



February 29, 2024

Delegate Joseline Pena-Melnyk
House Health and Government Operations Committee
Room 240, House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Chair Pena-Melnyk and Members of the House Health and Government Operations Committee,

The Maryland/District of Columbia Society of Clinical Oncology (MDCSCO) and the Association for Clinical Oncology (ASCO) are pleased to support HB 879, which would prohibit health carriers in the state from utilizing co-pay accumulator programs and save patients with cancer on their out-of-pocket costs.

MDCSCO is 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 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

MDCSCO and ASCO are committed to supporting policies that reduce cost, while preserving the quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Co-pay accumulator programs target specialty drugs for which manufacturers often provide co-pay 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 policy means 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.

Co-pay accumulator programs lack transparency and are often implemented without a patient's knowledge or full understanding of their new "benefit." Far from being beneficial, co-pay accumulator programs increase the financial burden for patients, many of whom are facing life-threatening illness. The impact is especially hard on low-income populations. Increasing patient cost can contribute to medical bankruptcy and cause patients to discontinue care, seek non-medical alternatives—or forego treatment altogether. The result is poorer health outcomes and greater cost to the system.

MDCSCO and ASCO are encouraged by the steps HB 879 takes toward eliminating co-pay accumulator programs in Maryland and we strongly urge the House Health and Government Operations Committee to pass it. 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 on behalf of MDCSCO at dkauffman@smwpa.com or Aaron Segel at ASCO aaron.segel@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

Everett Vokes, MD, FASCO
Chair of the Board
Association for Clinical Oncology