



ENSURING ACCESS THROUGH COLLABORATIVE HEALTH

October 30, 2024

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

RE: Comments for Consideration During November 4 Stakeholder Council Meeting

Dear Chairs and Members of the Maryland Prescription Drug Affordability Stakeholder Council:

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.

Despite its recent approval, we continue to have concerns with the Upper Payment Limit Action Plan and the ultimate impact implementing UPLs could have on patients in the state. We urge the board and council to consider these concerns as they proceed with cost reviews and consideration of UPLs. We offer our organization as a resource to board and council members seeking to connect with patient organizations and patients.

Explore Alternative Policies Prior to UPL Implementation

Both the board and council members have repeatedly emphasized that UPLs are “only one tool in the toolbox” to address drug costs. In fact, the Upper Payment Limit Action Plan provides a pathway to consider alternative policy solutions, which we find encouraging.

Unfortunately, the PDAB currently has no authority to implement alternative policies nor has it outlined any alternatives under consideration. Proceeding with the UPL process without taking these important steps increases the likelihood that the PDAB will resort to implementing UPLs simply because other policy solutions have not been explored and are therefore not available to implement.

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

Consider Patient Impact First

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.” This broad statute and emphasis on affordability to the state could prompt the PDAB to overlook the unique value the drugs under review provide to the patient populations that rely on that treatment.

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. We urge the board and council to employ a patient-first perspective when conducting cost reviews. Ultimately, implementing policies that could place



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public interests over those of the patients who utilize the drugs could penalize patients and put their health and well-being at risk.

Ensure Patients Will Benefit from Cost Reviews

UPLs fail to address many of the underlying causes and complicated factors that result in higher prescription drug costs for patients. There are also no current mechanisms in place to guarantee that payers who benefit from UPLs will pass along savings to patients.

Therefore, we urge the board and council to focus their time on identifying and addressing patient-reported obstacles to drug affordability. Failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges. Additionally, regulators should clearly define cost-saving targets, including what percentage will be for patients and what will be the state or the broader healthcare system.

Enact Patient Protections

At their core, cost reviews necessitate selecting individual drugs for review and implementing market interventions for the selected drugs. This alone puts PDABs in a position of picking winners and losers between drugs and within the broader population of Maryland patients.

While UPLs are intended to lower costs for patients, the reality is that they will create a new incentive structure for payers that could compromise patient access to the selected medications due to increased utilization management or reshuffling of formularies. We appreciate the board and council's recognition that this could be a consequence of UPL implementation; however, we are disappointed that the PDAB only intends to monitor for these changes after the UPL has been implemented.

Instead, we urge the board and council to work with the state legislature to put in place safeguards for patients prior to moving forward with UPL policies to protect patients from increased utilization management, compromised access to drugs under review, and other unintended consequences of the PDAB's actions.

Focus on Patient Experiences and Perspectives

Finally, we continue to urge the board and council 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 PDAB 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 and council utilize the cost review process to gather more in-depth input from patients in the form of roundtables or focus groups. We also encourage the board and council 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 council to keep this principle as a singular focus of the policy review process.



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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