



*The Maryland State Medical Society*

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## **Maryland Matters Commentary**

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### **Maryland lawmakers must continue breaking down insurance barriers to health care**

Maryland patients, particularly those living with chronic illnesses, rely on consistent access to treatments to manage symptoms and live healthy lives. Daily management of a chronic or complex condition can already place a significant burden on patients and their families, yet some Maryland health insurance companies are making chronic illness management harder by adopting policies that block access to timely care.

We are pleased that Maryland lawmakers took positive steps this session to prioritize critical reforms (Senate Bill 791 and House Bill 932) that add greater transparency and accountability to the processes used by insurance carriers and their pharmacy benefit manager (PBM) partners. In addition, we applaud the Maryland Insurance Administration (MIA) for issuing enforcement guidance to ensure that insurers and PBMs can no longer deny patients from being able to continue effective medication.

While these actions are paramount for ensuring that patients can receive timely medical care and for reducing the unfair administrative burdens that these insurance policies place on physicians, the fight is not over.

Maryland still lags many states in patient and physician protections. While no one can argue that health care is not expensive, many states have successfully implemented policies that meaningfully decrease costs for patients. One such policy is the elimination of copay accumulator programs, where insurance companies can prohibit any copay assistance from counting toward patients' deductibles and out-of-pocket maximums, all leading to higher costs and less access for the consumer.

Copay accumulators end up causing out-of-pocket bills to be paid twice by patients – once from copay assistance programs and then again from the patient's own wallet. Over [99%](#) of copay assistance programs are used for illnesses with no generic treatment equivalent, so these programs are a lifeline for patients living with complex or chronic conditions who do not have access to generic alternatives to treat their symptoms.

To date, 19 other states and the District of Columbia have afforded patients with this protection. Maryland legislators considered legislation this past session, and while it did not pass, the proposed bill did get closer to passage this year than in past years.

In addition to reforming policies used by insurance carriers and PBMs, Maryland must tackle even greater challenges.

It is well-known that payments by insurance carriers to Maryland's physicians, health care practitioners and health care settings are among the worst in the country. Low payments affect access to care on many levels. Recruitment becomes even more challenging when physicians and other health care practitioners can no longer afford to work in Maryland or become so overwhelmed because of shortages that they leave the profession entirely. This then causes shortages in all areas of health care and delays patients being able to timely make appointments or schedule necessary procedures.

Our country is already in the midst of an ongoing and growing primary care physician (PCP) shortage. Maryland's current resident-to-PCP ratio is 12% lower than the national average. Forecasts demonstrate that Maryland will need 23% more primary care physicians by 2030.

Unfortunately, this is a trend among all physician types. Maryland must get to the root of this problem, such as greater choice and diversity within the insurance carrier community to determine how to correct this downward trajectory.

Likewise, Maryland must continue to ensure adequate insurance networks. Years ago, the Maryland General Assembly and the MIA prioritized the need for insurance carriers to have broad networks and, for a time, those efforts were successful. However, too often we are hearing of physician groups and other health care settings being prohibited from joining an insurer's network for reasons often not clearly articulated, which limit access to care.

Again, I applaud Maryland lawmakers and regulators for making great strides this year to protect patients and physicians from insurance barriers. The General Assembly must continue this progress by addressing copay accumulator programs and other broader issues, such as payment and access to insurance networks, to ensure that patients can access the care they need, and that Maryland can continue to have a robust health care system in future years.

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