

January 18, 2021

Chair Delores G. Kelley  
Senate Finance Committee  
Miller Senate Office Building, 3 East Wing  
11 Bladen St.,  
Annapolis, MD 21401

**RE: SB 290 Letter of Support**

Dear Chair Kelley and Finance Committee Members,

On behalf of the American Kidney Fund, including the 16,531 Maryland citizens currently living with end-stage-renal disease, we are writing to respectfully ask for your support of SB 290, which would require any carrier issuing a health plan to count any payments made by a person or on a person's behalf when calculating the enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under the carrier's health plan.

The American Kidney Fund (AKF), based in Rockville, Maryland is the nation's leading nonprofit organizations working on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease, from prevention through transplant. With programs that address early detection, disease management, financial assistance, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. We are also one of the nation's top rated nonprofits, investing 97 cents of every donated dollar in programs, AKF has also received the highest 4-Star rating from Charity Navigator for 18 consecutive years, as well as the Platinum Seal of Transparency from Guidestar.

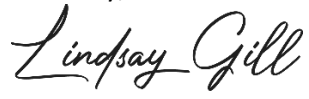
Due to high cost-sharing requirements and the expensive cost of prescription medications, many patients with chronic and rare diseases depend on financial assistance for their specialty medications. Recently, health plans have been instituting a practice where copayment assistance is no longer counted towards their out-of-pocket cost limits. Known as accumulator programs, this practice coupled with the rise of high deductible health plans makes it difficult, if not impossible, for patients to adhere to their treatment plan.

Many of these plan changes have also been implemented with little to no notification to the member. Patients may not be aware of the change in their plan until they arrive at the pharmacy to pick up their prescription and find out that they must pay for the full cost of the drug. Often times, patients walk away without their needed medication because they simply cannot afford to pay. For those patients that do receive notification, the language can be difficult to understand, even for the most seasoned of healthcare experts. Further, some notifications mislead patients into believing that they will be protected when in fact they are not.

This bill seeks to address the issues above and would provide essential protections to ensure patients can both afford and stay stable on their medications. We ask for your support on SB 290.

Thank you in advance for your time and for your consideration of this important issue. If you have any questions or would like any additional information people do not hesitate to contact me directly at [lgill@kidneyfund.org](mailto:lgill@kidneyfund.org).

Sincerely,



**Lindsay Gill**

*Associate Director of State Policy and Advocacy*

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