



March 18, 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 also respectfully ask that the board consider our separately submitted letters regarding the proposed Upper Payment Limit (UPL) frameworks for Jardiance and Farxiga, which outline additional concerns specific to those therapies.

We also appreciate the opportunity to submit comments as the board continues its affordability review process and considers policy pathways. We share the board's goal of improving affordability for Maryland patients; however, we remain concerned that UPL-focused approaches are unlikely to resolve the challenges patients actually face and may introduce new risks to access. We respectfully urge the board to prioritize non-UPL policy options that more directly address patient-reported barriers to affordability and access.

Price-Focused Policies Overlook the True Drivers of Affordability

Our latest research, the [Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0](#), reinforces that affordability cannot be understood or addressed through price alone.

Patients defined affordability as the ability to consistently obtain their medications within their overall household budget, not as a fixed price point. Affordability thresholds varied widely, and many patients reported that the same medication shifted between being affordable and unaffordable over time due to changes in out-of-pocket costs.

Most notably, insurance-related barriers, not drug price, were the primary drivers of patient-reported unaffordability. In our survey, 95% of patients who stopped taking their medication and 72% who never started treatment cited insurance-related challenges such as coverage denials, cost-sharing, or barriers to financial assistance.

These findings underscore a critical point: policies that do not directly address insurance design, cost variability, and access to assistance are unlikely to reduce patient hardship.

Non-UPL Policy Remedies Better Address Patient-Reported Needs

We strongly support the board's consideration of non-UPL alternatives and encourage prioritization of reforms that align with patient-reported drivers of affordability challenges.



In particular, policies that address misaligned incentives within the drug supply chain, such as delinking PBM compensation from drug prices and rebates, offer a more direct path to improving affordability and access. Reforms that realign these incentives, increase transparency, and ensure savings are passed through to patients are more likely to produce meaningful and sustained improvements.

Additionally, the Survey 2.0 findings highlight the importance of policies that:

- Make patient costs more manageable and predictable, including caps on out-of-pocket spending and mechanisms that smooth costs over the year.
- Protect and expand access to financial assistance, and ensure assistance counts toward deductibles and out-of-pocket maximums.
- Limit insurance practices that disrupt care, such as non-medical switching and excessive utilization management.
- Address structural incentives in the healthcare system that raise patient costs without improving care, including misaligned PBM compensation and lack of transparency.

These types of reforms directly target the conditions that patients identify as driving affordability challenges and are therefore more likely to reduce hardship without introducing new access risks.

Conclusion

We appreciate the board's continued engagement and its willingness to consider a range of policy options. As the board advances its work, we respectfully urge it to prioritize patient-centered, non-UPL approaches that address the real drivers of affordability challenges identified through lived patient experience.

We stand ready to serve as a resource and to share additional findings from our Survey 2.0 research to support the board's efforts to develop policies that meaningfully improve affordability while protecting patient access to needed treatments.

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
vanessa@aiarthrititis.org
Patient Inclusion Council (PIC) Coalition Lead