

TESTIMONY IN FAVOR OF HOUSE BILL 424
By Dr. Danita Tolson on behalf of the NAACP Maryland State Conference

House Health and Government Operations Committee
February 6, 2025

Chair Peña-Melnyk, Vice-Chair Cullison, and Members of the Health and Government Operations Committee;

Thank you for the opportunity to testify today in support of House Bill 424, which would expand the upper payment limit authority of Maryland's Prescription Drug Affordability Board. Since 2018, the NAACP Maryland State Conference has been working to create, support, and strengthen our state's Prescription Drug Affordability Board, recognizing the critical role prescription drug costs and accessibility play in the health and wellbeing of our members and communities. While we have been pleased to see the progress that the Board has made in the past year to address costs for state and local governments, we know that more needs to be done to help the average Marylander struggling to afford their prescriptions. Expanding the authority of our Prescription Drug Affordability Board equips our state with the tools it needs to address the runaway costs of medications.

While we are all hurt by the high cost of prescription drugs, Black Marylanders are faced with additional burdens due to persisting racial health inequities. One of the most prominent examples of this is diabetes and its care management, so the NAACP is appreciative of the Board's decision to review Farxiga and Jardiance—two drugs used to treat diabetes and heart disease—in its initial actions. Black Americans are 60% more likely to be diagnosed with diabetes than White Americans, and they are more than twice as likely to suffer from complications such as vision impairment or end-stage renal disease. Despite this, a recent report revealed that more than 70% of semaglutide prescriptions—like Ozempic—have gone to White patients.ⁱ Addressing the cost of products like this may in turn help to improve access for communities that have been excluded from these treatments due to economic and accessibility challenges, but in order to see true improvement, the Board needs statewide upper payment limit authority.

There are similarly discouraging disparities in medication utilization for several other products that were considered for review. A 2023 AJMC report revealed that Black patients diagnosed with psoriasis and other skin diseases are less likely to receive effective medications for their condition compared to White individuals.ⁱⁱ ADHD medications also have large disparities in usage, with Black, Hispanic, and Asian children having lower rates of access to medications like Vyvanse—likely due to inequities in health coverage and affordability challenges.ⁱⁱⁱ We simply cannot wait to take meaningful action on this issue.

In addition to my role with the NAACP, I also am a Nurse Practitioner who has seen firsthand how patients are hurt by the high cost of prescription drugs. In my practice, I have witnessed clients forgo treatment because of an inability to pay. This can have devastating impacts on

health outcomes, while the alternative—purchasing excessively expensive medications—can leave them in financial ruin. No Marylander should be forced to choose between their medication and other necessities.

Thank you for the work this committee has done to improve health care access and affordability in this state, thus far, and thank you to the lead sponsors Delegates Cullison and White Holland. Maryland has been at the forefront of many issues and will need to continue to be a leader as we face unknown federal threats. We know that drugs don't work if people can't afford them, so we respectfully request a favorable report of House Bill 424.

ⁱ <https://www.cnn.com/2023/09/27/health/semaglutide-equitable-access/index.html>

ⁱⁱ <https://www.ajmc.com/view/examining-health-care-disparities-in-psoriasis-and-other-skin-diseases#>

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<https://pubmed.ncbi.nlm.nih.gov/35959536/#:~:text=Results%3A%20In%20adjusted%20analyses%2C%20compare%20%20d,of%20having%20accessed%20ADHD%20medication>