



March 18, 2025

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

The Maryland All Copays Count Coalition writes to you with significant concerns on the amended HB 1246 and ask for your support of SB 773. As advocates for millions of patients and their families, we are concerned that one amendment in HB 1246 will have unintended consequences. The language that concerns us is in section C (2), requiring pharmaceutical manufacturers to:

“Provide the discount, financial assistance payment, product voucher, or other out-of-pocket expense for the duration of the plan year.”

There has been considerable compromise achieved over the last two years with Senate and House versions of this legislation. We respect your intent to create requirements on how manufacturers communicate to individuals about copay assistance, acknowledging that the state of Maine has done something similar. Additionally, we applaud the Senate for adding notification requirements that seek compromise with the efforts of the House.

However, with a myriad of amendments, the House is crafting a one-size-fits-all solution that will impact patients across disease states and treatment plans. **There is no precedent for this amendment in the country, thus we are understandably concerned about unintended negative consequences for Marylanders.**

On face value, we can understand the idea of requiring assistance for the duration of the plan year. It assumes that a patient will always need copay assistance and therefore will need it from the beginning to the end of their plan year. However, that isn't always the case. For many patients, their condition requires a specific treatment plan, perhaps only for a few months. In that situation, they only would seek assistance for the duration of their treatment. It is unclear how requiring assistance for the duration of the plan year would benefit these patients who only need assistance for a small amount of time.

This requirement also assumes that an individual *always* needs assistance. Patients often experience a financial hardship that creates the need for assistance. This language would suggest that if a patient receives copay assistance at any point in the plan year, the manufacturer would now be required to provide additional assistance (even if the patient isn't seeking additional assistance). Additionally, in the event a patient is on multiple

medications from different manufacturers, this amendment requires that patients would be receiving “plan duration” assistance for multiple medications, even if they are no longer seeking assistance. Excessive and unwarranted amounts of assistance being provided to a patient doesn’t appear to be the goal of the amendment but could be a reality due to the varying circumstances that patients face.

The main goal of our effort for the last two years is to ensure that copay assistance counts towards a patient’s out-of-pocket costs. For the communities we serve, affordability is based on their ability to reach their out-of-pocket maximum. Currently, patients will often receive a large amount of assistance at the moment they apply for it. To comply with this amendment, would manufacturers be expected to *spread* the assistance out through the plan year? We are concerned that this language results in patients not receiving the amount of assistance they need, when they need it.

A patient’s condition, treatment plan, financial situation, and overall personal circumstances impact the assistance they seek and how it is provided. In the absence of a clear problem that this amendment seeks to address, we only have concerns about its eventual effect. While we understand the stated intent of not wanting patients to “fall off a cliff” due to available assistance, we believe the offered solution will lead to many potential unintended consequences that would bring more confusion – and potentially harm – to patients.

For two years, the Coalition has advocated in Annapolis with the goal of ensuring that copay assistance counts for Marylanders. We’ve worked through numerous areas of contention and have found considerable compromise. We now find ourselves in the unfortunate position of debating how manufacturers provide assistance, instead of ensuring all copays count.

Please support SB 773, a bill that incorporates compromise and puts patients first.

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,

ALS Association
American Cancer Society Cancer Action Network
Arthritis Foundation
Chronic Care Policy Alliance
Crohn’s & Colitis Foundation
EveryLife Foundation for Rare Diseases
Hemophilia Federation of America
Hemophilia Foundation of Maryland
HIV+Hepatitis Policy Institute
Immune Deficiency Foundation

Lupus and Allied Diseases Association
MedChi, The Maryland State Medical Society
National Bleeding Disorders Foundation
National Multiple Sclerosis Society
National Psoriasis Foundation
Spondylitis Association of America
Susan G. Komen
The AIDS Institute