



Comments PDAB -PDAB- <comments.pdab@maryland.gov>

Maryland Prescription Drug Affordability Board – March 2024 Meeting

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To: Comments PDAB -PDAB- <comments.pdab@maryland.gov>

Thank you for today's insightful comments, and Dr. Gerard's welcomed opportunity to address the complexities surrounding the affordability and accessibility of (for this reply) HIV medications—particularly in the context of the 340B Drug Pricing Program and the proposal of Upper Payment Limits (UPL), in relation to HIV medications access or cost review.

Your perspective, grounded in economic principles, rightly points out that lower drug prices should academically increase access and affordability.

However, the market, especially for HIV treatments, operates within a framework that complicates direct application of these principles due to several factors—many of which you also commented on; and we would like to respond:

340B Program Impact: *The concern arises when UPLs potentially reduce the financial support these entities rely on, indirectly affecting patient access to care.*

The 340B program, while benefiting organizations, fundamentally serves to extend healthcare services to vulnerable populations, including HIV patients. The discounts obtained through 340B enable healthcare providers to stretch scarce federal resources further, offering more comprehensive services than would otherwise be possible.

1. Comprehensive Care for HIV:

Treating HIV goes beyond the prescription of antiretroviral drugs.

It encompasses a holistic approach involving regular monitoring, support services, and, at times, treatment for comorbid conditions. The savings and revenue generated by the 340B program support these comprehensive care efforts, which might be compromised by stringent UPLs.

2. Affordability and Accessibility: While lowering the drug price is the PDAB's goal, the unique aspects of HIV treatment financing in the U.S. mean that simply reducing prices might not directly translate to increased accessibility for the uninsured or underinsured. *Many patients benefit from assistance programs that cover the full cost of medication, where the 340B program's benefits indirectly support broader services.*

3. Therapeutic Alternatives: *What works well for one patient may not be suitable for another due to resistance, side effects, or comorbidities—or shared clinical decision-making.*

Regarding your request for guidance on therapeutic alternatives, it's crucial to consider the individualized nature of HIV treatment. Thus, limiting options could inadvertently reduce the quality of care for patients who rely on specific treatments.

In short, while economic principles of supply and demand apply (or “bread” as you say), the market's details, especially within HIV care, require a tailored approach that considers patient protections and the broader healthcare ecosystem, in addition to affordability.

We advocate for policies that preserve the benefits of programs like 340B, ensuring that any implementation of UPLs carefully considers its impact on comprehensive HIV care and maintains flexibility to support the most vulnerable populations.

We would welcome discussions with ADAP officials.

Thank you for your review!

scott



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National Coalition for LGBTQ Health

<https://healthlgbt.org/>