



June 18, 2025

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

RE: Recommendations to the Stakeholder Council on UPL Implementation and Patient Protections

Dear Members of the Maryland Prescription Drug Affordability Stakeholder Council:

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 write today to share comments on the implementation of upper payment limits (UPLs) in Maryland and to respectfully request the Council's assistance in ensuring that patient access and affordability remain central to all recommendations made to the Prescription Drug Affordability Board (PDAB).

While we appreciate that UPLs are intended to help lower prescription drug costs, we remain deeply concerned that there is no guarantee these savings will be passed on to patients. Further, the implementation of UPLs could introduce a new incentive structure in the healthcare system—one that may inadvertently create access barriers for patients. Such changes could include increased utilization management, changes to formularies, inadequate reimbursement rates, and other payer-driven practices that have historically hindered patient access to necessary medications.

We are encouraged by the PDAB's emphasis on the council's input to help determine the best path forward for patients. In that spirit, we respectfully ask members of the stakeholder council to consider the following recommendations:

Seek Input on UPLs From All Stakeholders

We urge the council to assist the PDAB in obtaining concrete information from all sectors of the healthcare marketplace—manufacturers, insurers, pharmacy benefit managers (PBMs), and providers—regarding how they will respond to the implementation of a UPL. The decisions of any one of these actors could influence whether patients continue to have access to critical medications. If even one stakeholder responds by limiting availability or access due to the constraints of a UPL, the result could be disruptions to continuity of care and increased burdens on patients and providers alike.

Define Affordability Based on Patient-Reported Problems

As deliberations continue, we urge the council to recommend that the PDAB define affordability from the patient perspective, prioritizing patient out-of-pocket costs as a key metric. We strongly

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encourage the PDAB to incorporate patient-reported financial burdens and access challenges into ongoing affordability determinations.

Address Real Patient Problems

In addition to financial considerations, we urge the council to assist the PDAB in identifying and addressing the underlying, patient-reported obstacles that contribute to affordability challenges. A failure to address these root causes could result in policies that produce limited or uneven benefits—helping some patients while leaving others behind.

The PDAB has emphasized time and again that UPLs might not be the correct way to address affordability. We urge the council to ensure that, when affordability challenges are identified, the policy response appropriately addresses the underlying cause.

Incorporate Direct Patient Input into the Review Process

Finally, we continue to emphasize the importance of directly incorporating patient input into the cost review process. The council is uniquely positioned to help the PDAB strengthen its methods for gathering patient feedback. EACH/PIC and our partners stand ready to support this effort and provide meaningful, unfiltered patient insight to guide the state's affordability work .

Given the far-reaching implications of UPL implementation, we respectfully ask the council to support a thoughtful, transparent, and patient-centered approach. We appreciate your commitment to protecting Maryland patients and stand ready to serve as a partner and resource in these efforts.

Sincerely,



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