



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

Chair Shane E. Pendergrass
Health & Government Operations Committee
House Office Building, Room 241
6 Bladen St.,
Annapolis, MD 21401

RE: National Psoriasis Foundation Support for HB 167

Dear Chair Pendergrass and Health & Government Operations Committee Members,

The National Psoriasis Foundation (NPF) is a non-profit organization with a mission to drive efforts to cure psoriatic disease and improve the lives of those affected. The NPF is the leading patient advocacy group for over 8.3 million Americans and the more than 152,000 Marylanders living with psoriasis and psoriatic arthritis. I write to you today to express NPF's support for HB 167, Out-of-Pocket Maximums and Cost-Sharing Requirements – Calculation and respectfully request you vote HB 167 out of committee.

Non-treatment and under treatment of psoriatic disease remains a significant problem as health benefit plan's cost sharing leave many treatments unaffordable. To maintain their health and quality of life, patients seek copay assistance to help afford their high out-of-pocket costs. A 2020 NPF survey found that only 3 in 10 people with psoriatic disease with incomes between \$50,000 and \$99,999 could afford their treatments without copay assistance.

The financial impacts of the COVID-19 pandemic have only made affording treatments harder. Before hitting their deductible, patients are responsible for the full cost of their drug, often thousands of dollars. In the same 2020 NPF survey, nearly half reported worrying about having enough money to afford treatment at some point in the last 12 months.

Increasingly, health insurers are implementing "copay accumulator adjustment programs" which exclude payments made by copay assistance from drug manufacturers and nonprofits from patients' cost sharing requirements. Not only does this harm patients with complex chronic conditions, but it also benefits the insurer because the out-of-pocket costs are paid twice – first by the copay assistance and then by the patient. HB 167 will help Marylanders by ensuring copay assistance continues to count toward their deductibles and out-of-pocket maximums.

Patients cannot simply choose a cheaper medication and most copay assistance is for treatments that do not have generic alternatives. A study of claims data by IQVIA found that 99.6% of copay cards are used for branded drugs that do not have a generic alternative.¹ As you know, in 2014 Maryland passed a post deductible \$150 per prescription copay cap. HB 167 will build on these existing patient protections by ensuring copay assistance continues to help patients afford their treatments by counting the assistance toward their cost-sharing obligations.

During this current pandemic, NPF is concerned that the Marylanders living with psoriasis and psoriatic arthritis are potentially at higher risk of complications or death from COVID-19. It is of utmost importance that unnecessary barriers to the appropriate treatments are removed for patients – such as high out-of-pocket costs. NPF appreciates the Committee's consideration of this important matter, and



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respectfully requests your support of HB 167. Should you have any questions regarding this issue please contact me at jboles@psoriasis.org.

Sincerely,

A handwritten signature in black ink that reads "Julia Boles".

Julia Boles
Grassroots and Advocacy Manager

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