



Delaware-Maryland Synod
Evangelical Lutheran Church in America

God's work. Our hands.

TO: Mr. Van Mitchell, Chair, and members of the Maryland PDAB
FROM: Lee Hudson, assistant for public policy to the DE-MD Synod bishop
DATE: May 16, 2025
RE: Public comment on Farxiga and Jardiance upper payment limits

The Delaware-Maryland Synod of the Evangelical Lutheran Church in America is a faith community with a demographically diverse Maryland constituency extending from Red House to Ocean City. Our community has advocated for access to appropriate, adequate, and affordable health care for all people in the United States since 2003 (Caring for Health, ELCA). We include medical treatment in “appropriate and adequate care,” and therefore in any measure of “affordable” and have advocated for a Maryland PDAB since 2019.

The experiences of our communities in contexts with elderly and/or disadvantaged citizens is that expensive treatment courses equal health disparities; and higher medical cost distributed onto other care interventions. When price is influenced chiefly by demand, as in a standard business model, “most expensive” can mean “most needed.”

These two medications selected for cost review are frequently prescribed for medical management of a well understood health condition. The condition can result in further and more expensive health risks. They are well established and widely prescribed in standards of care, which indicates there is no market failure.

Since medicines go to market with FDA approval, granted via federally funded research and assessment, these two medicines are well-amortized. Our understanding of access to care informs us that pricing can affect medical benefit. Our advocacy for more access to better care for more people in Maryland is familiar with the identification of pharmaceuticals as publicly authorized monopolies. Therefore, a publicly financed interest in efficacious medicine ought not be sequestered as a private interest, absent its public benefit. We note, with others, that Medicare’s Maximum Fair Price program reached a similar conclusion for these drugs for similar reasons.

Two medicines successfully used to manage diabetes, a common, pernicious condition that continues to increase across demographics, is a good place for the Maryland PDAB to begin setting upper payment limits in Maryland’s medical market. We encourage the Board’s positive decision on this UPL.

Thank you for your attention,
Lee Hudson,
A2B, DE/MD