

DIABETES PATIENT ADVOCACY COALITION



March 4, 2026

Maryland Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St.
Annapolis, MD 21401

RE: Support for SB 837 *Maryland Medical Assistance Program and Health Insurance - Coverage and Utilization Review - Drugs Reviewed by the Prescription Drug Affordability Board*

Dear Chair Beidle, Vice Chair Hayes, and Members of the Maryland Senate Finance Committee,

On behalf of the Diabetes Patient Advocacy Coalition (DPAC), I write to express our strong support for SB 837.

DPAC is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of Americans living with and at risk for diabetes and its complications. As an organization run by and for people with diabetes, DPAC seeks to ensure quality of and access to care, medications and devices that our community depends on everyday.

Over the past year, DPAC has been actively engaging with the Maryland Prescription Drug Affordability Board (PDAB) to ensure that the patient perspective remains central to affordability discussions. We have closely followed the Board's review of medications relevant to people living with diabetes, including Farxiga, Jardiance, Ozempic, and Trulicity. Throughout the process, we have consistently urged the Board to prioritize reforms that directly reduce patient out-of-pocket costs while protecting uninterrupted access to medically essential therapies.

We strongly support efforts to make prescription drugs more affordable. However, what patients pay at the pharmacy counter is primarily determined by health insurance benefit design — including deductibles, coinsurance, formulary placement, and utilization management requirements. Without guardrails, system-level payment reforms such as Upper Payment Limits (UPLs) may not translate into lower out-of-pocket costs for patients. In some cases, they may

instead prompt insurers to increase utilization management, move medications to less favorable formulary tiers, or impose new restrictions that make it harder for patients to access the treatments their providers prescribe.

For people with diabetes, access disruptions are not theoretical concerns — they are immediate health risks. Utilization management tools such as prior authorization and step therapy were originally intended to be used sparingly to confirm medical necessity for high-cost or unusual treatments. Today, they are frequently applied even to long-established, clinically essential medications. Patients who have been stable on a therapy for years can suddenly face delays, denials, or forced switches. When treatment is interrupted, glucose control can quickly deteriorate, increasing the risk of emergency department visits, hospitalization, and long-term complications such as kidney disease, vision loss, cardiovascular events, and amputations.

SB 837 is important because it recognizes this real-world risk. By limiting the use of utilization management tools for drugs subject to a UPL, the bill ensures that cost-containment policies do not inadvertently create new access barriers for patients. This safeguard helps ensure that any affordability measures adopted by the state translate into meaningful relief for patients — not new administrative hurdles that jeopardize their health.

Affordability and access must go hand in hand. SB 837 strikes that balance by protecting patients from unintended consequences while Maryland continues its important work to address prescription drug costs.

We respectfully ask for a favorable report on SB 837.

Sincerely,

A handwritten signature in black ink that reads "George Huntley". The signature is written in a cursive, flowing style.

George Huntley
Chief Executive Officer
Diabetes Patient Advocacy Coalition