

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

Re: Support for HB 167

Dear Chair Pendergrass and Health & Government Operations Committee Members,

My name is Dr. Erinn Maury. I am a solo practitioner rheumatologist in Glen Burnie Maryland as well as the MedChi Delegate for Anne Arundel County. As a rheumatologist, I care for patients with autoimmune diseases and arthritis. Today, I write to you in support of HB 167 – Out-of-Pocket Maximums and Cost-Sharing Requirements – Calculation – to help Maryland patients continue to afford the treatments they need by requiring copay assistance to count toward their deductibles and out-of-pocket maximums.

Every day I care for patients who need specialty medications to prevent the immune system from attacking and damaging the joints and internal organs. The most common diseases I treat are lupus, rheumatoid arthritis, and psoriatic arthritis. While some of the medications I prescribe are expensive, they are the standard of care and allow my patients to continue working, caring for their families, and maintain their quality of life. Most patients have health plans with a high deductible and need copay assistance to afford their medicine.

Increasingly, insurers are implementing copay accumulator adjustment programs that prevent patients from using copay assistance to meet their deductibles; meaning if the patient uses the copay assistance, that money will not count towards their deductible. The true effect of these accumulator programs is limiting access to essential, sometimes life-saving medications for patients. It should not matter where the money comes from for the patient to pay their copay or coinsurance, especially when the average price for a biologic is \$10,000 a month.

Today, United Healthcare calls its program a “Coupon Adjustment: Benefit Plan Protection” which provides no benefit to the patient, it only benefits the insurer. Under these policies, insurers are double dipping by allowing copay assistance to pay for out-of-pocket costs but excluding it from the patient’s deductible. When the assistance runs out, patients must re-pay the out-of-pocket costs from their own pocket, harming their financial well-being and benefiting the insurer. These policies need to be nipped in the bud before they become commonplace and Maryland patients are harmed.

Further, the COVID-19 pandemic has caused a major financial crisis; lost jobs, lost income, and people at risk of being evicted. For example, take one of my patients who is in his 40’s, who takes a biologic for psoriatic arthritis, and has a \$4,000 deductible. Because of the COVID-19 pandemic, his wife had to give up her job to stay home with their 2 kids, so they are now a one income family with a mortgage and other usual expenses. Fortunately, he can work from home. However, even before the pandemic, he would not have been able to afford his treatment without copay assistance. He is the kind of father who would consider stopping or cutting back his medication so that his family would have what they need to survive. Given how bad his arthritis was before his biologic, he would likely end up disabled without

treatment. Currently, copay assistance is the only thing standing between him and this worst-case-scenario.

Insurance companies have said that doctors like me prescribe expensive medications because copay assistance is available. That is not true. I typically start with medications that are much less expensive and preferred on the insurance company formularies. I start with these cheaper effective medications because they are the standard of care for the diseases I treat. However, some patients require specialty medications to manage their disease. There are no cheaper or generic alternatives for these medications. When I prescribe a high-cost medication, I do so because it is in the best interest of my patient. I completely agree that drug prices are too high, however, when insurance companies exclude assistance, they only harm patients and limit access to the standard of care. My patients are stuck in the middle.

Thank you to Delegate Pat Young for championing patient access and sponsoring this important bill. I respectfully request that you support HB 167 to help my patients afford their medications.

Sincerely,

Dr. Erinn Maury

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