

February 27, 2024

House Health and Government Operations Committee

HB 879 – Health Benefit Plans - Calculation of Cost Sharing Contribution - Requirements and Prohibitions

Position: SUPPORT

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Honorable Committee Members,

The Immune Deficiency Foundation (IDF) strongly supports HB 879. **This legislation would ensure that copay assistance programs, a vital source of assistance for Maryland patients to afford their medication, will count towards deductibles and out-of-pocket maximums.**

IDF is dedicated to improving the diagnosis, treatment, and quality of life of people affected by primary immunodeficiency (PI) through fostering a community empowered by advocacy, education, and research.

Individuals with PI have one of the over 450 rare disorders in which a person's immune system fails to function properly because of genetic or intrinsic defects. They are highly susceptible to recurrent, persistent, and severe infections, which, without treatment, can lead to organ damage and often require significant interventions and hospitalization. Fortunately, most people with PI can live healthy, productive lives if they receive lifelong immunoglobulin replacement therapy, an innovative and lifesaving therapy derived from donated plasma. However, immunoglobulin costs, on average, \$7,500 to \$10,000 per month, and there is no generic form of this lifesaving treatment.

To help temper high out-of-pocket costs, many individuals living with PI receive copay assistance for their specialty medication. Many of those receiving assistance enroll in the copay assistance programs offered by the manufacturer that produces their medication. This assistance is vital to those who would be required to pay their entire annual deductible or out-of-pocket maximum at the beginning of their plan year. The amount covered by these programs is intended to be counted toward the individual's deductible or out-of-pocket maximum, decreasing the amount of money one must spend before their benefits are activated for the year.

In recent years, health insurers and pharmacy benefit managers (PBMs) have begun implementing new programs that prevent any copay assistance funds from counting toward patients' deductibles and out-of-pocket maximums. These programs are often referred to as copay accumulators or copay maximizers. These programs eliminate any benefit from copay assistance and result in a significant financial barrier to accessing treatment. When facing high out-of-pocket costs, patients do not use their medications appropriately, skipping doses to save money or abandoning treatment altogether.

Health insurers and PBMs will say that these programs help reduce health care costs by making patients try cheaper alternatives; however, data shows that for all commercial market claims for specialty medications where copay assistance was used, only 3.4% of those claims were for a

product that may have a generic alternative available.¹ Furthermore, instead of refusing to accept copay assistance, insurers and PBMs pocket the assistance funds, and then “double dip” by again collecting the full out-of-pocket costs from the patient.

To date, nineteen other states (including neighbors Virginia, West Virginia, and Delaware), the District of Columbia, and Puerto Rico have passed similar legislation to ensure copay assistance counts towards insurance deductibles and out-of-pocket maximums. We respectfully request your support for HB 879 to ensure Marylanders can fully access the lifeline that copay assistance provides.

Sincerely,

A handwritten signature in black ink that reads "Matthew A. Prentice". The signature is written in a cursive, flowing style.

Matthew Prentice
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¹ <https://www.iqvia.com/locations/united-states/library/fact-sheets/evaluation-of-co-pay-card-utilization>