DIABETES PATIENT ADVOCACY COALITION

March 13, 2026

Maryland Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

RE: Support for HB 1440 *Maryland Medical Assistance Program and Health Insurance - Coverage and Utilization Review - Drugs Reviewed by the Prescription Drug Affordability Board*

Dear Chair Bagnall, Vice Chair Cullison, and Members of the Maryland Health Committee,

On behalf of the Diabetes Patient Advocacy Coalition (DPAC), I write to express our strong support for HB 1440.

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.

HB 1440 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. HB 1440 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 HB 1440.

Sincerely,

George Huntley
Chief Executive Officer
Diabetes Patient Advocacy Coalition