

February 6, 2024

Subject: Alliance for Health Innovation concerns about Maryland Prescription Drug Affordability Board (PDAB)

Honorable Members of the Maryland Legislature,

The Alliance for Health Innovation (Alliance) is a group of diverse cross-sector stakeholders that together represent patients, providers, caregivers, academia, biopharmaceutical innovators, and business communities.

Led by the Global Coalition on Aging (GCOA), the Alliance is committed to establishing the importance of innovation in achieving healthy aging and advocates for state policy solutions that support a thriving innovation sector that enables Marylanders and other communities to live longer – and healthier – lives.

We write to share our deep concerns about the possibility of Maryland's Prescription Drug Affordability Board (PDAB) establishing Upper Payment Limits (UPLs) on prescription drugs, as this would likely decrease reimbursements from payers to pharmacies and providers for certain drugs. While this may save payers in the short term, the Alliance believes pharmacies and providers will be forced to respond by limiting patient access to newer – and often more effective – medicines if not adequately reimbursed.

Such policies typically lead to significant access restrictions for patients, which disproportionately affect the disadvantaged populations these policies are meant to protect.

Many diseases that once burdened aging populations have evolved into manageable chronic conditions due to the development of safer, more effective treatments.

However, while there have been significant strides to discover new treatments in recent decades, there remains a vast unmet patient need for new solutions to complex, age-related health challenges, including Alzheimer's disease, HIV, heart disease, cancer, bone health, and more. Unfortunately, price limits will undercut the incentives to research and develop such innovations and derail progress toward achieving healthier, more productive societies.

Vulnerable populations – such as older adults living with HIV – are even more dependent on access to innovative medicines than others who suffer from chronic conditions. Thanks to



years of biomedical investment and innovation, a person with HIV who starts treatment soon after their diagnosis can expect to live the same lifespan as an HIV-negative person.

However, as people with HIV live longer, they can develop comorbidities that affect their health-related quality of life and are costly to treat. People living with HIV are more likely to develop additional health issues as they age and tend to develop them earlier than people who do not have HIV.

As a result of the proposed legislation, life-saving innovations could become inaccessible to Marylanders who depend on them to manage chronic and, in some cases, life-threatening conditions.

Thank you for allowing us to share our concerns and for your commitment to finding solutions to Maryland patients' affordability and access challenges. We would be happy to discuss these concerns further or answer any questions you might have.

Sincerely,

Michiel Peters, Senior Director, Global Coalition on Aging