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*Proudly Serving the Maryland Bleeding Disorder Community* 

## MARYLAND NON-MEDICAL SWITCHING BILLS 2022 (SB 621/HB 675)

### Mid-year Formulary Changes Are Unfair and Harm Patients

Insurers should not be allowed to make patients switch medication during the insurance plan year for non-medical reasons.

- Such insurer-mandated changes can **hurt patient health and undermine adherence** to the patient's prescribed plan of treatment.  
For patients with bleeding disorders, it's important to know that:
  - Bleeding disorders medications are complex biological products.
  - There are no generics and no interchangeable products.
  - Different products for a given condition may vary in multiple ways, e.g.:
    - approved indication (e.g., all ages, or adult only; prophylaxis vs. episodic use; etc.)
    - how they are reconstituted
    - mechanism of action (e.g., factor replacement, bypassing agent, or other)
    - how they are administered (e.g., IV vs. sub-Q)
    - half-life
  - Some people with bleeding disorders have had immunogenic responses (inhibitors) to particular products.
  - Due to all these factors, people with bleeding disorders respond differently to different products. Treatment decisions are complex and have to be left up to doctors working with the patient.
  - Requiring a person with a bleeding disorder to switch for non-medical reasons could result in less effective control of bleeding, irreversible deterioration of bleeding-damaged joints, a need for additional medication or clinic visits, and/or greater challenges for patient adherence to therapy.
- Mid-year changes also amount to an unfair “bait and switch” on the part of the insurer. If a plan commits to covering certain medications and services at the start of the plan year, it should be required to continue that coverage during the plan year. **This is particularly important to people with chronic health conditions, who typically pick their health plan based on whether or not it covers the treatments they need** – and cannot switch plans outside of open enrollment if their plan drops coverage for their drug.

**For these reasons, patients who are medically stable on a doctor-prescribed course of treatment must be allowed to continue on that therapy unless there is a medical reason to change their treatment.** An insurer should not be able to force patients to switch products for non-medical reasons during the plan year.

- SB 621 and HB 675 would protect patients against adverse mid-year formulary changes (including tiering changes and out-of-pocket cost increases). These bills would ensure that patients who are medically stable on a course of treatment can continue on that treatment unless there is a medical reason to change their treatment. **We urge you to support this legislation.**