March 4, 2026

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

RE: SUPPORT - 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,

My name is Jacquean L. Kosh, and I live in Hyattsville, Maryland. I am writing today as a patient living with Type II diabetes, as an advocate with the Diabetes Patient Advocacy Coalition (DPAC), and as someone who depends on prescription medications to protect my long-term health. I strongly support SB 837.

I was diagnosed in 2008. Because both of my parents required dialysis—and my mother ultimately underwent a kidney transplant—protecting my kidney health has always been central to my treatment plan . My physician determined that Farxiga would be an important medication to help reduce my risk of serious kidney complications.

When you live with a chronic illness, stability matters. You work carefully with your doctor to choose the right medications. You follow your treatment plan. What you hope is that the health care system supports that plan rather than creating new uncertainty or financial strain.

When I first began taking brand-name Farxiga in 2022, I paid $40 for a 90-day supply. In 2024, my insurer transitioned me to the generic version. I expected that change would lower my costs. Instead, my out-of-pocket expense increased to $65 for the same 90-day supply .

I have also experienced significant inconsistencies across other medications. My insulin costs $65 for 90 days, while Mounjaro—a newer medication with a significantly higher list price—costs me only $35 per month or $25 for 90 days. From a patient's perspective, there is very little transparency about how these amounts are determined.

As an advocate with the Diabetes Patient Advocacy Coalition (DPAC), I work to elevate the voices of people living with diabetes who face similar affordability and access challenges. Through my advocacy, I have seen firsthand how inconsistent cost-sharing, prior authorization requirements, and step therapy protocols can delay care and create financial strain for patients across Maryland and beyond.

I have also personally engaged with the Maryland Prescription Drug Affordability Board (PDAB) by submitting public written comments describing my experience with Farxiga and my concerns

about affordability and access. I shared my story because decisions made by the PDAB have real consequences for patients like me.

I understand that one of the roles of the PDAB is to address situations where drug costs create affordability challenges for Marylanders. The PDAB has the authority to set an Upper Payment Limit (UPL) when it determines that a drug's cost presents such challenges. A UPL is the Board's only direct policy tool—it caps what can be paid for a drug.

In November 2025, the Maryland PDAB took steps toward approving caps on what the state would pay for Farxiga. While a final UPL may not be in place for several months, it appears likely that one is coming. As both a patient and an advocate, I am watching this process closely.

However, price action alone does not guarantee access.

Even after a UPL is set, insurers can still restrict access by requiring prior authorization, imposing step therapy or "fail-first" requirements, moving a drug to a higher cost-sharing tier, or increasing deductibles and coinsurance. For patients, these are not just policy mechanisms—they are delays in care, additional stress on providers, and unexpected financial burdens.

For individuals managing diabetes and related conditions, delays in care can have serious consequences, including disease progression and irreversible damage. If the state takes action to address affordability but insurers can shift costs back to patients through benefit design or utilization management, the intended patient benefit may not fully materialize.

That is why I strongly support SB 837.

For drugs subject to a PDAB-set Upper Payment Limit, SB 837 ensures that insurers and Medicaid managed care organizations may not:

- Require prior authorization
- Impose step therapy or fail-first protocols
- Remove the drug from the formulary
- Move the drug to a more restrictive formulary tier
- Increase copayments, coinsurance, or deductibles
- Reduce or limit prescription drug benefit coverage

The bill provides a limited exception only if the FDA raises safety concerns or the drug is discontinued.

As a patient and as an advocate, I am asking you to ensure that when Maryland acts to address prescription drug affordability, those actions translate into meaningful, reliable relief for patients. When the state caps what can be paid for a drug, patients should experience the benefit through stable coverage, predictable costs, and timely access.

Living with diabetes already requires constant vigilance and discipline. Patients should not also have to navigate shifting insurance rules that undermine efforts to make medications affordable.

I respectfully urge you to pass SB 837.

Thank you for your time and consideration.

Sincerely,

Jacquean L. Kosh
Hyattsville, Maryland