



Physicians Caring for Texans

**House Select Committee on Health Care Reform**  
**Testimony by Zeke Silva III, MD, Texas Medical Association**  
**House Bill 999 by Rep. Four Price**  
*March 23, 2023*

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Thank you, Chairman Harless, Vice-Chair Howard, and committee members for allowing me to testify today. My name is Dr. Zeke Silva, and I am a San Antonio physician specializing in radiology. Today, I will be testifying on behalf of TMA and its more than 57,000 members across the state of Texas, **for** House Bill 999.

I cannot stress enough how important this bill is to patient care. This bill addresses the increasingly common use of copay accumulator programs by health benefit plan issuers.

Here is what often happens: A patient tries to apply a manufacturer's coupon for prescription medicine toward his or her health plan's deductible and out-of-pocket maximum. However, the plan's copay accumulator program prohibits the patient from doing so. This practice increases a patient's out-of-pocket costs. This has a particularly negative impact on chronically ill patients and patients being treated with higher-cost medications.

These types of programs can function at the expense of the patient and to the benefit of the health plan. The health plan can essentially get paid twice: once when the patient presents the coupon to subsidize his or her copay cost, and a second time when the patient starts meeting his or her deductible (since the plan does not count the coupon payments towards the patient's deductible).

Arguments have been made that prohibiting copay accumulator programs will incentivize physicians to prescribe more expensive medications. This is not accurate.

Physicians prescribe based on what is best for the patient, and what will lead to the best course of treatment.

Medications that have coupons available are typically for our sickest patients, the chronically ill or those recovering from a serious illness who are trying to maintain their health.

Simply put, copay accumulator programs are not good for patient care or patient finances. These programs and practices need to be prohibited as laid out in HB 999.

Thank you again for the opportunity to testify and I am happy to answer any questions.