

 **ENSURING ACCESS THROUGH  
COLLABORATIVE HEALTH**

August 26, 2024

Maryland Prescription Drug Affordability Board  
16900 Science Drive, Suite 112-114  
Bowie, MD 20715

**RE: Public Comments on Draft Upper Payment Limit Action Plan**

Dear Members and Staff of the Maryland Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) Coalition is a network of national and state patient organizations and allied groups that advocate for treatment affordability policies that consider patient needs first.

We appreciate the opportunity to provide comments to the board on the draft Upper Payment Limit Action Plan to ensure that the process ultimately protects and improves health care for patients. We respectfully urge the board to consider the concerns of patient organizations outlined in this letter. We offer our organization as a resource to board members seeking to connect with patient organizations and patients.

**Implement Rigorous Standards and Proceed with Appropriate Due Diligence**

We applaud the board's dedication to improving healthcare in the state and each board member's willingness to commit time and energy to a noble endeavor. The board has been tasked with addressing high drug costs for patients, a mission we share. However, we also urge the board to conduct proceedings with care and caution.

The authorizing statute in Maryland allows for interventions in cases where a drug's cost "has led or will lead to affordability challenges for the State health care system or high out-of-pocket costs for patients." Without the implementation of rigorous standards for analysis and careful decision making, such a broad mandate could allow for unnecessary and overly broad interventions into the healthcare marketplace.

We urge the Maryland board and staff to take the utmost care at the beginning of the cost review process to carefully outline standards, metrics, and processes that will guide the board's decisions and help prevent overreaching conclusions or interventions, now and in the future.

**Seek the Best Policy Solution to Address the Patient Problems**

We are encouraged that the board acknowledges in their draft plan that "a UPL may not be the preferred policy solution to every affordability challenge". While well intentioned, we are concerned that cost reviews and upper payment limits (UPLs) can have unintended consequences for patients and result in worse outcomes for those who rely on the drugs under review.

Because the board has expressed a willingness to explore alternative policy solutions, we encourage them to do so prior to conducting their initial round of cost reviews. Proceeding without doing so increases the likelihood that the board will resort to implementing UPLs simply because other policy solutions have not been explored and are therefore not available to implement.

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Therefore, we urge the board to suspend its planned cost reviews and dedicate board meetings for the remainder of the year to exploring other potential policy options. According to the old adage, when you only have a hammer, everything looks like a nail. Currently, the board simply does not have enough tools to address patient needs and lower drug costs.

**Ensure a Methodical Review and Process**

The board outlines in its draft plan that the preliminary determination that a drug poses affordability challenges will allow the board to start its policy review process. While we understand the board's need to function with efficiency, we are concerned that finalizing the cost review process while also beginning consideration of a UPL will rush a critical decision-making process.

We urge the board to conduct and finalize its cost reviews as an independent process. This will allow both the board and stakeholders appropriate time to thoroughly review and consider the data presented. Stakeholders, including patients and their advocates, will have the opportunity to provide input, questions, and share their personal experiences with board members before any final cost review decisions are made.

Once concluded, the board should then proceed with reviewing all policy reviews to address any affordability challenges identified. This will also allow for a more comprehensive review of any and all policy solutions, rather than deferring only to UPLs as the next course of action.

**Focus on Patient Experiences and Perspectives**

Finally, we urge the board to ensure that patient experiences are a critical focus of the process to identify the appropriate policy remedy. Rather than immediately proceeding to a UPL, the board should instead take the opportunity to seek broad patient input to better understand the source and reasons for affordability challenges.

We urge that the board utilize the policy review process to gather more in-depth input from patients in the form of roundtables or focus groups. We urge the board to utilize this organization and its members as a direct conduit to understanding and incorporating patient and caregiver perspectives, as well as those of patient organizations who have an understanding of the life cycle of disease from the lens of prevention, diagnosis, and disease management.

While our health system and the policies that impact it are complicated, one principle is simple: every change that we make and policy we implement should ultimately benefit patients. We urge the board to keep this principle as a singular focus of the policy review process.

We appreciate your laudable efforts to improve our health system and your steadfast commitment to protecting patients. We look forward to working together to achieve these goals.

Sincerely,



Tiffany Westrich-Robertson  
Ensuring Access through Collaborative Health (EACH) Coalition