

**Testimony in Support SB 388 /HB 340 Prescription Drug Affordability Board -  
Authority for Upper Payment Limits and Funding (The Lowering Prescription Drug  
Costs For All Marylanders Now Act)**

TO: Pamela Beidle, Chair, and Members of the Finance Committee  
FROM: Ashley Egan, District 26  
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As a Unitarian Universalist, I believe in body autonomy. I believe in the sacred bond between a patient and their doctor. As a mother, I believe that my child deserves the best shot for a normal life. I worry about how she can chase her dreams, if she has to worry about paying for the medications that are, literally, keeping her alive. That is why I am asking you to support **SB 388 Prescription Drug Affordability Board - Authority for Upper Payment Limits and Funding.**

We need the Prescription Drug Board to have full authority to set upper payment limits for high cost drugs for all Marylanders, because drugs don't help people if they can't afford them. I learned this first-hand taking care of my oldest child who has epilepsy. She was fine if she was medicated, but every time she missed a dose, she had a seizure.

In 2019, we switched my daughter from a generic 12 hour medication (Trileptal) to a 24 hour dose of the same medication (Oxtellar). While it was basically the same drug, the 24-hour coating kept the amount of medicine in her system stable for longer. Plus, she had less missed doses which reduced her breakthrough seizures. However, due to the amount of medication she needed to be on she was having dizzy spells and eye twitches so being able to take her Oxtellar at bedtime reduced her discomfort and allowed her to function in the morning.

All of this changed last summer. After being strong-armed into the realm of mail-order medication, the company then decided that my daughter's medication was too expensive. They would cover other medications, but I had to get a Prior Authorization to keep her on Oxtellar. Then I had to get additional authorizations as my doctor adjusted her medication, since my daughter was actively having seizures and preparing to leave for college.

I understand, this medication cost my insurance over \$2,000 dollars a month. Plus, she needs both 600 mg and 300 mg tablets to make up her nightly dose. Unfortunately, the insurance company counted this as two separate medications, so what should have been a simple manipulation in dosage, became a full-on negotiation. Unfortunately, their cost-saving measures in reaction to the skyrocketing costs of prescription drugs were in direct conflict with what my daughter needed to live.

Thankfully, we have been able to negotiate with the insurance company to keep her on her medication. But, last summer, when my child's epilepsy started acting up, I had to spend months negotiating with my daughter's doctor and her insurance to keep her medicated. Having a Prescription Drug Affordability Board that could look at options, negotiate prices, and set upper payment limits would have been incredibly helpful in helping my daughter get the medication she needed as soon as she needed it, because she can't wait because of costs.