

March 2, 2026

The Honorable Pamela Beidle, Chair
The Honorable Antonio Hayes, Vice Chair
Senate Finance Committee
3 Miller East Senate Office Building
Annapolis, MD 21401

Re: Support for SB 837

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

As a Maryland resident, patient living with cancer and an advocate for the more than 1 million Marylanders living with doctor-diagnosed arthritis, thank you for the opportunity to submit testimony in support of SB 837. This legislation is critical to ensuring that the state's prescription drug affordability efforts translate into meaningful, real-world access improvements for patients living with chronic and disabling conditions.

For people living with arthritis, timely access to prescribed medications is essential to preventing irreversible joint damage, chronic pain, and long-term disability. Patients rely on medications to control their disease and preserve mobility. Delays or disruptions in treatment can result in disease flares, permanent joint deterioration, and loss of function. It is similar for those living with cancer and other chronic diseases – management of the disease is the hardest and simultaneously the most important part of treatment.

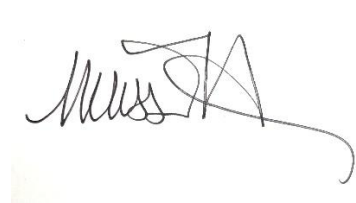
While Maryland Prescription Drug Affordability Board (PDAB) and the establishment of upper payment limits (UPLs), attempts to increase affordability for patients, these reforms must be paired with strong patient protections to ensure unintended consequences of an UPL do not negatively affect access. Payment limits do not automatically ensure that patients will realize reduced cost-sharing responsibilities or less burdensome utilization management protocols such as repeat prior authorizations. There is also concern that availability of medications with UPLs may be reduced as supply may be impacted by price limitations. In summary, the implementation of a UPL could vary substantially from the intent to save patients money and without additional protections, the unintentional added costs can add up.

SB 837 helps ensure that once a UPL is implemented, patients are not met with new or intensified utilization management practices that undermine affordability goals. By limiting certain utilization management tools on drugs subject to a UPL, the bill ensures that affordability reforms do not inadvertently shift burdens onto patients with serious chronic conditions and savings achieved at the system level are reflected in patient experience.

When arthritis, cancer and other chronic diseases are well managed, individuals are better equipped to remain in the workforce, care for their families and avoid costly emergency or inpatient care. Protecting consistent access to prescribed therapies supports both patient health and long-term cost containment. Marylanders living with arthritis, cancer and other chronic diseases should feel the benefit of the state's efforts to address prescription drug costs in real and tangible ways, especially at the pharmacy counter.

SB 837 protects patients and I strongly urge passage of this critical legislation. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Horn", with a long, sweeping flourish extending to the right.

Melissa Horn

Resident, Patient and Advocate for the Arthritis Foundation
Oxon Hill, Maryland
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