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February 6, 2025

Maryland Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401  
Sent via MyMGA

***RE: Prescription Drug Affordability Board - Authority for Upper Payment Limits (SB-0357)  
[OPPOSE]***

Dear Committee,

I am proud to say that I was born and raised in the great state of Maryland and that 25 years ago I co-founded an organization, the Global Healthy Living Foundation (GHLF), that today represents chronically ill patients across the country. I spend my days working tirelessly to educate patients and being a voice to patients at hearings such as this across the nation. The patients GHLF represents rely on various therapies to live the most fulfilling lives they can. As such, our organization has taken a keen interest in the work of Prescription Drug Affordability Boards (PDABs or Boards) in various states and the potential impact to our patients' accessibility to necessary drugs.

We write to comment on SB-0357, Prescription Drug Affordability Board – Authority for Upper Payment Limits. Specifically, **we write to oppose this legislation** as we believe this will harm patient access to important therapies without providing financial relief directly to patients.

While it is always commendable for a state to tighten belts and save taxpayer money, we implore you not to take such actions that are detrimental to the lives of chronically ill patients.

The treatment of chronically ill patients – who rely regularly on medications to live – should be of paramount importance to elected officials. While the title of the bill sounds laudable – it hints at making medicines more “affordable” for patients – the reality is setting upper payment limits on medications not directly save patients money but are aimed at setting price limits on certain products purchased by the state and local governments.

That is not just the opinion of GHLF. That was admitted in a briefing given to this committee on January 9, 2025, by Andrew York, the Executive Director of the Maryland Prescription Drug Affordability Board. Specifically, Mr. York said this to the Committee: “for state and local government it would likely be taxpayer savings ... taxpayer expenditures [not individual savings for patients].”<sup>1</sup> Prior to those words, it was made clear that the specific savings *do not goto patients*.

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<sup>1</sup> Available online at : <https://www.youtube.com/watch?v=2Jz33THaV00&list=PLJ-XD0yRQ-kWtTdlla4wq5kodU04DzdEt> (See Minutes 27:51 – 28:14).

Let's be clear: the effects of attempting to create savings of the type designed here could have deleterious effects for patients. Upper Payment Limits should be completely disallowed in the state of Maryland – not expanded as envisioned by this bill. This bill is particularly troublesome because it is seeking to expand the Board's powers with respect to upper payment limits to include limitations on all purchases, which presumably includes purchases made by private health insurers. Creating more barriers to entry in the marketplace could cause manufacturers simply to leave Maryland, leaving patients in the lurch. It could very likely cause health plans to switch patients onto different medications, which could have disastrous effects. Worse: the costs "saved" by local governments via an upper payment limit may save short term costs but lead to devastating costs down the road for local governments required to covered health care needs for patients requiring surgeries, hospitalizations, and more because they were denied access to medications that had kept these patients stabilized.

People in the United States pay more for medicine than people living in many other parts of the world simply because our system allows for secret negotiations between drug manufacturers, pharmacy benefit managers, and health insurers that artificially inflate drug prices through complex contracts that include rebates and discounts. Yet, these savings never trickle down to patients.

Patients often spend years trying different medications before they can find one that leads to stabilization of their condition. Disruptions in the marketplace could have devastating consequences for these patients. Just in terms of costs: the cost to an individual who ceases to be stable could include lost income, increased childcare costs associated with the inability to rear their children, and medical expenses not covered by existing plans. Beyond the fiscal costs are the human ones: to through chaos into the system can destabilize chronically ill patients leading to mental health ailments that can take years to remedy.

We thank you for your time, and again, hope that you will consider the patient voices as you deliberate on the costs of drugs.

Sincerely,



Louis Tharp  
Executive Director

