



Delegate Joseline A. Pena-Melnyk
Health & Government Operations
240 Taylor House Office Building
Annapolis, Maryland 21401

March 25, 2025

Re: Health Benefit Plans – Calculation of Cost Sharing Contribution – Requirements

Dear Chair Pena-Melnyk, Vice Chair Cullison and Honorable Committee Members:

The AIDS Institute, a non-partisan, nonprofit organization dedicated to improving and protecting health care access for people living with HIV, hepatitis, and other chronic health conditions, is writing in **support of the amended 773**. This bill will immediately and directly help vulnerable patients who are struggling to afford their specialty prescription medications.

As advocates for patients and their families, we are concerned that one amendment added to HB 1246, but not to SB 773, will have unintended consequences. SB 773 does not contain the language found in HB 1246, section C (2), requiring pharmaceutical manufacturers to:

“Provide the discount, financial assistance payment, product voucher, or other out-of-pocket expense for the duration of the plan year.”

There has been considerable compromise achieved over the last two years with Senate and House versions of this legislation. We respect your intent to create requirements on how manufacturers communicate to individuals about copay assistance, acknowledging that the state of Maine has done something similar. Additionally, we applaud the Senate for adding notification requirements that seek compromise with the efforts of the House.

However, with a myriad of amendments, the House is crafting a one-size-fits-all solution that will impact patients across disease states and treatment plans. **There is no precedent for this amendment in the country, thus we are understandably concerned about unintended negative consequences for Marylanders.**

Even with insurance, many patients are unable to meet the high deductibles in marketplace plans, and the high coinsurance associated with specialty drugs. To help cover the cost of their

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copayment, patients often rely on copay assistance from manufacturers and charitable foundations. Access to these treatments is critical for individuals with serious, chronic conditions to stay healthy, remain in the workforce, and out of the emergency department. Without copay assistance, many patients abandon their prescriptions at the pharmacy, or take measures to ration their doses, to the detriment of their health.¹

Senate Bill 773 will address the negative effects of a policy that many insurers and pharmacy benefit managers are instituting that limits patients' ability to afford and access medications. Through copay accumulators and other copay diversion policies, insurers and PBMs divert copay assistance funds intended for the patient to their own bottom lines. Like underwriting tactics before the passage of the Affordable Care Act, these policies undermine coverage for the most serious conditions (HIV, hepatitis, multiple sclerosis, hemophilia, cancer, and lupus to name a few). By restricting access to these life-saving prescriptions, insurers and PBMs are costing the healthcare system more when patients seek care in emergency settings and their conditions have worsened to require more intensive interventions.

Please support SB 773, a bill that incorporates compromise and puts patients first. Thank you for considering our perspective on this critical issue. We stand ready to work with you to advance policies that promote the health and welfare of all Marylanders.

Sincerely,

Naomi Gaspard,
Policy Manager
The AIDS Institute

¹ Kaiser Family Foundation, Poll: Nearly 1 in 4 Americans Taking Prescription Drugs Say It's Difficult to Afford Their Medicines, including larger shares among those with health issues, with low incomes, and nearing Medicare age, March 1, 2019, <https://www.kff.org/health-costs/press-release/poll-nearly-1-in-4-americans-taking-prescription-drugs-say-its-difficult-to-afford-medicines-including-larger-shares-with-low-incomes/>

