



January 21, 2026

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

**RE: Public Comments on Policy Reviews for Ozempic and Trulicity**

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

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

We appreciate the opportunity to submit comments as the board considers policy recommendations following its affordability review of Ozempic and Trulicity. We share the board's goal of improving affordability for Maryland patients; however, for both Ozempic and Trulicity, the criteria that led to the board to deem these drugs as causing affordability challenges were related to system challenges, not patient costs. We respectfully urge the board to oppose the implementation of an Upper Payment Limit (UPL) for these therapies and instead prioritize alternative policy approaches that more directly address the drivers of patient affordability challenges.

**UPLs Do Not Guarantee Savings for Patients**

While a UPL may alter what insurers or the state pay for a medication, it does not cap or guarantee reductions in patient out-of-pocket costs. As our coalition has consistently emphasized, patient affordability is shaped by many factors, including insurance design, not solely by a drug's price. According to data from the [Pioneer Institute](#), early evidence shows that patient out-of-pocket costs for drugs subject to Maximum Fair Price (MFP) have actually increased. This outcome underscores a critical reality: price controls alone do not ensure savings reach patients.

UPLs risk creating new incentives for insurers to shift costs or restrict access through adverse tiering, formulary reshuffling, or expanded utilization management. For patients, these actions can result in treatment disruptions or forced switches to less effective options, with potentially serious health consequences. Our [Patient Experience Survey](#) found that insurance-related barriers are already significant contributors to patient unaffordability. Policies that focus narrowly on price, without addressing these structural barriers, risk missing the root causes of the challenges patients face every day.

**Delinking PBM Compensation Is a More Effective Path Forward**

We strongly support the board's consideration of non-UPL alternatives and endorse the proposal to delink PBM compensation from drug prices. The current rebate-driven PBM model creates perverse incentives to favor higher-priced drugs, as PBMs profit from larger rebates tied to inflated list prices. Delinking PBM compensation from drug prices and rebates is critical to realigning incentives toward lower costs and improved access for patients.



This approach offers a more targeted and sustainable solution to affordability challenges and addresses the mechanics of the drug supply chain rather than imposing blunt payment caps that may shift costs and restrict access. States such as Colorado have already taken steps in this direction, and similar reforms are being actively considered at both the state and federal levels.

As the board continues its deliberations, we urge it to establish a clear and transparent framework for evaluating non-UPL policy options and to ensure these alternatives are given equal weight alongside UPL proposals. Based on available evidence and lived patient experience, PBM delinking and related insurance reforms are far more likely to reduce patient costs without introducing new access barriers or disrupting care.

### **Conclusion**

We appreciate the board's willingness to consider alternatives to UPLs and its ongoing engagement with patient stakeholders. We stand ready to work collaboratively with the board to advance policies that address the real drivers of patient affordability while preserving timely access to the treatments patients rely on.

Sincerely,

A handwritten signature in cursive script, reading "Tiffany Westrich-Robertson".

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

A handwritten signature in cursive script, reading "Vanessa Lathan".

Vanessa Lathan  
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Patient Inclusion Council (PIC) Coalition Lead