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(HEAL) Group
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National ADAP Working Group (NAWG)

March 17, 2026

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

RE: Ongoing Review Concerns

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.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

Implementation of Program Protections Remains Unclear

To date, it is unclear how 340B, VA, or other federal program claims will be operationalized to ensure a UPL would not be imposed on them. The statute requires inquiry that has not yet been met. Specifically, it states that:

BEFORE ESTABLISHING AN UPPER PAYMENT LIMIT THAT APPLIES TO THE MARYLAND MEDICAL ASSISTANCE PROGRAM, THE BOARD SHALL CONFER WITH THE MARYLAND MEDICAL ASSISTANCE PROGRAM TO APPROVE THE APPLICATION OF THE UPPER PAYMENT LIMIT BY ASSESSING WHETHER THE PROPOSED UPPER PAYMENT LIMIT WILL:

*(I) CONFLICT WITH THE MEDICAID DRUG REBATES PROGRAM, THE COVERED OUTPATIENT DRUG RULE (CMS-2345-FC), OR ANY OTHER FEDERAL REQUIREMENTS AS APPLICABLE; AND
(II) REQUIRE ADDITIONAL FUNDING TO BE ALLOCATED TO THE MARYLAND MEDICAL ASSISTANCE PROGRAM BUDGET.*

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Additionally, there has not been evidence of energies being directed towards developing guardrails to protect any potential drug to which a UPL has been applied from removal from drug formularies. It is also necessary to address the potential for UPL-designated drugs to be subjected to increased utilization management or higher-tier plan assignment.

Designations Remain Questionable

The preliminary designation that certain drugs have caused “affordability challenges” is based on percentages of WAC increases over time, percentages of specific drug spend relative to overall state drug spend, and an acknowledgement that patient cost share in relation to net plan spend is higher in certain markets. It is unclear why a specific WAC increase trend is being utilized to define “unaffordability”, how any increase is related to net state program spend, or how such an increase in WAC is affecting patient cost sharing or adverse benefit design. Moreover, the way pricing has been discussed has inappropriately separated the price of drugs from their therapeutic value. When drugs are effective, more doctors prescribe them because of improved health outcomes, and more patients use them, as long as they have access. Thus, stating that exceeding 1% of gross prescription drug spend for state and local governments, as in the case of Farxiga, is an “affordability challenge”, without delineating the definition of “affordable” spend percentage based on specific factors, including qualitative and quantitative patient health outcomes, is problematic.

Ongoing analysis also needs to address the issue that the cost review study process to date has not contained enough informed data specific to Maryland. Board members have even acknowledged that the data concerning drug spending has a heavy focus on the increase in drug spending nationally, but a paucity of data on how it affects Marylanders specifically, along with their spending trends and the factors that may be affecting such. Thus, it is unclear why staff felt exercising MFP domestic reference pricing as potential upper payment limits is in the best interest of patients and the state.

Anticipation of Non-UPL Solutions is High

Staff have expressed plans to devote more energy to non-UPL affordability solutions in ongoing endeavors. This has been anticipated by many stakeholders. Notably, Oregon recently decided not to recommend upper payment limits to the legislature as a policy suggestion because it deemed them ineffective. They are focused on pursuing non-UPL solutions to affordability.

In addition to patient out-of-pocket caps, a potential solution worth inquiry is PBM pass-through requirements in the same nature as existing West Virginia legislation. Maryland currently prohibits spread pricing in the Medicaid program. However, West Virginia's active legislation goes further to mandate PBMs to pass through 100% of manufacturer rebates, discounts, and other remuneration to the health plan/consumer, rather than retaining them as profit. The update to the West Virginia Pharmacy Audit Integrity Act mandates that “a covered individual’s defined cost sharing for each prescription drug shall be calculated at the point of sale based on a price that is reduced by an amount equal to at least 100 percent of all rebates received, or to be received, in connection with the dispensing or administration of the prescription drug. Any rebate over and above the defined cost sharing would then be passed on to the health plan to reduce premiums.” Any rebates in excess of a

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patient's defined cost-sharing cannot be retained by a PBM as profit but must be passed on by the health plan to lower premiums. This is especially relevant given the Board's future endeavor to implement affordability measures statewide for commercial markets as well. A recent West Virginia [insurance bulletin](#) delineates evidence-based data showing real-world savings.

As the affordability discourse continues to develop, we hope to see a thorough analysis of stakeholder concerns, including those of Board members. There seems to be a high-level understanding of weaknesses in ongoing processes. However, a proverbial "digging into the weeds" is what needs to be done to reassure the public that direct patient benefit is the current trajectory.

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



WEST VIRGINIA INSURANCE BULLETIN No. 26-01

Insurance Bulletins are issued when the Commissioner renders formal opinions, guidance or expectations on matters or issues, explains how new statutes or rules will be implemented or applied, or advises of interpretation or application of existing statutes or rules.

► Prescription Drug Rebate Impact to Commercial Health Insurance Plans ◀

In 2021, the Legislature passed House Bill 2263 amending West Virginia's Pharmacy Audit Integrity Act (PAIA) located in Chapter 33, Article 51 of the West Virginia Code. The 2021 updates to the PAIA generally went into effect on January 1, 2022. One of the more substantive updates to the law was regarding prescription drug rebates. The West Virginia Offices of the Insurance Commissioner (OIC) is issuing this Insurance Bulletin to publicly provide frequently requested information regarding the effects of the prescription drug rebate law on health insurance rates as reported by commercial health insurers to the OIC.

W.Va. Code §33-51-9(k) provides “a covered individual’s defined cost sharing for each prescription drug shall be calculated at the point of sale based on a price that is reduced by an amount equal to at least 100 percent of all rebates received, or to be received, in connection with the dispensing or administration of the prescription drug. Any rebate over and above the defined cost sharing would then be passed on to the health plan to reduce premiums.”¹ This provision of the PAIA is oftentimes referred to as the “point-of-sale” or “pass-through rebate” provision. Any rebate calculated by a pharmacy benefit manager (PBM) to be over and above a covered individual’s defined cost sharing may not be retained by the PBM but must be passed on to the health benefit plan and must be used by the health benefit plan to reduce the cost of premiums. *See* W.Va. Code St. R. §114-99-5.14.3.

Beginning in 2023, the OIC asked health insurers who file rates with the OIC to calculate the total amount of rebates received on prescription drugs and to assess the impact thereof on health insurance rates. Health insurers have been asked to separate the rate effect due to West Virginia’s prescription drug rebate law from the health insurer’s otherwise filed rate request without the effect of the prescription drug rebate law. Health insurers have complied and provided the OIC with the percentage that their annual rate request was reduced due to receipt of prescription drug rebates. Data submitted to the OIC by the health insurers is subsequently reviewed by OIC contracted actuaries.² Health insurers who have submitted this information in their annual filings are Aetna Health Insurance Company, CareSource West Virginia Company, Highmark Blue Cross Blue Shield, The Health Plan of West Virginia, THP Insurance Company, UnitedHealthcare Insurance Company, and Optimum Choice, Inc.

¹ W.Va. Code §33-51-3 defines “defined cost sharing” as “a deductible payment or coinsurance amount imposed on an enrollee for a covered prescription drug under the enrollee’s health plan.” ² The OIC does not currently possess specific data on how rebates affected the rate filings of specific insurers prior to 2022. Prior to the implementation of the point-of-sale or pass-through rebate law, PBMs and health insurers were able to negotiate rebate contract terms. Some insurers may have required 100% of rebates to be passed through to the insurer, while other insurers may have allowed their PBM to retain rebates, or portions thereof, as part of the PBM’s compensation.

2023 Filings (2024 Plan Year):

Insurer	Plan Type	Rate Change Without Pass-Through Rebate	Pass-Through Rebate Effect on Rate	Final Rate Change
Company A	Any Size	17.10%	-5.50%	11.60%
Company A	Large Group	16.20%	-5.50%	10.70%
Company B	Individual	6.10%	-3.10%	3.00%
Company C	Individual	10.40%	-8.30%	2.10%
Company C	Small Group	13.50%	-7.10%	6.40%
Company C	Large Group	9.60%	-1.80%	7.80%
Company D	Individual	6.57%	-6.72%	-0.15%
Company D	Small Group	16.18%	-6.28%	9.90%
Company E	Small Group	6.41%	-5.55%	0.86%
Company F	Small Group	29.60%	-14.00%	15.60%
Company G	Small Group	29.40%	-14.00%	15.40%

2024 Filings (2025 Plan Year):

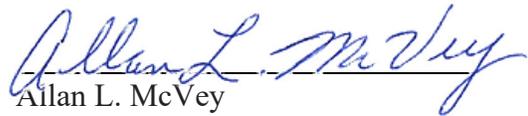
Insurer	Plan Type	Rate Change Without Pass-Through Rebate	Pass-Through Rebate Effect on Rate	Final Rate Change
Company A	Any Size	18.80%	-6.20%	12.60%
Company A	Large Group	18.70%	-6.20%	12.50%
Company B	Individual	15.097%	-2.75%	12.347%
Company C	Individual	12.30%	-9.60%	2.70%
Company C	Small Group	17.60%	-9.67%	7.93%
Company C	Large Group	17.30%	-0.70%	16.60%
Company C	Transitional	18.90%	-10.30%	8.60%
Company D	Individual	7.72%	-7.45%	0.27%
Company D	Small Group	17.80%	-7.07%	10.73%
Company E	Small Group	11.89%	-7.60%	4.29%
Company F	Small Group	21.80%	-11.70%	10.10%
Company F	Large Group	5.21%	0.00%	5.21%
Company G	Small Group	21.900%	-11.70%	10.200%

2025 Filings (2026 Plan Year)

Company	Plan Type	Rate Change Without Pass-Through Rebate	Pass-Through Rebate Effect on Rate	Final Rate Change
Company A	Any Size	24.70%	-8.00%	16.70%
Company A	Large Group	26.00%	-8.00%	18.00%
Company B	Individual	9.300%	-2.20%	7.100%
Company C	Large Group	21.10%	-7.70%	13.40%
Company C	Individual	20.20%	-6.30%	13.90%
Company C	Small Group	25.11%	-8.91%	16.20%
Company D	Individual	15.81%	-7.93%	7.88%
Company D	Small Group	24.38%	-7.56%	16.82%
Company D	Large Group	15.82%	-8.42%	7.40%
Company E	Small Group	28.67%	-7.50%	21.17%
Company E	Large Group	5.09%	-8.00%	-2.91%
Company F	Small Group	12.57%	-2.62%	9.95%
Company F	Large Group	22.60%	-13.00%	9.60%
Company G	Large Group	22.60%	-13.00%	9.60%
Company G	Small Group	10.10%	-1.30%	8.80%

Please e-mail any questions concerning this Insurance Bulletin to OICBulletins@wv.gov.

Issued: February 2, 2026


 Allan L. McVey
 CPCU, ARM, AAI, AAM, AIS
 Insurance Commissioner



March 18, 2026

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

RE: Public Comments on Policy Reviews for Ozempic and Trulicity

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 also respectfully ask that the board consider our separately submitted letters regarding the proposed Upper Payment Limit (UPL) frameworks for Jardiance and Farxiga, which outline additional concerns specific to those therapies.

We also appreciate the opportunity to submit comments as the board continues its affordability review process and considers policy pathways. We share the board's goal of improving affordability for Maryland patients; however, we remain concerned that UPL-focused approaches are unlikely to resolve the challenges patients actually face and may introduce new risks to access. We respectfully urge the board to prioritize non-UPL policy options that more directly address patient-reported barriers to affordability and access.

Price-Focused Policies Overlook the True Drivers of Affordability

Our latest research, the [Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0](#), reinforces that affordability cannot be understood or addressed through price alone.

Patients defined affordability as the ability to consistently obtain their medications within their overall household budget, not as a fixed price point. Affordability thresholds varied widely, and many patients reported that the same medication shifted between being affordable and unaffordable over time due to changes in out-of-pocket costs.

Most notably, insurance-related barriers, not drug price, were the primary drivers of patient-reported unaffordability. In our survey, 95% of patients who stopped taking their medication and 72% who never started treatment cited insurance-related challenges such as coverage denials, cost-sharing, or barriers to financial assistance.

These findings underscore a critical point: policies that do not directly address insurance design, cost variability, and access to assistance are unlikely to reduce patient hardship.

Non-UPL Policy Remedies Better Address Patient-Reported Needs

We strongly support the board's consideration of non-UPL alternatives and encourage prioritization of reforms that align with patient-reported drivers of affordability challenges.



In particular, policies that address misaligned incentives within the drug supply chain, such as delinking PBM compensation from drug prices and rebates, offer a more direct path to improving affordability and access. Reforms that realign these incentives, increase transparency, and ensure savings are passed through to patients are more likely to produce meaningful and sustained improvements.

Additionally, the Survey 2.0 findings highlight the importance of policies that:

- Make patient costs more manageable and predictable, including caps on out-of-pocket spending and mechanisms that smooth costs over the year.
- Protect and expand access to financial assistance, and ensure assistance counts toward deductibles and out-of-pocket maximums.
- Limit insurance practices that disrupt care, such as non-medical switching and excessive utilization management.
- Address structural incentives in the healthcare system that raise patient costs without improving care, including misaligned PBM compensation and lack of transparency.

These types of reforms directly target the conditions that patients identify as driving affordability challenges and are therefore more likely to reduce hardship without introducing new access risks.

Conclusion

We appreciate the board's continued engagement and its willingness to consider a range of policy options. As the board advances its work, we respectfully urge it to prioritize patient-centered, non-UPL approaches that address the real drivers of affordability challenges identified through lived patient experience.

We stand ready to serve as a resource and to share additional findings from our Survey 2.0 research to support the board's efforts to develop policies that meaningfully improve affordability while protecting patient access to needed treatments.

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson
tiffany@aiarthrititis.org
Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in cursive script that reads "Vanessa Lathan".

Vanessa Lathan
vanessa@aiarthrititis.org
Patient Inclusion Council (PIC) Coalition Lead

To: Vincent DeMarco, President, Maryland Health Care for All! Coalition

**From: Steve Raabe, President
OpinionWorks**

Date: March 18, 2026

**Subject: New Maryland Statewide Poll on Public Perceptions
of the Prescription Drug Affordability Board**

The Maryland Health Care for All! Coalition commissioned this representative statewide poll of Maryland registered voters, conducted March 7-11, 2026, to assess perceptions of the Prescription Drug Affordability Board (PDAB) and the public's support for its work as it prepares to extend prescription drug cost limits to all Marylanders.

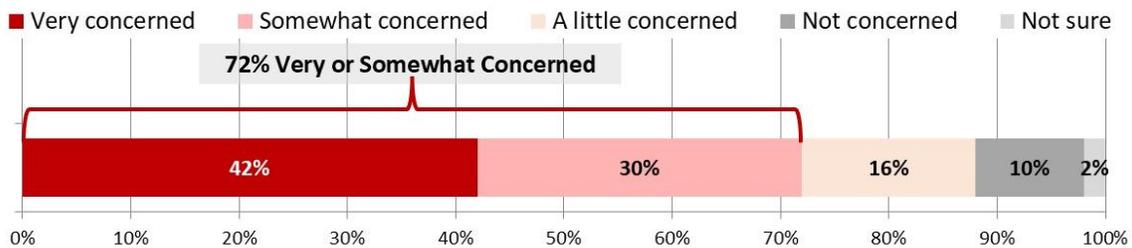
This survey identified a very high level of personal concern among Marylanders about the cost of prescription drugs, relatively limited awareness of the existence of PDAB, and extremely strong support for the Board and its mission as it prepares to extend prescription drug cost limits to all Marylanders.

Details follow.

Widespread Concern about Prescription Drug Costs

Concern about prescription drug costs is widely felt. Almost three-quarters (72%) of Marylanders in this representative survey expressed personal concern about drug costs, with 42% saying they are “very concerned” and 30% saying “somewhat concerned.” Another 16% said they are “a little concerned,” leaving only about one in nine Marylanders who are not expressing any concern about prescription drug costs.

High Concern about Prescription Drug Costs



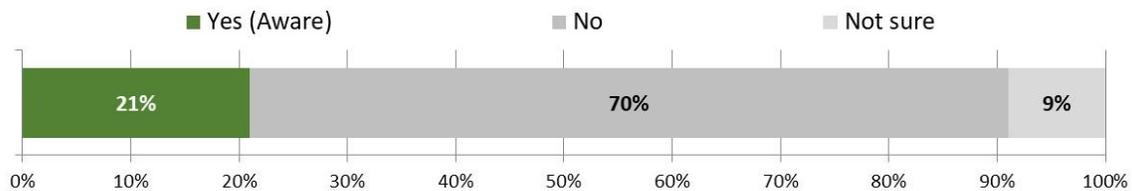
How much does the cost of prescription drugs concern you, personally? Are you very concerned personally, somewhat concerned, a little concerned, or not personally concerned about it?

The level of concern about prescription drug costs has increased dramatically since we last measured it in 2023. At that time, 29% said they were “very concerned” and 33% were “somewhat concerned,” for a total of 62% – a full 10 percentage points lower than today.

Limited Awareness of PDAB

Not surprisingly for a relatively low-visibility body with a technical responsibility like PDAB's, awareness of the Prescription Drug Affordability Board remains somewhat limited among the Maryland general public. About one out of five registered voters (21%) said they are aware of the Board's existence after hearing this description: "Several years ago, Maryland became the first state in the nation to create a Prescription Drug Affordability Board, which is an independent body with the authority to examine the evidence and establish more affordable costs for expensive prescription drugs."

Awareness of Prescription Drug Affordability Board

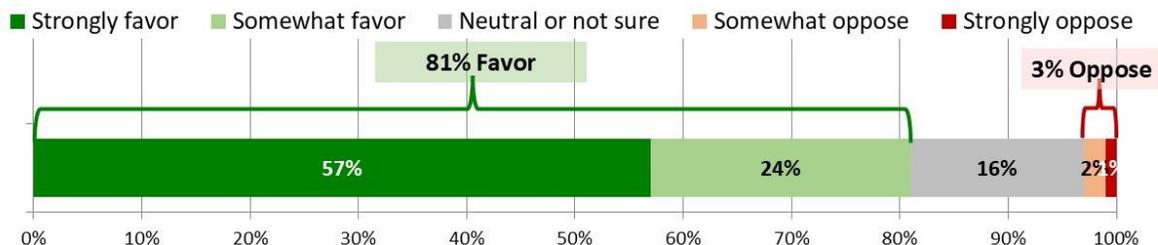


Several years ago, Maryland became the first state in the nation to create a Prescription Drug Affordability Board, which is an independent body with the authority to examine the evidence and establish more affordable costs for expensive prescription drugs. Were you aware of that before hearing about it right now?

Overwhelming Support for Having a Prescription Drug Affordability Board

Once they heard that brief description of Maryland's PDAB, survey respondents overwhelmingly endorsed its existence and mission. More than four out of five (81%) said they favor having such a board "with the power to make high-cost drugs more affordable." In fact, nearly six in ten Marylanders (57%) said they "strongly favor" the Prescription Drug Affordability Board. Opposition is extremely small at only 3%.

Support for PDAB's Mission

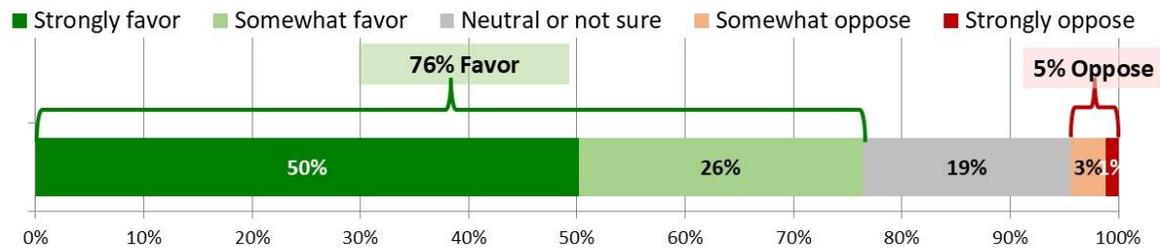


Based on this description, do you favor or oppose a Maryland Prescription Drug Affordability Board with the power to make high-cost drugs more affordable?

Very Broad Support for Extending Cost Limits to All Marylanders

As the Board expands its authority to set cost limits beyond state and local governments, we found that three-quarters (76%) of Marylanders favor that expansion of the Board's responsibilities. A 50% majority are *strongly* in favor, and 26% are somewhat in favor. Only 5% oppose extending those cost limits to all Marylanders. The remaining 19% said they were neutral or not sure.

Extending Cost Limits to All Marylanders



Currently, the Board can set limits on the cost of prescription drugs for state and local governments in Maryland – for example, for government employees, jails, and schools. Beginning next year, the Board will be able to extend those cost limits to all Marylanders, across a wide range of drugs. Do you favor or oppose the Board extending limits on high drug costs to all Marylanders?

Numbers may not appear to add correctly due to rounding.

Conclusion

This poll identifies a personal concern for the cost of prescription drugs that is felt by a large majority of Marylanders – a concern that has risen significantly since we last measured it in 2023. Awareness of the Prescription Drug Advisory Board remains limited, but once Marylanders hear about it, they support its mission and work by an overwhelming margin. That support includes extending cost limits beyond state and local governments to all Marylanders, which three-quarters of Marylanders favor.

Methodology

How This Poll was Conducted

A total of 824 interviews were conducted statewide among randomly selected Maryland registered voters March 7-11, 2026. The poll was conducted online by accessing opt-in panels. Respondents were screened to ensure they were registered to vote in Maryland. Sampling targets were adhered to throughout the interviewing process to ensure that the sample represented the statewide electorate geographically, by political party, gender, age, race and ethnicity, and educational attainment. Following interviewing, statistical weights were applied to ensure the sample most closely mirrored the characteristics of the statewide electorate. This poll produces a margin of sampling error no greater than $\pm 3.4\%$ at the 95% confidence level, meaning that at least 19 times out of 20 the actual results would differ by no more than that margin if every registered voter in the state had been interviewed. The poll was conducted by OpinionWorks, an Annapolis-based non-partisan research firm.

Brief Background on OpinionWorks

OpinionWorks is an independent firm that conducts frequent opinion studies at the state and local level across the country. Since 2025, we have been the polling organization for *The Banner*, following 17 prior years polling for *The Baltimore Sun* and its partners. We have polled for numerous other media and advocates in surrounding states, and we are engaged by state and local government agencies from New England to California to assess public needs and preferences. We measure health attitudes and practices for public health departments and advocates, assess alumni engagement and prospective student expectations for colleges and universities, evaluate donor and volunteer relationships for nonprofit organizations, and study human decision-making to inform behavior change efforts on environmental and health questions. OpinionWorks is the author of the Chesapeake Bay Program's Stewardship Index, the Long Island Sound Partnership's Environmental Knowledge Index, and The Recycling Partnership's national Recycling Confidence Index.