



**Written Testimony Supporting SB 290**  
**Submitted to the Finance Committee**  
**February 8, 2021**  
**By Susan G. Komen**

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Chairperson Kelley, Vice Chairman Feldman, and Members of the Committee, thank you for the opportunity to provide testimony in support of SB290, which relates to Out-of-Pocket Maximums and Cost-Sharing Requirements. My name is Steven Raga, and I am the Northeast Regional Manager of State Policy & Advocacy at Susan G. Komen®.

Susan G. Komen is the world's leading non-profit breast cancer organization representing the millions of women and men who have been diagnosed with breast cancer, including the 5,470 women who will be diagnosed and 860 who will die from the disease this year alone in Maryland.

We have a comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen advocates for all women to have access to the tools and resources necessary to save their lives. We believe strongly that ensuring screening, diagnostic and treatment services are affordable and accessible for all increases the likelihood that women will have the ability to detect, diagnose and treat their breast cancer early - potentially saving their lives.

Recently, health insurers have instituted “copay accumulator adjustment programs” which prevent payments made by copay assistance from drug manufacturers and nonprofits from counting toward a patient’s cost sharing requirements. SB 290 will help Marylanders continue to access the treatments they need by ensuring all expenses made by or on behalf of a patient count toward their cost sharing requirements.

According to a recent study of claims data, a vast majority of copay assistance is used for treatments that do not have a generic alternative.<sup>1</sup> Unfortunately, many patients are not aware that the copay assistance was not counted toward their deductible or out-of-pocket maximum until they have to pay hundreds to thousands of dollars out of pocket to continue their treatments.

A patient should not be forced to abandon their treatment or skip doses due to costs. Studies have shown that patients are far more likely to abandon their treatment when out-of-pocket costs exceed \$100.<sup>2</sup> Unfortunately, we hear from patients who have been forced to stop using their medications due to the high out of pocket costs that end up having an increase in negative health outcomes and hospital visits- ultimately resulting in increases to overall health care costs.

As committed partners in the fight against breast cancer, we know how deeply important it is for Maryland breast cancer patients to not be punished for using copay assistance in helping them afford the necessary treatments they need. As such, we support SB290 and urge you to pass this critical legislation.

**Thank you for your consideration,**

Steven Raga, Northeast Regional Manager of State Policy & Advocacy at Susan G. Komen

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<sup>1</sup> IQVIA. An Evaluation of Co-Pay Card Utilization in Brands after Generic Competitor Launch. <https://www.iqvia.com/locations/united-states/library/factsheets/evaluation-of-co-pay-card-utilization>  
Accumulator

<sup>2</sup> Gleason PP, Starnes CI, Gunderson BW, Schafer JA, Sarran HS. Association of prescription abandonment with cost share for high-cost specialty pharmacy medications. *J Manag Care Pharm.* 2009;15(8):648-658. doi:10.18553/jmcp.2009.15.8.648