NEW PEER-REVIEWED RESEARCH

State copay accumulator bans did not increase premiums

National Pharmaceutical Council research examines a decade of commercial insurance data.

KEY FINDING

The evidence does not support concerns that state copay accumulator bans increase premiums.

WHAT THE DATA SHOW

Premium growth was lower in states with bans

Average premium growth, 2020–2024



3.4 percentage points lower premium growth in states that enacted bans

STUDY AT A GLANCE

A rigorous, state-level analysis

10 YEARS

2014–2024

Medical Loss Ratio filing data

2 MARKETS

Small and large group

Commercial health insurance

STUDY DESIGN

Staggered difference-in-differences

Across state policy adoption dates

RESEARCH: https://academic.oup.com/healthaffairsscholar/advance-article/doi/10.1093/haschl/qxag289/8931518

Feyman Y, Westrich K, Sarraille W, Martin R, Choi D, Campbell JD. Health Affairs Scholar. Published October 16, 2026. DOI: 10.1093/haschl/qxag289

STATE POLICY FOOTPRINT

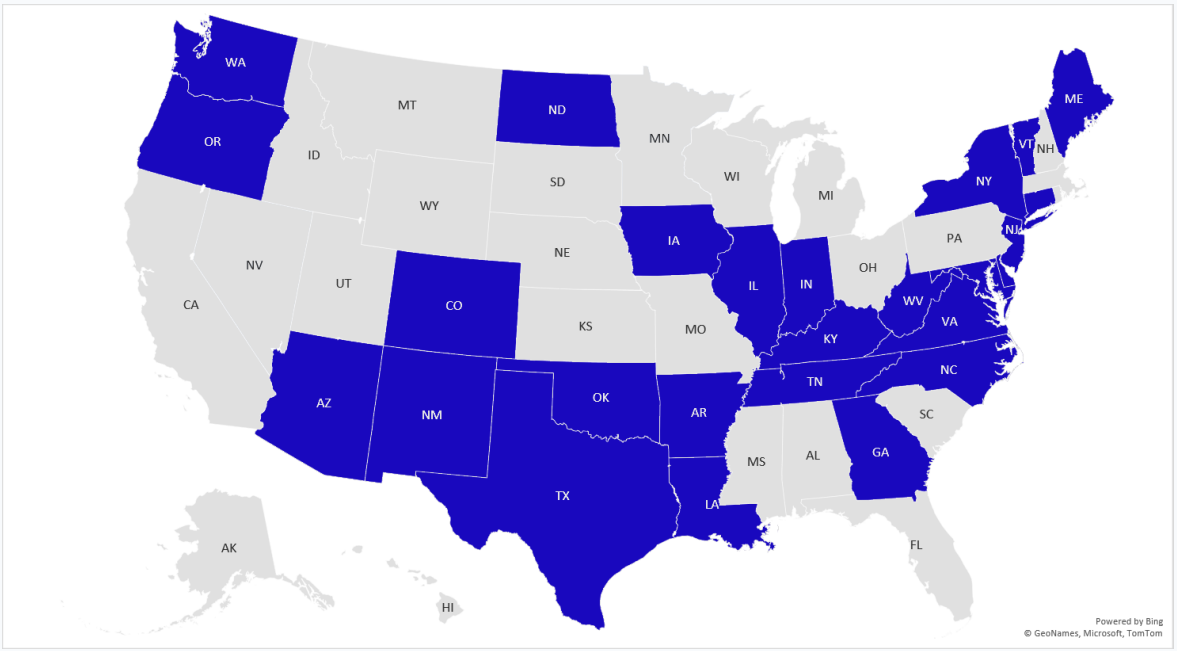
Patient protections now cover more than half the country

The NPC study reports accumulator bans in 27 states and the District of Columbia.

POLICY LANDSCAPE

More than half the country has enacted patient protections

States with copay accumulator bans, as reported in the NPC study



■ States with copay accumulator bans ■ No ban

WHERE STATES STAND

27 states + DC

Had enacted copay accumulator bans

PREMIUM GROWTH

3.4 points lower

In states with bans, 2020–2024

PREMIUM EFFECT

Not significant

No measurable premium increase from bans

THE BOTTOM LINE

Patient protections, no premium penalty

Across a decade of data, states that banned copay accumulators saw no statistically significant increase in premiums. The data give policymakers no premium-based reason to hold back these protections.

Estimated annual premium effect: $41.08 (95% CI: −$151.28 to $233.43). The interval crosses zero, so no statistically significant effect was identified.

SCAN TO READ THE RESEARCH

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