



**Alliance for
Patient Access**

February 25, 2020

The Honorable Delores G. Kelley
Chair
Senate Finance Committee
Legislative Services Building
90 State Circle
Annapolis, MD 21401

The Honorable Shane E. Pendergrass
Chair
Health and Government Operations Committee
Legislative Services Building
90 State Circle
Annapolis, MD 21401

The Honorable Brian J. Feldman
Vice Chair
Senate Finance Committee
Legislative Services Building
90 State Circle
Annapolis, MD 21401

The Honorable Joseline A. Pena-Melnyk
Vice Chair
Health and Government Operations Committee
Legislative Services Building
90 State Circle
Annapolis, MD 21401

Re: SB 0623 and HB 1360 - Health Insurance - Out-of-Pocket Maximums and Cost-Sharing Requirements - Calculation

Dear Delegates and Senators,

On behalf of the Alliance for Patient Access (AfPA), I am writing in support of SB 0623 and HB 1360, companion bills that would ensure that all payments made to insurance companies for medicines, including co-pay coupon payments, are applied to patients' out-of-pocket expense obligations. The bills will allow patients to continue using co-pay coupons to access their medications, while also being protected from surprise out-of-pocket costs.

Founded in 2006, AfPA is a nonprofit, national network of physicians and other health care providers dedicated to patient-centered care. AfPA advocates for health policies that support clinical decision making, protect the physician-patient relationship, and ensure patients' access to approved therapies and appropriate clinical care.

Co-pay coupons are often of critical importance for certain patients with chronic or rare diseases. The coupons provide payment toward the prescription co-pay requirements that patients face, helping increase access to treatment options. These programs are particularly helpful for patients struggling to afford the medication they need, playing an important role in helping patients cover their out-of-pocket expenses. Most drugs that have co-pay coupons available do not have any lower-cost generic alternatives. For the few that do, the alternatives might not fit the patient's specific disease state, or the patient may have already tried and failed the alternative treatment.

Recently, though, some health plans have instituted a practice in which patient payments made using co-pay coupons are allowed for payment but then excluded from being counted towards a patient's

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annual deductible, or out-of-pocket cost limit. These practices are known as co-pay accumulator programs, and they can effectively limit access for patients.

These programs can hinder patient care by increasing costs for patients, leading to patients – regardless of their health status – switching medications based on unforeseen expense, or abandoning their medication altogether. Co-pay accumulator programs can also leave patients with unanticipated medical bills of hundreds or even thousands of dollars. All of these consequences put patients at risk for re-emerging symptoms and new side effects and place an undue burden on patients already managing complex conditions. More information about co-pay accumulator programs can be found in the Institute for Patient Access' [Co-Pay Accumulator Policy Paper](#).

SB 0623 and HB 1360 will protect access by ensuring that all payments made on behalf of an insurance plan member – including those made using co-pay coupons – will count toward that patient's out-of-pocket maximum. This will protect patients by ensuring they can continue to access the medication they need - without facing surprise out-of-pocket costs later.

On behalf of Maryland patients and the Alliance for Patient Access, I urge your support for SB 0623 and HB 1360 throughout the legislative process to ensure patients can access the treatments they need.

Sincerely,

A handwritten signature in cursive script that reads "Josie Cooper".

Josie Cooper
Executive Director
Alliance for Patient Access