



# Unitarian Universalist Legislative Ministry of Maryland

## Support SB 357

### Prescription Drug Affordability Board-authority for Upper Payment Limits Health and Government Operations, March 27, 2025

I am Betty McGarvie Crowley from Silver Spring, District 14, representing the Unitarian Universalist Legislative Ministry of Maryland (UULM-MD). We are an advocacy organization, with members in 23 UU congregations throughout the state and health care has been a major priority. We are an active member of the Prescription Drug Affordability Coalition.

UULM-MD supports **SB 357 - Prescription Drug Affordability Board (PDAB)-Authority for Upper Payment Limits (Lowering Prescription Drug Costs for All Marylanders Now Act)**. Despite a slow start because of the former Administration's opposition, this year the authority of the PDAB will allow it to place upper limits for what government entities pay for two high-cost drugs. The PDAB framework is established and, if granted expanded authority, is capable of going beyond its mandate to cover costs for state and local governments to ALL Marylanders. Elected officials support the PDAB as it will result in reduced premiums because 1/3 of insurance payments are for drugs. PDAB will help their budgets and those of employees.

Pharmaceutical companies have arbitrarily raised prices multiple times in the U.S. but the same drugs can be purchased for much less by our North American neighbors and other countries. The extra money is not going to research and development but profits, advertising, and lobbying with their allies. Unfortunately, Marylanders who cannot afford critically needed medications do not have the same resources to get public policies changed for them as seen in recent Federal actions.

The UULM-MD welcomes the opportunity to present our liberal faith perspective as we have a reverence for the interdependent web of all existence which fosters justice, health, and equity in society. We appreciate the wonderful leadership on this legislation by Senators Gile and Feldman. We ask you to support SB 357 to help the 43% of Marylanders who struggle to afford the medications they need.

I recommend that you refer to a compelling testimony submitted by Ashley Egan who is an integral part of our organization. She experiences the challenges of paying for high-cost medications for her daughter and worries about what will happen when she is no longer under the family health insurance. Extending this legislation to All Marylanders would help this family.

**UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,**

**Support SB 354**  
**Prescription Drug Affordability Board-authority for Upper Payment Limits**  
**House Health and Government Operations Committee, March 27, 2025**

I am Ashley Egan, from District 26. As a Unitarian Universalist, I believe in bodily autonomy. I believe in the sacred bond between a patient and their doctor. I strongly believe that medical decisions should be made in the exam room, not the board room. That is why I am asking you to support **HB 424 - Prescription Drug Affordability Board - Authority for Upper Payment Limits (Lowering Prescription Drug Costs for All Marylanders Now Act)**

Last month, my daughter called me from college in a panic asking which insurance company we used. The relief in her voice when I told her UnitedHealthcare was palpable. She has epilepsy and is dependent on multiple thousands of dollars of medications (\$2790.43 to be exact) a month to keep her alive. Imagine if there was a board that could do something about it.

That's why 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.

My daughter had her first seizure when she was 2 years old. 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 is basically the same drug, the 24-hour coating kept the amount of medicine in her system stable for longer. Plus, with less opportunity to miss a dose, she had less breakthrough seizures. In addition, due to the amount of medication she needed to be on she was having dizzy spells and eye spasms, being able to take her medicine at night allowed her to function in the morning and throughout the day.

In 2022, as my daughter was getting ready to leave for college, two things happened.

1. Her insurance decided that my daughter's medication was too expensive. They would cover other medications, but not Oxtellar. After two weeks of constant phone calls, from me and my daughter's neurologist, we were able to get a prior authorization, a process we have to re-visit yearly.
2. Her epilepsy got worse, which meant adjusting the dose and adding additional medications. At times, she needed both 600 mg and 300 mg tablets to make up her nightly dose. Unfortunately, instead of counting them as doses of the same medication, the insurance company counted these as two separate medications. So what should have been a simple manipulation in dosage, became a full-on negotiation. At one point, they would only cover the 300 mg, causing my daughter to have to take 7 pills nightly to make up her dose.

As you can see, 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 were 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 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.

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