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February 17, 2022

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD, 21401

RE: HB 675 Health Insurance - Changes to Coverage, Benefits, and Drug Formularies - Timing

Dear Chair Pendergrass and Committee Members:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for House Bill 675 (HB 675), titled “Health Insurance – Changes to Coverage, Benefits, and Drug Formularies – Timing.”

The purpose of HB 675 is to prohibit health insurance providers from changing coverage for services or benefits during the term of a health insurance policy or contract. HB 675 also prohibits health insurance providers that cover prescription drugs from removing drugs from their formulary or moving drugs to a benefit tier with higher out-of-pocket costs during the term of the insurance policy or contract.

The Council supports HB 675 as it seeks to promote good health and chronic disease management by limiting disruptions to medical care and prescription regimens. More than one-third of Maryland adults live with chronic diseases such as cardiovascular disease, diabetes, and chronic lower respiratory disease, which are among the leading causes of death in the state.^{1,2} People living with common chronic diseases often rely on consistent medical care and medication to properly manage their health.

Disruptions to medical services, benefits, or prescriptions can be devastating to individuals’ health and costly for the health system. Changes in health insurance coverage are associated with less access to routine medical care, delays in seeking care, and increases in unmet health needs.^{3,4} The cost of medication and complexity of treatment are two of the most common reasons why people with chronic conditions do

¹ Maryland BRFSS 2019. Prevalence of Chronic Disease Risk Factors and Outcomes.

<https://health.maryland.gov/phpa/ccdpc/Reports/Documents/2019%20MD%20BRFSS%20-%20Chronic%20Disease%20Risk%20Behaviors%20and%20Outcomes.pdf>

²Centers for Disease Control and Prevention: National Center for Health Statistics. Stats of the State of Maryland 2017.

<https://www.cdc.gov/nchs/pressroom/states/maryland/maryland.htm#:~:text=MD%20Leading%20Causes%20of%20Death%2C%202017%20%20%20%202049.4%20%206%20more%20rows%20.> Retrieved 4 February, 2022.

³ Burstin, H.R., Swartz, K, O’Neil, A.C., Orav, E.J., and Brennan, T.A. (1999). The Effect of Change of Health Insurance on Access to Care. *Inquiry* 35(4), 389-397. <https://www.jstor.org/stable/29772784>.

⁴ Frederico, S.G. et al. (2007). Disruptions in Insurance Coverage: Patterns and Relationship to Healthcare Access, Unmet Need, and Utilization Before Enrollment in the State Children’s Health Insurance Program. *Pediatric* 120(4), e1009-e1016.

<https://www.publications.aap.org/pediatrics/article-abstract/120/4/e1009/71289/Disruptions-in-Insurance-Coverage-Patterns-and?redirectedFrom=fulltext>

not follow their prescribed treatment regimen.^{5,6} People with chronic illnesses who are not able to adhere to their medication regimens are nearly 70 percent more likely to be hospitalized than those who are adherent.⁷ Lack of medication adherence is estimated to cost the healthcare system between \$100 billion and \$290 billion every year.⁸

HB 675 provides basic consumer protection for health insurance customers by preventing insurance providers from changing coverage during a policy term. Many insured individuals may not be aware that insurance companies are currently allowed to change coverage during the policy term, and they may only find out when coverage for care they need is no longer available.

The Council respectfully asks this Committee to approve HB 675 as an important public health measure to protect the health of people living with chronic conditions and ensure that Maryland health insurance customers have consistent access to the services, benefits, and medications they need.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Kiel". The signature is written in black ink and is positioned to the right of a long, thin, curved line that starts under the first letter and extends to the left.

Jessica Kiel, M.S., R.D., Chair, State Advisory Council on Health and Wellness

⁵Banerjee, A. et al. (2016). Health system barriers and facilitators to medication adherence for the secondary prevention of cardiovascular disease: a systematic review. *Open Heart* (3), e438. <https://openheart.bmj.com/content/3/2/e000438>.

⁶ Yap, A.F., Thirumorthy, T., Kwan, Y.H. (2015). Systematic review of the barriers affecting medication adherence in older adults. *Geriatrics and Gerontology International* 16: 1093-1101. <https://onlinelibrary.wiley.com/doi/abs/10.1111/ggi.12616>

⁷ Centers for Disease Control and Prevention: Public Health Grand Rounds (2017). Overcoming Barriers to Medication Adherence for Chronic Diseases. <https://www.cdc.gov/grand-rounds/pp/2017/20170221-medication-adherence.html>.

⁸ Rosenbaum, L. and Shrank, W.H. (2013) Taking Our Medicine — Improving Adherence in the Accountability Era. *New England Journal of Medicine* 369: 694-695. <https://www.nejm.org/doi/pdf/10.1056/NEJMp1307084>.