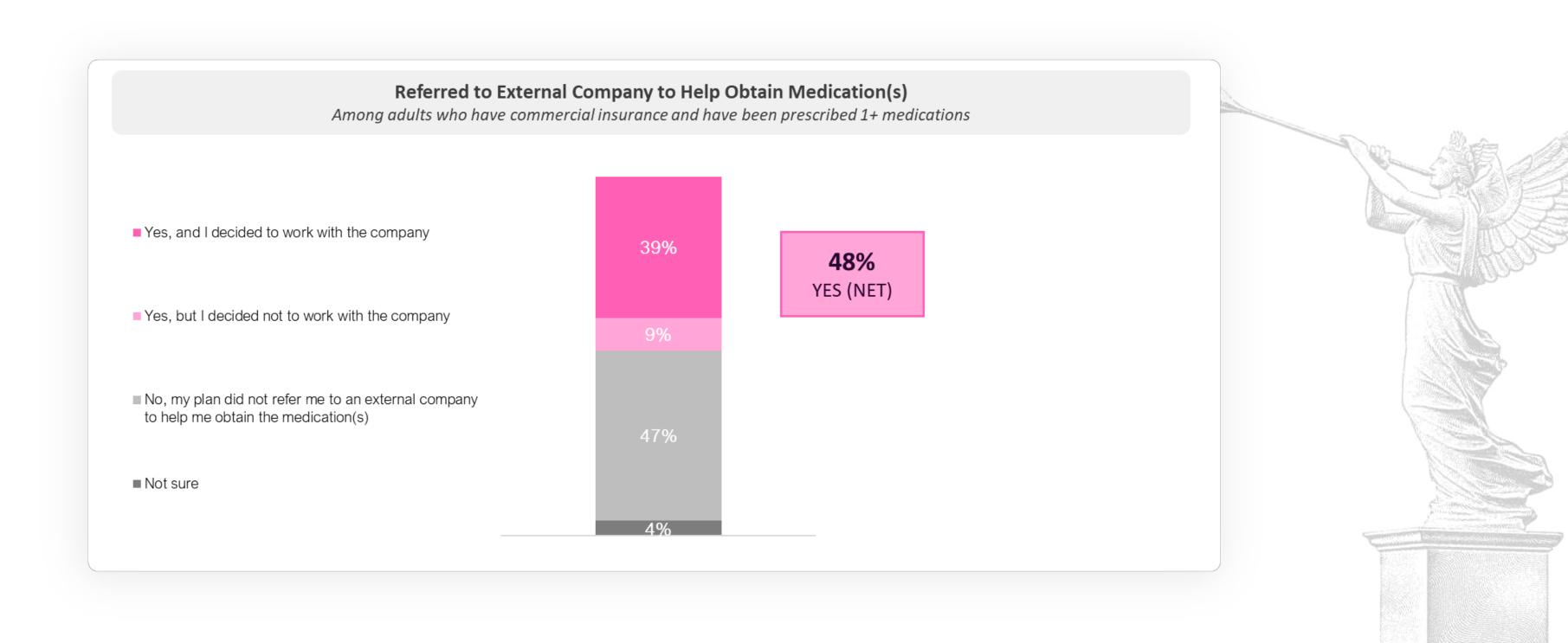


Key findings from new polling



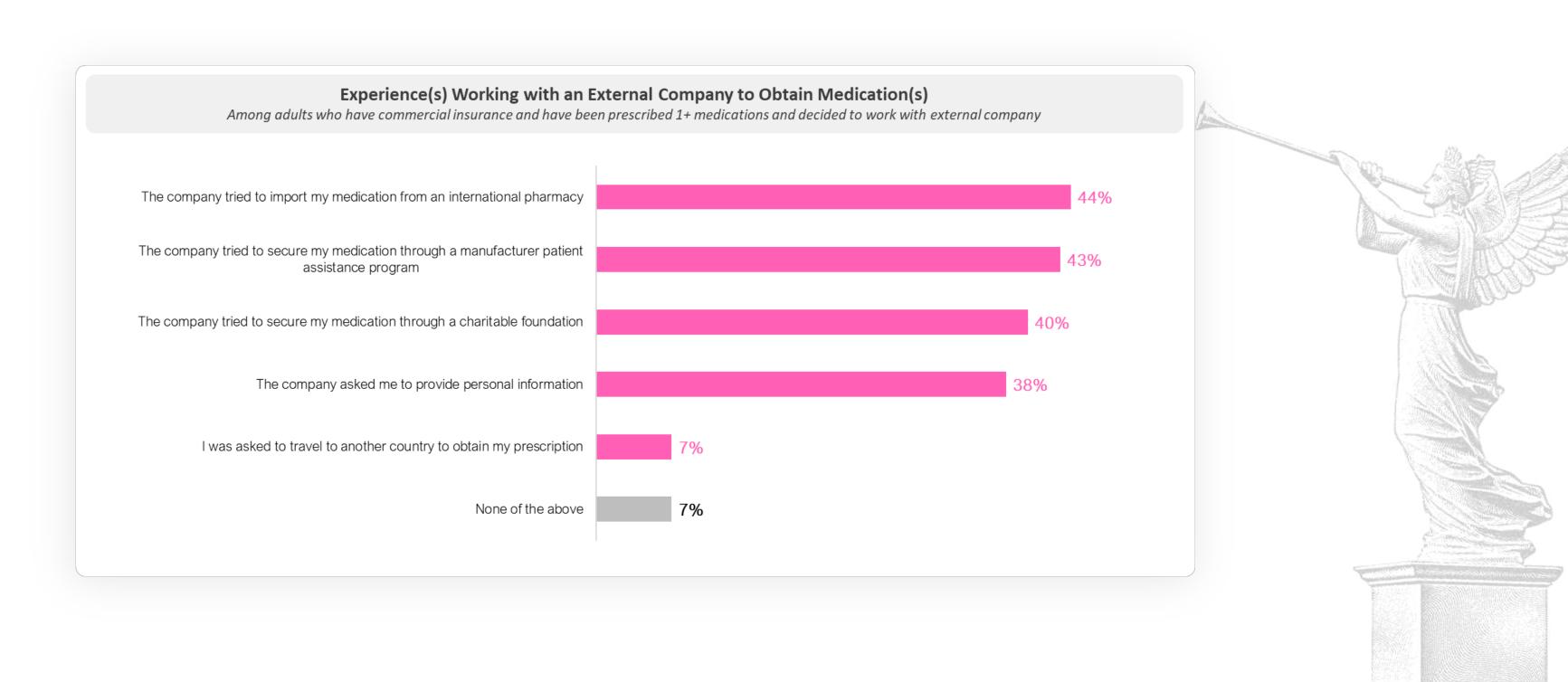


Nearly half (48%) of adults say their plan referred them to an external company to help obtain their medication(s)



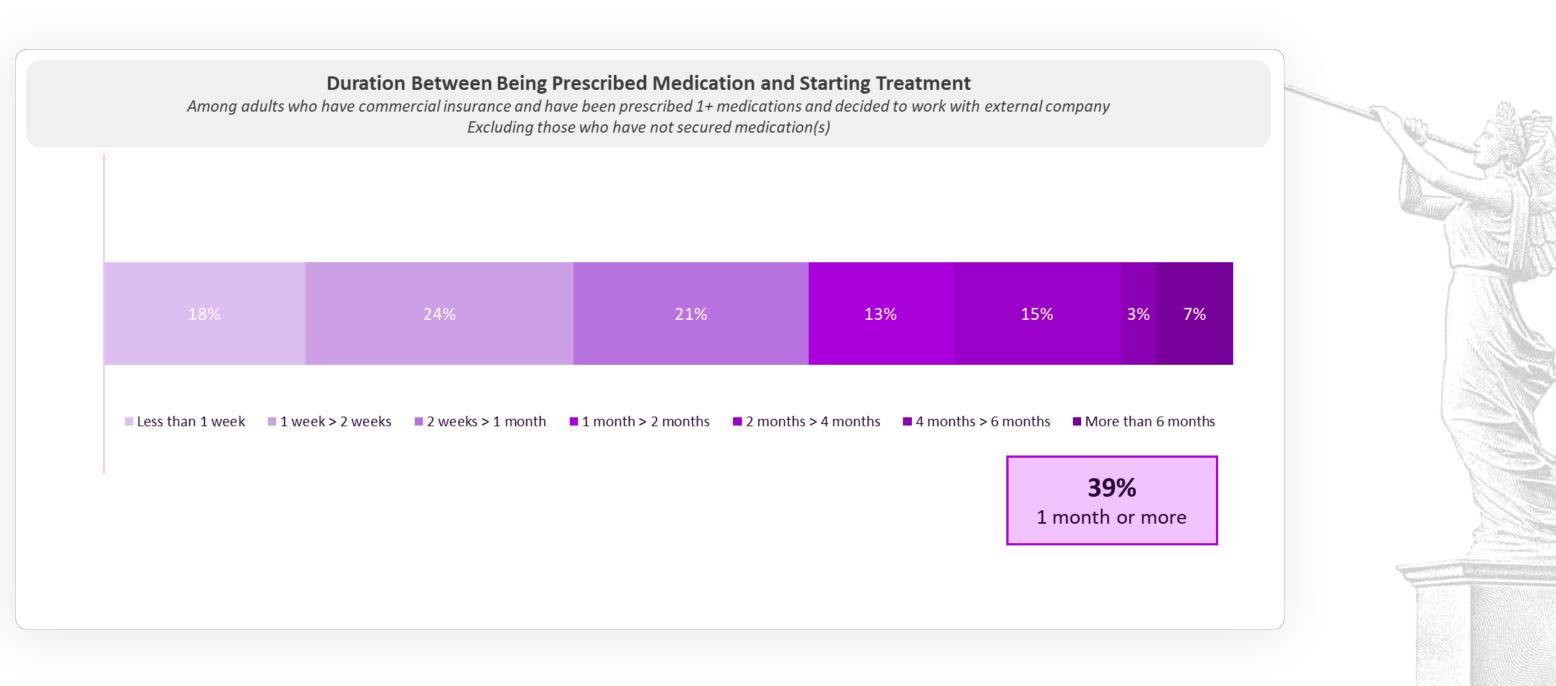


According to patients, external companies used a variety of methods to obtain medications for patients



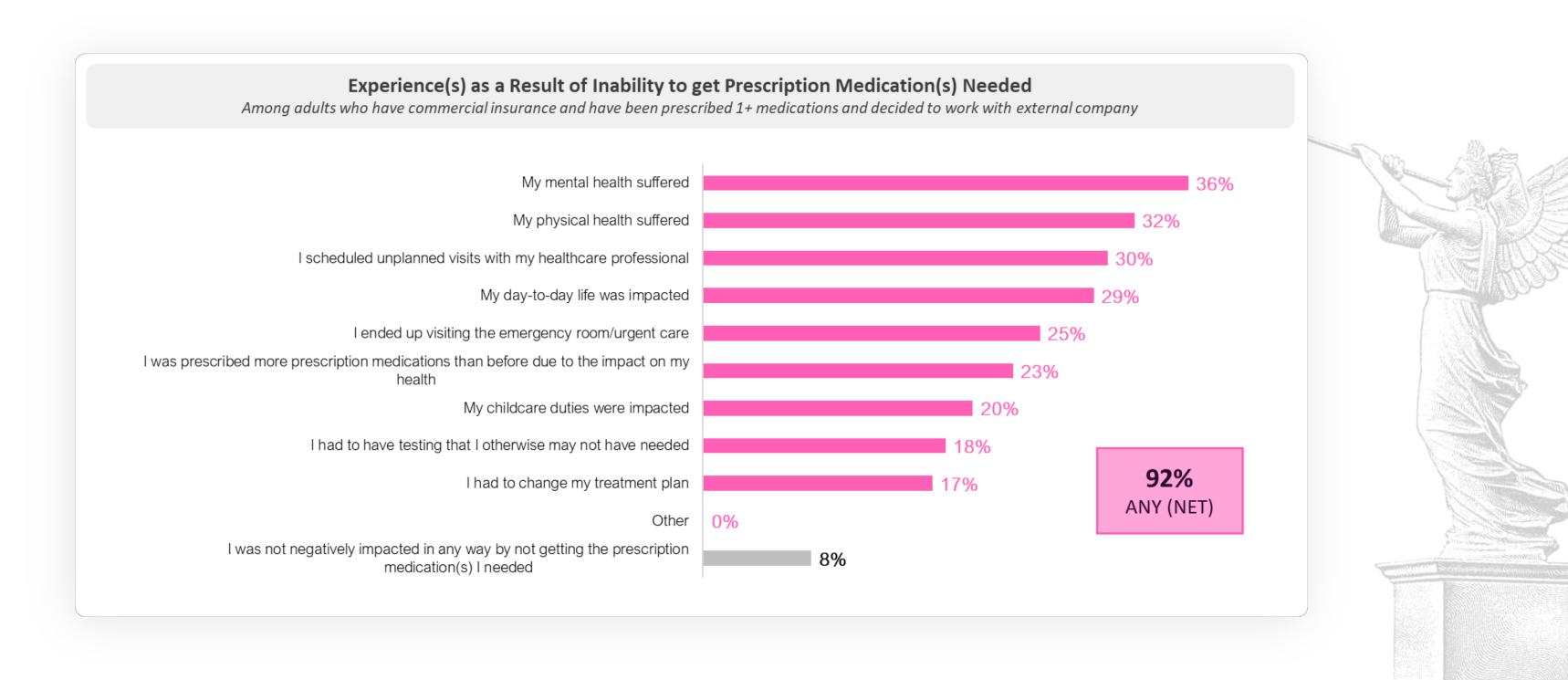


39% of adults experienced a delay of 1 month or more from the time their medication was prescribed to when they began their treatment



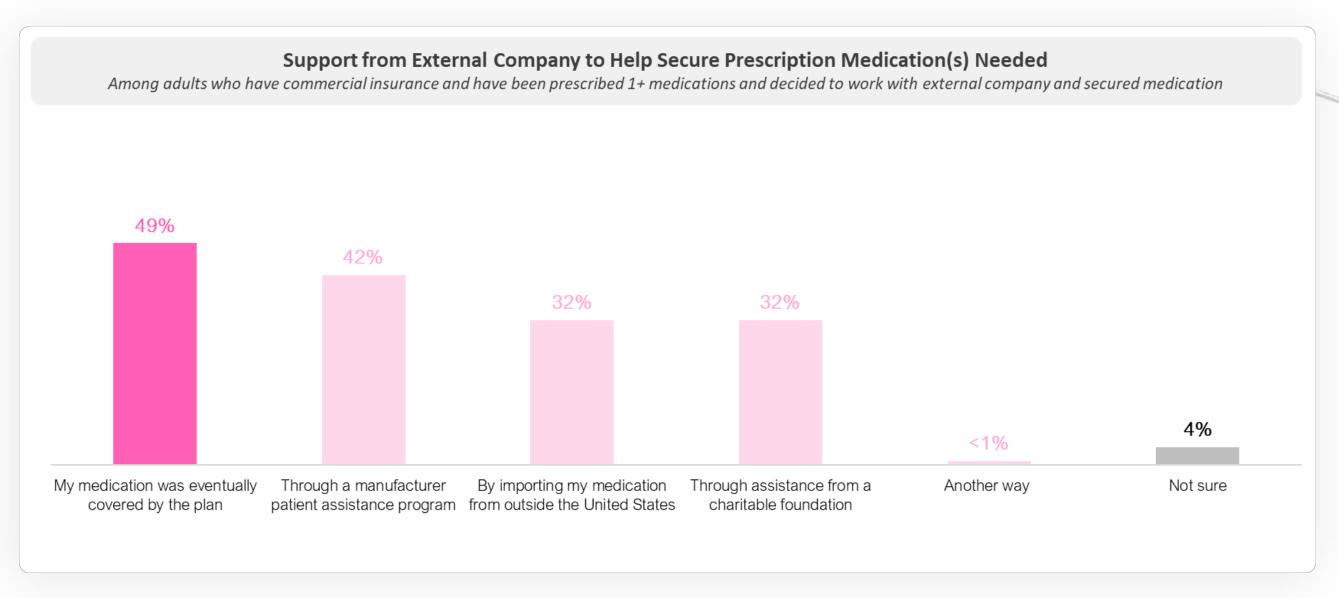


92% of patients experienced some negative impact due to the inability to get the medication(s) they needed





Half of adults (49%) who worked with an external company eventually had their medication covered by their plan, while 42% received support through a manufacturer patient assistance program





Raising awareness and preventing AFPs





AFP Task Force

On behalf of Cancer*Care* and the Hemophilia Alliance, respectively, Kim Czubaruk, JD and Kollet Koulianos, MBA are leading a multi-member **Alternative Funding Programs (AFP) Task Force** currently consisting of 34 patient and advocacy organizations across disease states that represent or advocate on behalf of patients negatively impacted by AFPs.

The Task Force's mission is to:

- educate stakeholders about AFPs
- raise awareness of the harm AFPs cause to patients, and
- advocate for policies and practices that ensure patients' timely access to prescribed medications

To learn more about joining the AFP Task Force contact: Kim Czubaruk, JD – kczubaruk@cancercare.org Kollet Koulianos, MBA – kollet@p3hbc.com



How AFPs are impacting patients





Medscape

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COMMENTARY

Alternative Funders and Costly Meds: Is Your Patient Really Insured or Not?

Madelaine (Mattie) A. Feldman, MD **DISCLOSURES** | July 25, 2025













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In the ever-evolving landscape of employer self-funded healthcare, cost-saving strategies emerge with promises of efficiency and reduced spending. Yet, for real patients — especially those battling chronic illnesses such as rheumatoid arthritis, multiple sclerosis, and inflammatory bowel disease — these quick-fix schemes can have devastating, unintended consequences. Among the most disruptive of these strategies in employer-funded health plans is the involvement of alternative funders: third-party entities inserted between patients and their essential therapies. Real patient stories most powerfully illustrate the physical, emotional, and financial harm they experience.

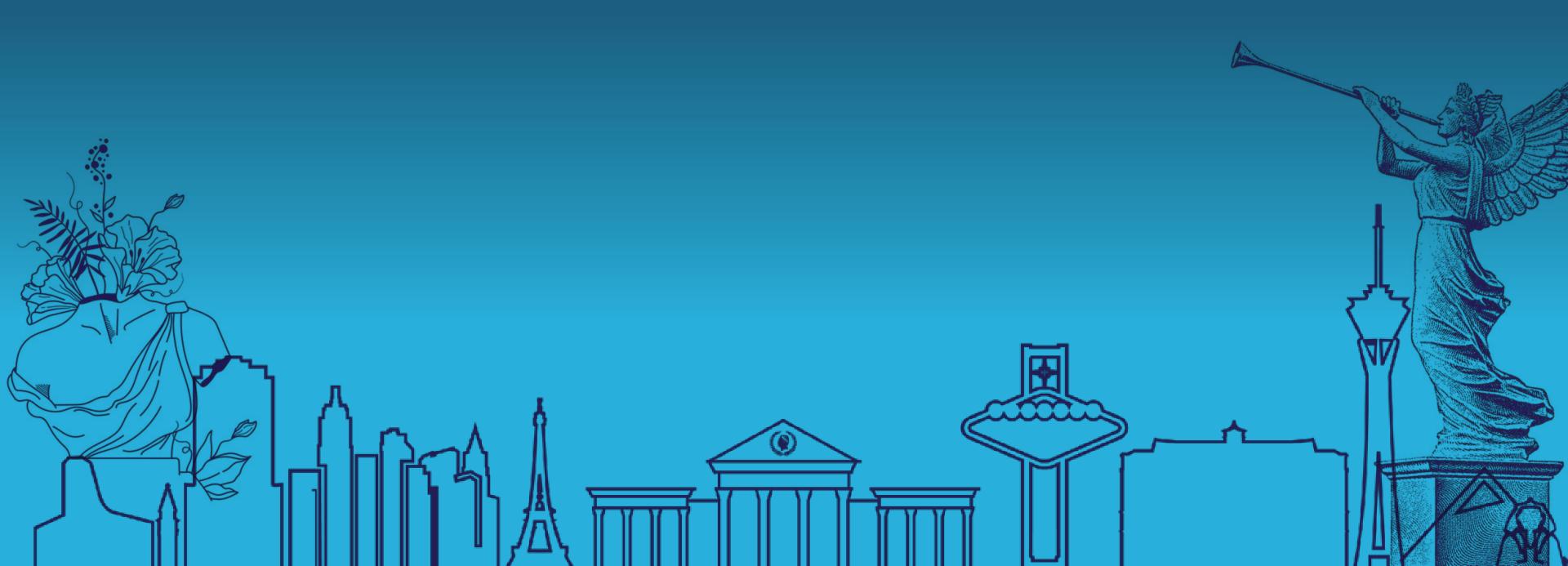


Audience Q&A





Audience calls to action





Advocate against AFPs

Join us **RIGHT NOW** as we launch our federal grassroots advocacy campaign to ban the use of AFPs! How many messages can we send in the next 2 minutes?

- It takes less than a minute to send your members of Congress a message through our Action Center.
- Scan this QR code to take action:



Share your AFP story

Do you have experience with alternative funding programs (AFPs)?

Share your AFP story with the PAN Foundation. Visit our AFP storytelling corner:

- Wednesday until 2pm PT (downstairs)
- Thursday 10am-12:30pm PT (upstairs)



Or scan this QR code to upload your story directly from your phone.



Thank you!

Contact us

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panfoundation.org fundfinder.org

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