EACH PIC COALITION

July 13, 2026

Christina Shaklee, Health Policy Analyst Advanced
Maryland Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715

RE: Comments on COMAR 14.01.06 Implementation and Monitoring of Upper Payment Limits

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 comment on the board's proposed rule for implementation and monitoring of upper payment limits (UPL). We urge the board to substantially improve the oversight and monitoring of upper payment limits; further, we urge the board implement patient protections prior to the implementation of any upper payment limit.

Limitations of Upper Payment Limits

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

At their core, 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.

In short, a UPL does not address the real problems patients identify. Instead of layering a new and untested pricing mechanism onto a system already stacked against patients, the board should focus on reforms that tackle these systemic drivers of unaffordability directly.

Implement Stronger Monitoring and Patient Protections

We urge you to ensure this experiment does not cause harm by including regulations or passing legislation to **increase oversight and implement proactive patient protections before implementing a UPL in the state.**

Patients will bear the immediate consequences of insurer and PBM responses to UPLs, while any corrective action could take months or years. Monitoring the effects of a UPL after implementation cannot be a substitute for proactive protections.

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Transparent Monitoring

The PDAB must establish a robust monitoring system around any upper payment limit. The currently proposed monitoring system is inadequate to ensure patients are protected from increased utilization management and the potential for them to be non-medically switched. At a minimum, we propose that the following should be monitored for the **entire therapeutic class** where one or more drugs is subject to an upper payment limit:

- 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, the board should work with the legislature to 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.

We thank the board for its consideration of our comments.

Sincerely,

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