COMMUNITY ACCESS NATIONAL NETWORK

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

RE: Upper Payment Limit Clarification

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 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.

Distinction of Harm Mitigation is Unclear

One of the many concerns stakeholders have regarding upper payment limits is the potential financial strain on pharmacies. The concern is that upper payment limit reimbursement will be below pharmacy acquisition costs, forcing them to operate at a financial loss. Staff has repeatedly responded that upper payment limits will be enforced through a supplemental rebate mechanism that will not affect initial pharmacy reimbursement.

However, COMAR 14.01.06.02 states that eligible governmental entities must amend and incorporate UPL limits into all upcoming or existing healthcare provider, health plan administrator, and PBM contracts. It is unclear how this language is to be interpreted as a supplemental rebate that will not cause pharmacy harm. Additionally, the supplemental rebate language implies that manufacturers would be required to provide additional rebates beyond initial rebates to ensure the net price paid by entities is at or below the upper payment limit.
Clarification of this process is imperative to describe how exactly financial harms to pharmacies would not be incurred. This is especially important regarding any future expansion to the commercial market. It is unclear, on many levels, how this manner of implementation could occur in the broader market and be successful.

Adequate Comment Periods Are Important

During the July 2026 meeting, it was encouraging to see the Board vote to enforce a minimum 15-day comment period after posting certain materials. However, the discussion concerning a potential reduction of the 60-day comment period for public input, stakeholder data, and patient feedback after the public posting of initial drug cost review studies was concerning. The full 60-day minimum period is necessary to adequately analyze such data. Any reduction in the already limited means of public feedback would be a disservice and a harm to public trust.

Respectfully submitted,

Ranier Simons
Director of Patient-Centered Drug Pricing and Healthcare Access Policy
Community Access National Network (CANN)

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

HealthHIV

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Subject: HealthHIV's Written Testimony for the Maryland Prescription Drug Affordability Board's 09/28/2026 Meeting

Dear Members of the Maryland Prescription Drug Affordability Board (PDAB),

On behalf of HealthHIV, thank you for the opportunity to comment on your ongoing deliberations. We wanted to first praise the Board's proposed amendments to its bylaws that would add additional patient representation to the PDASC (Prescription Drug Affordability Stakeholder Council). These amendments would strengthen the crucial role of patients in the PDAB's processes.

To ensure affordability efforts effectively align with maintaining medication access, we also recommend consideration of the following ahead of further rounds of affordability reviews:

1. Moving beyond representation on the PDASC—broadening the degree of patient and community stakeholder representation on the PDAB itself to ensure that decisions made better reflect the needs of those most impacted by them.
2. Advancing a clear focus on reducing out-of-pocket costs for patients while maintaining access to critical treatments.
3. Particularly in light of recent and ongoing federal restrictions on care and state-level discussions about using Medicare-negotiated Maximum Fair Pricing as benchmarks for prescriptions under the Medicare Drug Price Negotiation Program (MDPNP), prioritizing provider and patient decision-making to safeguard individualized care and improve health outcomes.
4. Ensuring that quality-adjusted life years (QALYs) are not part of the process and methodology used to evaluate drug affordability. *This metric, which assigns value to lives based on perceived "quality," disproportionately impacts people with chronic conditions like HIV and undermines equitable access to care.*

Thank you all for your continued leadership, consideration, and crucial work.

Sincerely,

Ben Hughes

Senior Health Policy Analyst, HealthHIV

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