



March 25, 2024

Dear Chair Pena-Melnyk, Vice Chair Cullison, and honorable House Health and Government Operations Committee Members,

The Maryland All Copays Count Coalition writes in strong opposition to the current version of HB 879. As advocates for millions of patients and their families, we believe the Insurer's amendments weaken the ability for the legislation to improve the accessibility and affordability of healthcare services for Maryland residents. HB 879 in its current form is not supported by our patient coalition. **We ask for your support of SB 595.**

To promote compromise and reach an outcome that benefits patients, we have addressed each amendment below:

1. We SUPPORT the addition of generic language

The Maryland All Copays Count Coalition **supports** this amendment that has been added to both HB 879 and SB 595. This amendment represents an area of compromise, as it addresses the committee's concerns around the use of copay assistance for branded medications with a generic alternative available.

2. We OPPOSE the loss of protections against insurer loopholes

The Maryland All Copays Count Coalition **opposes** the Insurer's amendments that removed important protections against alternative funding programs (AFPs) and the Essential Health Benefits (EHB) loophole, which are crucial safeguards for patients. These important provisions ensure that patients are not unduly influenced or coerced into alternative funding arrangements that may not be in their best interests, and they prevent insurers from exploiting loopholes to avoid covering essential healthcare services. We ask that the Committee restore the intent of the bill.

3. We OPPOSE the exclusion of patients in High Deductible Health Plans (HDHP)

The Maryland All Copays Count Coalition **opposes** the Insurer's amendment to HB 879 that purposely excludes patients in HDHPs. Here is an example of the amendment's impact on one health plan. [According to January 2024 data](#), **5,825 enrollees of the CareFirst BlueChoice HSA plan will be**

unnecessarily excluded from having copay assistance count for their out-of-pocket expenses.

4. Insurer-led reporting requirements

Insurers added an amendment not found in any patient-led legislation. Our concern is with any additional compliance burden that will impact the availability of copay assistance. We encourage the committee to craft a solution that benefits patients without creating unnecessary burden on copay assistance programs.

SB 595 puts patients first and excludes insurer and PBM amendments designed to reduce the impact of this critical legislation. Let's join nineteen other states by providing patient-first protections that will help reduce out-of-pocket costs.

Thank you for considering our perspective on this critical issue. We stand ready to work with you to advance policies that promote the health and welfare of all Marylanders.

Sincerely,

American Cancer Society Cancer Action Network
Arthritis Foundation
Crohn's & Colitis Foundation
Hemophilia Foundation of Maryland
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus and Allied Diseases Association, Inc.
MedChi, The Maryland State Medical Society
National Bleeding Disorders Foundation
National Psoriasis Foundation
Spondylitis Association of America
Susan G. Komen
The AIDS Institute
The ALS Association