EACH PIC COALITION

June 1, 2026

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

RE: COMAR 14.01.04 Cost Review Study Process

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 board's decision to extend the public comment period for the proposed rulemaking on changes to the cost review process.

Prioritize Patient Experiences and Hardships to Determine Affordability

Ultimately, the board's cost review is about increasing affordability of prescription medications. A narrow focus on systemic or payer-level costs overlooks the most meaningful measure of affordability, whether individuals can obtain and adhere to the medications they need is the most critical metric. Therefore, we urge the board to prioritize patient costs as a key determinant of affordability and focus specifically on patient out-of-pocket (OOP) costs.

Further, we urge the board to focus on patient-reported obstacles to care and address the underlying factors that contribute to patient hardship in affording and accessing their needed medications.

Our recent Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0 aimed at better understanding **why** patients report medications affordable or unaffordable. Patients described the role of insurance coverage rules, cost-sharing structures, cumulative healthcare expenses, income, financial assistance availability, and changes in life circumstances in shaping their ability to remain on treatment over time. These contextual factors frequently determined affordability far more than the price of the medication itself.

Determining these factors that influence patient affordability will ultimately better equip the board to address them through tailored policy remedies. Drawing conclusions without this data or basing decisions on state or system costs risks overlooking real patient problems and could ultimately exacerbate existing barriers.

Therapeutic Alternatives

While we understand the need to gather data on therapeutic alternatives as part of the cost review process, we strongly urge the board to ensure that they do not consider drugs within the same class to be interchangeable. We also urge that the board carefully evaluate whether policies they put in place could encourage payers to consider these treatments as

interchangeable or increase the likelihood that they will require patients to switch medications within the class.

The course of treatment for each patient is as unique as the individual and their disease. Once diagnosed with a chronic condition, each patient starts an often life-long journey to identify the correct treatments and regimen to successfully manage their symptoms and improve their health. Many will also face multiple chronic conditions or need medications to treat specific symptoms or even side effects of their preferred treatment. For these reasons, patients with chronic conditions often rely on a complicated and personalized course of treatment that is not easily altered.

In fact, our Patient Experience Project found that, among respondents who tried multiple treatments, over 80% described their medication as valuable, often “exceptionally valuable,” with most emphasizing its unique value to them rather than general effectiveness. Patients reported that non-medical switching, caused them harm due to disease recurrence, side effects, worsened health outcomes, and adverse events when required to switch medications due to insurance plan design.

For these patients, therapeutic alternatives may not be alternatives at all. We encourage the board to take the complexity of each individual into account when deliberating on affordability reviews and not treat therapeutic alternatives as interchangeable.

Incorporate Patient Input Directly into Cost Reviews

We encourage the board to incorporate patient input directly into their review process, beyond the current ability to simply nominate drugs for cost reviews.

To do so, we urge the board to create multiple avenues for engaging with patients and capturing their input on drug affordability and access, including public meetings, focus groups, comment periods, public testimony, and surveys. These events should be held at varied times and locations to get input on the drugs under review. This will ensure members of the public are given adequate opportunity to attend and provide patients with the opportunity to share their experiences on each drug directly with board members and staff.

We recommend that the process for patient engagement be conducted separately from other stakeholders to avoid overwhelm and any potential confusion regarding what is expected from their participation. We also think the board should establish a minimum threshold for patient information submissions on each drug to ensure that they are receiving adequate input from patients.

Public awareness and engagement are critical to the legitimacy and success of the cost review process. We stand ready to assist the board in establishing patient engagement processes.

Conclusion

We share the board’s goal of improving prescription drug affordability for Marylanders. Achieving that goal requires a process is singularly focused on identifying patient challenges, determining their root cause, and addressing those issues directly. Our coalition stands ready to

work with the board as it begins the next review cycle to ensure that patient-centered evidence and engagement inform the policies of the board.

Sincerely,

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