COMMUNITY ACCESS NATIONAL NETWORK

Mailing Address:

Attn: Jen Laws
PO Box 3009
Slidell, LA 70459

Chief Executive Officer:

Jen Laws
Phone: (313) 333-8534
Fax: (646) 786-3825
Email: jen@tiicann.org

March 19, 2025

Maryland Prescription Drug Affordability Board
169000 Science Drive, Suite 112-114
Bowie, MD 20715

RE: Meeting Material Posting Activity is Unacceptable

Dear Honorable Members of the Maryland Prescription Drug Affordability Board,

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

Today, we write concerned about how meeting materials and agendas are posted.

Staff Postings Need to Improve

For the public to meaningfully engage, the agenda and meeting materials for board meetings need to be posted in a timely fashion. Agendas and meeting materials should be posted on the Board Meeting page in a manner that is immediately accessible and does not require searching through past postings to glean information.

A revised agenda for the 3/24/2025 meeting was posted during the day on 3/18/2025, including meeting materials and a cost review dossier for Farxiga. On 3/17/2025, no meeting materials were posted on the meetings page besides an outdated agenda, given that the new agenda has material differences. The deadline for written comments on agenda items for the 3/24/25 meeting is 3/19/2025. Posting the updated agenda with associated meeting materials the day before the deadline for comment is not a good faith effort in garnering public trust, nor does it display value in public input.

We ask that future postings be completed appropriately to facilitate the meaningful engagement of all citizens, including lay members of the public, medical and other professionals, and populations with diverse levels of cognition and accessibility.

Respectfully submitted,

Ranier Simons
Director of State Policy, PDABs
Community Access National Network (CANN)

On behalf of
Jen Laws
President & CEO
Community Access National Network

March 19, 2025

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

RE: Public Comments on Drugs Subject to Cost Review (Farxiga)

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

On behalf of our national network of coalition participants, we appreciate the opportunity to provide comments to the board on Farxiga. We continue to urge the board to carefully evaluate the impact implementing UPLs could have on patients in the state and to consider the concerns of patient organizations as they proceed with cost reviews and consideration of UPLs.

Ensure Patients Will Benefit from Cost Reviews

UPLs fail to address many of the underlying causes and complicated factors that result in higher prescription drug costs for patients. There are also no current mechanisms in place to guarantee that payers who benefit from UPLs will pass along savings to patients.

Therefore, we urge the board to focus its time on identifying and addressing patient-reported obstacles to drug affordability. Failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges. Additionally, regulators should clearly define cost-saving targets, including what percentage will be for patients and what will be the state or the broader healthcare system.

Enact Patient Protections

At their core, cost reviews necessitate selecting individual drugs for review and implementing market interventions for the selected drugs. This alone puts PDABs in a position of picking winners and losers between drugs and within the broader population of Maryland patients.

While UPLs are intended to lower costs for patients, the reality is that they will create a new incentive structure for payers that could compromise patient access to the selected medications due to increased utilization management or reshuffling of formularies. We appreciate the board's recognition that this could be a consequence of UPL implementation; however, we are disappointed that the board only intends to monitor for these types of changes after the UPL has been implemented.

Instead, we urge the board to work with the state legislature to put in place safeguards for patients prior to moving forward with UPL policies to protect patients from increased utilization

management, compromised access to drugs under review, and other unintended consequences of the board's actions.

Focus on Patient Experiences and Perspectives

Finally, we continue to urge the board to ensure that patient experiences are a critical focus of the process to identify the appropriate policy remedy. Rather than immediately proceeding to a UPL, the board should instead take the opportunity to gather more in-depth input from patients to better understand the source and reasons for affordability challenges.

We invite the board to engage with our coalition participants who can serve as a direct conduit to understanding and incorporating patient and caregiver perspectives and who understand the life cycle of disease from the lens of prevention, diagnosis, and disease management.

While our health system and the policies that impact it are complicated, one principle is simple: every change that we make and policy we implement should ultimately benefit patients. We urge the board to keep this principle as a singular focus of the policy review process.

We look forward to continuing to engage with staff as cost reviews proceed. We invite any and all opportunities to speak directly with any board member who would be interested in more detailed perspectives from our national network of patient organizations and allied groups (EACH) and patients and caregivers (PIC).

Sincerely,

Tiffany Westrich-Robertson
Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)

March 19, 2025

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

RE: Public Comments on Drugs Subject to Cost Review (Jardiance)

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

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On behalf of our national network of patient organizations, we appreciate the opportunity to provide comments to the board on Jardiance. We continue to urge the board to carefully evaluate the impact implementing UPLs could have on patients in the state and to consider the concerns of patient organizations as they proceed with cost reviews and consideration of UPLs.

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Tiffany Westrich-Robertson
Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)

March 19, 2025

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

TO: Members of the Maryland Prescription Drug Affordability Board

As a board-certified pediatrician and rheumatologist, I have spent my career caring for children and young people battling chronic or disabling conditions. I am urging you to reconsider your proposed Cost Review Study. While I applaud your intention to address prescription drug costs, the process outlined will have adverse effects on Marylanders' access to critical medications. I am especially concerned about your reliance on the concept of so-called "therapeutic alternatives." By requiring patients to make non-medical switches to medications that are not therapeutic equivalents, patients may be harmed by your administrative requirements overriding personalized treatment decisions.

This concern is amplified by the fact that "therapeutic alternatives" are not the same as therapeutic equivalents. No clear definitions and guidelines exist to explain how these "alternatives" will be determined and utilized in the board's decision-making process. There is no acknowledgement of these differences or their potential impact on patients' outcomes. Many individuals living with a rare or chronic disease are treated with therapies that have options, but the specific decision to use a particular therapy should be determined by the patient and their doctor. This potential for misuse of the Upper Payment Limit (UPL) drug selection process without clear and specific definitions, guidelines and criteria for exceptions is more than a little concerning.

Stakeholder comments repeatedly urged the Board to carefully and specifically consider whether setting an UPL could negatively impact access to therapies by pushing patients toward less effective therapies. This process, known as non-medical switching, is used by many payers and pharmacy benefit managers (PBMs), often resulting in poorer outcomes and higher costs. One commenter even suggested adopting additional criteria to assess the potential impact of a UPL on patient access. Yet, despite these concerns, the staff's recommendation remains unchanged: *No action.*

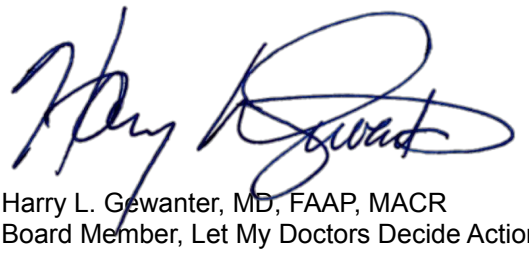
I fully understand and support the urgency of finding solutions to alleviate the financial burden of prescription medications and health care overall. However, the outlined Cost Review Study process oversimplifies and, quite frankly, fails to address the complex dynamics of pharmaceutical pricing and the drug supply and pricing ecosystem.

Rather than adopting unproven methods, I urge the Board to more strongly factor in the role and realities played by supply chain intermediaries, such as PBMs, regarding pricing, cost and accessibility of prescription drugs, and include the prices patients pay at the pharmacy counter. Congressional committees and the Federal Trade Commission have compiled and published overwhelming evidence that PBMs' formulary and other requirements often push patients toward higher-priced drugs. The Cost Review Study does not address or consider this significant contribution to the drug price problem.

The Cost Review Study creates another barrier for Marylanders by overriding the personalized and specific treatment decisions made by the patient and their clinician. By stating that "therapeutic alternatives" are just fine, the board is ignoring not only the mountains of data and experience involved in the medical decision-making process, but also the commercial imperatives of the drug supply and pricing system. These global regulatory decisions based on list prices and not medical or pharmaceutical data places the lives of Marylanders battling life-threatening diseases at risk. Physicians and patients remain committed to working with you to ensure affordable medications for all Marylanders. But accomplishing this goal will require more thorough, comprehensive, and extensive evaluations. There are too many entities already making decisions affecting patients and interfering with the patient-clinician relationship – we do not need another.

Thank you for your attention to this critical issue.

Sincerely,



Harry L. Gewanter, MD, FAAP, MACR
Board Member, Let My Doctors Decide Action Network

Written Testimony of Dr. Kate Sugarman
Family Medicine Physician, Maryland

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

March 24th, 2025

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

My name is Dr. Kate Sugarman and I am a family medicine physician who has been practicing in the Maryland and Washington, D.C. area since 1991. Throughout my career, I have worked extensively with low-income patients, many of whom face complex medical conditions like diabetes. Access to affordable medications is a critical issue for my patients–one that too often determines whether they can effectively manage their conditions or face serious, even life-threatening, complications.

For many of my patients, Jardiance and Farxiga are not just medications; they are lifelines. These drugs are essential for managing Type 2 diabetes and preventing costly complications such as kidney disease, heart failure, and amputations. Yet, I have seen time and again how the high cost of these medications forces patients to make impossible decisions–whether to pay for their prescriptions, put food on the table, or cover their rent. Patients should not have to ration their medication or forgo treatment altogether because of exorbitant prices.

The current pricing of Jardiance and Farxiga disproportionately impacts low-income patients, particularly those in immigrant communities, where I do much of my work. I provide care in a variety of settings, often on a pro bono basis, because I believe that access to health care is a fundamental right. However, even the best medical care cannot overcome financial barriers that put critical medications out of reach.

Setting an Upper Payment Limit on these medications would be a crucial step toward ensuring that Marylanders can afford the treatment they need to live healthy and productive lives. As a physician, I see firsthand the devastating impact of high drug prices, and I urge the Board to take decisive action to make these medications more affordable for state and local governments with the Board's current authority, and for all Marylanders, as soon as efforts to expand the Board's authority are successful.

Thank you for your time and commitment to addressing prescription drug affordability in Maryland. I strongly urge you to implement an Upper Payment Limit for Jardiance and Farxiga to ensure that all Marylanders–regardless of income–can access the care they need.

Sincerely,

Dr. Kate Sugarman
Family Medicine Physician