



**VIA EMAIL**

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October 23, 2025

The Honorable Kyle Mullica, Chair  
Senate Health and Human Services Committee  
200 E. Colfax Ave., Room 346  
Denver, CO 80203

**RE: Protect Patients from Adverse Impact of Upper Payment Limits**

Dear Chairman Mullica,

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) urge your committee to take immediate action to protect patients following the Colorado Prescription Drug Affordability Board's (PDAB) approval of the nation's first PDAB-implemented Upper Payment Limit (UPL).

While we all share the goal of lowering patient costs for prescription drugs, we have long opposed PDAB and UPL models because they remain untested, unproven, and risk creating new barriers between patients and their medically necessary treatments.

At their core, PDABs and UPLs focus on system-level spending rather than patient-level costs. They cap what insurers or the state pay, not what patients pay. In our complex healthcare system, price ceilings rarely translate into patient savings, and instead can lead to new restrictions, including formulary reshuffling, prior authorization requirements, and non-medical switching. In practice, this means patients risk losing access to the medications that work best for them.

By approving the nation's first UPL, Colorado has taken on a major policy experiment with no proven track record. In other words, *the state is building the plane while flying it*. No one yet knows how insurers, PBMs, or providers will respond, or how patients might be affected.

**Having established the PDAB and empowered it to set UPLs, Colorado legislators have a duty to ensure this authority is exercised responsibly and does not put patients in harm's way.** We urge you to ensure this experiment does not cause harm by passing measures to **increase oversight and implement proactive patient protections.**

***Transparent Monitoring***

Colorado legislators should require the PDAB to establish a robust monitoring program and grant them any additional authority necessary to do so. At a minimum, monitoring should:

- Collect and publish data from insurers and pharmacy benefit managers (PBMs) on formulary placement, tiering, utilization management, and cost-sharing changes for UPL drugs.
- Track provider-level impacts, including reimbursement rates, prescribing patterns, and patient access in physician offices, infusion centers, and pharmacies.
- Include independent evaluation to determine whether payer savings are being passed on to patients or retained by insurers and PBMs.

### **Legislative Guardrails**

At the same time, legislators should establish statutory protections to ensure UPLs do not create new barriers to care. Guardrails should include:

- Prohibiting non-medical switching of patients stabilized on a therapy.
- Banning new prior authorization or step therapy hurdles on UPL-affected drugs.
- Preventing adverse formulary shifts that push UPL drugs to higher tiers or exclude copay assistance.
- Protecting provider reimbursement so physicians, clinics, and pharmacies are not forced to absorb unsustainable financial losses.

Importantly, the PDAB should not set additional UPLs until a monitoring and accountability framework is in place and tested. It took the board nearly two years to establish its first UPL. Expanding this untested process without safeguards risks overwhelming staff and creating systemic disruption.

### **A Better Path: Patient-Centered Reforms**

Our [Patient Experience Survey](#) confirms that affordability challenges are shaped less by list prices and more by insurance design, PBM practices, cumulative costs, and access to financial assistance.

Colorado is already leading the nation in efforts to hold PBMs accountable to patients by passing legislation to delink PBM compensation from drug prices and banning copay accumulators on state health plans. We applaud these efforts and encourage you to continue to prioritize reforms that patients say matter most, including the following:

#### **PBM Accountability**

- End spread pricing by requiring PBMs to disclose reimbursement rates.
- Require pass-through of rebates and discounts to patients.
- Mandate transparency of PBM contracts, rebate flows, and formulary design.

#### **Out-of-Pocket Caps and Smoothing**

- Establish patient out-of-pocket caps on prescription drugs.
- Implement smoothing mechanisms to spread costs evenly over the year, preventing unaffordable spikes at the start of benefit periods.

#### **Expand Assistance Programs**

- Protect access to copay assistance programs.



- Expand state-based assistance programs for patients with low incomes, disabilities, or gaps in coverage.
- Create a state clearinghouse to simplify access to available financial support.
- Prohibit insurers from using accumulator or maximizer programs that strip away patient assistance.

We respectfully urge you to adopt legislative guardrails and monitoring for adverse impact to patients before any additional UPLs are established by the Colorado PDAB. At the same time, we urge you to continue passing reforms that address patient-reported obstacles to care.

We thank you for your commitment to drug affordability and stand ready to work with you to design reforms that prioritize patient access and real affordability solutions.

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

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

A handwritten signature in cursive script that reads "Vanessa Lathan".

Vanessa Lathan  
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Patient Inclusion Council (PIC) Coalition Lead

cc: Members of the Senate Health and Human Services Committee