



Infusion Access Foundation

Maryland General Assembly
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

February 25th, 2025

Re: Support for SB 773

Dear Committee Members,

On behalf of the Infusion Access Foundation, I extend our gratitude for your service to the people of Maryland. We strongly encourage your support for SB 773, which will be heard during the upcoming Maryland Senate Finance Committee hearing on February 26th. This critical legislation addresses two important issues: ensuring that payments made by or on behalf of an enrollee count toward their cost-sharing obligations, and prohibiting insurers from altering coverage based on the availability or amount of financial assistance for drugs. These provisions are crucial in protecting access to care for Maryland patients, especially those relying on high-cost medications.

The Infusion Access Foundation is a nonprofit advocacy organization dedicated to protecting access to infusions and injections. We support patients across all disease states and advocate for expanding access to the therapies that help patients live their best, healthiest lives. In conjunction with our grassroots advocacy work, we advocate for individual patients who face significant barriers to care.

1. Ensuring Payments Count Toward Cost Sharing

Unfortunately, some insurers have implemented "copay accumulator" and "copay maximizer" programs, which prevent copay assistance from counting toward deductibles or out-of-pocket maximums. These policies create insurmountable financial barriers for patients, pushing their treatment out of reach and increasing the risk of disease progression, flare-ups, and complications. SB 773 will address this problem by ensuring that payments made by or on behalf of an enrollee, whether directly by the patient or through third-party assistance, count toward their insurance cost-sharing responsibilities. This provision will help ensure that patients can access the medications



they need without being unfairly burdened by insurance practices that undermine financial assistance.

2. Prohibiting Insurers from Altering Coverage Based on Financial Assistance

Another critical issue addressed by SB 773 is the use of alternative funding programs (AFPs), or specialty drug carve-out programs, by insurers. These programs often exclude high-cost medications from standard coverage, directing patients to external vendors. This practice can result in delayed access to life-saving medications, increased out-of-pocket expenses, and significant administrative hurdles for both patients and healthcare providers, placing patients in a precarious position and exacerbating existing health disparities. SB 773 prohibits insurers from altering or conditioning the terms of a health benefit plan based on the availability or amount of financial assistance for medications. This provision ensures that patients can access necessary treatments without interference from insurer-imposed barriers. It promotes health equity, supports continuity of care, and reduces financial strain on patients and providers alike.

The passage of SB 773 represents a commitment to protecting the health and well-being of Maryland residents. We urge you to stand with patients and healthcare providers by supporting this critical legislation during the February 26th hearing.

Thank you for your leadership and dedication to improving access to care for the people of Maryland.

Sincerely,

A handwritten signature in black ink, appearing to read "Alicia B.", written in a cursive style.

Alicia Barron, LGSW
Executive Director
Infusion Access Foundation



The Nation's Advocacy Voice for In-Office
Infusion

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

Maryland General Assembly
Senate Finance Committee
3 E Miller Senate Office Building
Annapolis, MD 21401

February 25, 2025

Re: Support for SB 773

Dear Committee Members,

On behalf of the National Infusion Center Association (NICA), I would like to thank you for your service to the people of Maryland. We strongly urge your support for SB 773, which will be heard during the upcoming Maryland Senate Finance Committee hearing on February 26th. This critical legislation addresses two important issues: ensuring that payments made by or on behalf of a patient count toward their cost-sharing responsibilities and prohibiting insurers from altering coverage based on the availability or amount of financial assistance for medications. These provisions are vital not only to protecting patients but also to safeguarding the ability of healthcare providers to deliver high-quality care.

NICA is a nonprofit organization formed to support non-hospital, community-based infusion centers caring for patients in need of infused and injectable medications. To improve access to medical benefit drugs that treat complex, rare, and chronic diseases, we work to ensure that patients can access these drugs in high-quality, non-hospital care settings. NICA supports policies that improve drug affordability for beneficiaries, increase price transparency, reduce disparities in quality of care and safety across care settings, and enable care delivery in the highest-quality, lowest-cost setting.

One of the most significant challenges we face as providers is the implementation of "copay accumulator" and "copay maximizer" programs by some insurance companies. These programs prevent copay assistance, whether paid directly by patients or through third-party assistance, from counting toward the patient's deductible or out-of-pocket maximum. As a result, patients



The Nation's Advocacy Voice for In-Office
Infusion

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

are often unable to afford the treatments they need, or they delay seeking care until their financial situation becomes untenable. For providers, this creates a ripple effect of administrative burdens.

Healthcare professionals are forced to spend significant time and resources communicating with insurance companies, reprocessing claims, and attempting to secure approvals for treatments. This takes time away from providing care and drives up operational costs for healthcare facilities, particularly those in ambulatory infusion settings that already function as cost-effective alternatives to hospital care. SB 773 will help alleviate these pressures by ensuring that all payments made on behalf of patients count toward their cost-sharing obligations. This will allow providers to deliver care more efficiently and ensure patients can stay on their prescribed treatments without unnecessary financial obstacles.

Another troubling trend we are seeing is the rise of alternative funding programs (AFPs), also known as specialty drug carve-out programs. These programs exclude expensive medications from standard coverage and direct patients to external vendors, causing significant delays in the delivery of essential treatments. This is not just a problem for patients; it also creates major disruptions for healthcare providers.

Providers are often left managing the fallout of these carve-out programs, including having to find alternative treatment solutions and navigate the complicated processes these programs introduce. This diverts valuable time and resources from patient care, and for many infusion centers, it adds significant administrative burdens that are not reimbursed. AFPs also increase the financial burden on patients by creating additional layers of complexity in accessing their medications. When patients are delayed in receiving their treatments, it can lead to worsened health outcomes, including disease progression and complications that result in more intensive and costly interventions.

SB 773 will protect healthcare providers by prohibiting insurers from conditioning health plan coverage based on the availability or amount of financial assistance. This will prevent insurers from using financial assistance as a lever to alter coverage terms, thus protecting the integrity of the treatment process and reducing the administrative load placed on healthcare providers.



The Nation's Advocacy Voice for In-Office
Infusion

3307 Northland Dr, Ste 160 ▪ Austin, TX 78731
www.infusioncenter.org ▪ info@infusioncenter.org

By ensuring that patients have uninterrupted access to necessary treatments, SB 773 will help healthcare providers focus on what matters most: providing the care their patients need.

The passage of SB 773 is a critical step toward reducing the administrative and financial burdens that these harmful practices place on healthcare providers, while ensuring that patients continue to have access to the life-saving treatments they rely on. We urge you to support this essential legislation during the upcoming Senate Finance Committee hearing. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Brian Nyquist". The signature is written in a cursive style with a large, prominent "B" and "N".

Brian Nyquist, MPH
President & CEO
National Infusion Center Association