

ALTERNATIVE FUNDING PROGRAMS

HARM PATIENTS



Managing a cardiovascular condition sometimes means taking a complex or expensive medication. But third-party vendors are now convincing some employers to **drop health plan coverage for sophisticated medications** in an attempt to cut costs. This approach is known as an alternative funding program.

These programs **replace traditional insurance coverage** with enrollment in patient assistance programs.

They pose significant risks to patients.



HOW THEY WORK

Under alternative funding programs, employers remove high-cost drugs, typically specialty medications, from their insurance coverage. **This leaves patients, usually those with serious health conditions, without coverage for vital medications.**

Affected patients are then forced to seek assistance from patient assistance programs sponsored by pharmaceutical manufacturers or nonprofits.



IMPACT ON PATIENTS



TREATMENT DELAYS.

Enrolling in patient assistance programs can be a lengthy process, lasting two-to-four weeks or even longer. During that time, patients may go without necessary medications, leading to worse health outcomes or even adverse health events.



FEWER RESOURCES FOR THE TRULY NEEDY.

Alternative funding programs move insured patients, who don't qualify as low-income or uninsured, into patient assistance programs. This creates competition for limited funds intended to help vulnerable patients get their medications.



HIGHER COSTS FOR PATIENTS.

After patients exhaust their financial assistance, the cost burden is shifted onto them. Patients may face increased out-of-pocket expenses and bureaucratic hurdles, increasing financial strain and reducing quality of care.



Alternative funding programs come at a **SIGNIFICANT COST** to patients and the health care system.

Policymakers must consider solutions that prioritize patient well-being and access to medications.



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