



MARYLAND/DISTRICT OF COLUMBIA
SOCIETY OF CLINICAL ONCOLOGY



February 10, 2021

Chair, Senator Dolores Kelley
Senate Committee on Finance
Maryland State Senate
11 Bladen Street
Annapolis, MD 21401

Dear Chair Kelley and Honorable Members of the Senate Committee,

The Maryland/District of Columbia Society of Clinical Oncology (MDCSCO) and the Association for Clinical Oncology (ASCO) are pleased to **support SB 290: Health Insurance – Out-of-Pocket Maximums and Cost-Sharing Requirements – Calculation** which would prohibit health carriers in the state from utilizing co-pay accumulator programs within their plans. MDCSCO is an organization of over 400 members committed to improving the quality and delivery of care in medical oncology in the State of Maryland and the District of Columbia. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

MDCSCO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, **it is critical that such policies be developed and implemented in a way that does not undermine patient access.** Copay accumulator programs target specialty drugs for which manufacturers often provide copay assistance. With a co-pay accumulator program in place, a manufacturer's assistance no longer applies toward a patient's co-pay or out-of-pocket maximum. This means that patients will experience increased out of pocket costs and take longer to reach required deductibles. **By prohibiting these funds from counting toward patient premiums and deductibles, co-pay accumulators negate the intended benefit of patient assistance programs and remove a safety net for patients who need expensive specialty medications but cannot afford them.**

While co-pay accumulator programs are described as a benefit for patients, these programs in effect prevent patients from reaching their deductibles sooner while increasing cost-sharing for patients. These programs lack transparency and are often implemented without a patient's knowledge or full understanding of their new "benefit." Increases in out of pocket costs for the patient can result in significant adverse impacts on patient finances, which contributes to medical bankruptcies and disproportionately affects low-income populations. In this manner **co-pay accumulator programs could jeopardize outcomes, as patients may decide to forego or discontinue treatment or seek different treatment for non-medical reasons.** If a patient does forego care, this could lead to poorer health outcomes and potentially higher costs to the health care system.

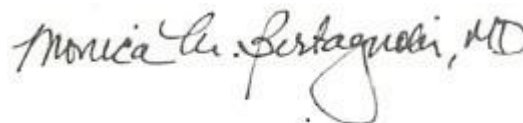
MDCSCO and ASCO are encouraged by the steps that SB 290 takes toward eliminating co-pay accumulator programs in Maryland and we therefore urge the committee to pass the measure. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Policy Brief on Co-](#)

[Pay Accumulators](#) by our affiliate, the American Society of Clinical Oncology. We welcome the opportunity to be a resource for you. Please contact Danna Kauffman at MDCSCO at dkauffman@smwpa.com or Allison Rollins at ASCO at allison.rollins@asco.org if you have any questions or if we can be of assistance.

Sincerely,



Paul Celano, MD, FACP
President
Maryland/DC Society of Clinical Oncology



Monica Bertagnoli, MD, FACS, FASCO
Chair of the Board
Association for Clinical Oncology