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**SB 837 Maryland Medical Assistance Program and Health Insurance –  
Coverage and Utilization Review –  
Drugs Reviewed by the Prescription Drug Affordability Board  
Senate Finance Committee  
March 4, 2026  
INFORMATION**

Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee, thank you for the opportunity to submit this informational testimony regarding SB 837.

I am Sara Westrick, Advocacy Director for AARP Maryland, representing our 850,000 members in the state. I want to commend the members and staff of the Prescription Drug Affordability Board (PDAB) for their outstanding work to date. The PDAB is fully supported by AARP Maryland, and it remains a model for other states adopting similar approaches to prescription drug affordability.

This is why AARP Maryland is concerned that SB 837 will disrupt the PDAB's critical work. The bill pulls the PDAB into insurance operations it was never designed to oversee. The PDAB's statutory role is drug-cost review and affordability recommendations. Tying PDAB actions to insurance benefit design risks blurs the Board's mission and diverts attention and resources from affordability work.

The bill could potentially create operational and political pressure on the PDAB at a vulnerable moment. The PDAB is in the middle of implementing some of its most complex statutory responsibilities, including upper payment limits (UPLs) and drug affordability assessments. Adding new downstream consequences to every PDAB decision creates new pressure points that could politicize or slow the Board's work.

The bill risks slowing down the PDAB's affordability reviews. If every PDAB review automatically affects insurers' ability to manage utilization, the Board may face pressure to move more cautiously or delay decisions until the impacts are fully understood. This undermines the PDAB's ability to act independently.

This also bill changes the meaning of a PDAB review in ways that could distort the Board's priorities. PDAB reviews were meant to assess affordability challenges, not to determine whether a drug should be exempt from utilization management.

We would ask the committee to consider the following questions in its deliberations:

- What is the policy rationale for tying utilization management rules (prior authorization, step therapy, formulary placement) to PDAB review outcomes?

- Why is the PDAB, whose statutory purpose is affordability, being linked to restrictions on clinical utilization management tools?
- Does this bill expand the PDAB's authority beyond cost review into areas affecting medical management, and if so, is that consistent with legislative intent when the Board was created?
- Could the aims of this bill be accomplished without invoking the PDAB?

Thank you for considering these questions and concerns during your deliberation, and thank you for your service to our state.

If you have any questions, please contact Sara Westrick, AARP Maryland Advocacy Director, at [swestrick@aarp.org](mailto:swestrick@aarp.org) or by phone at 410 310-0374.