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(HEAL) Group

Industry Advisory Group (IAG)

National ADAP Working Group (NAWG)

May 12, 2026

Maryland Prescription Drug Affordability Board  
16900 Science Drive, Suite 112-114  
Bowie, MD 20715

**RE: Ongoing Board Developments**

Dear Honorable Members of the Maryland Prescription Drug Affordability Board,

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

**Patient Outreach Remains A Concern**

A recurring issue in Board deliberations is the desire to increase patient engagement. This is imperative for multiple reasons, including to enable the board to operate with a patient-centered paradigm of affordability with regard to prescription drug spending. Ongoing polling shows that only a small share of Marylanders are aware of the PDAB and its work. Additionally, few fully understand the details of Board actions, such as the fact that the first wave only affects eligible governmental entities.

Moreover, at the March 23, 2026, meeting, Chair Mitchell supported obtaining broader stakeholder input, in addition to the handful of stakeholders who regularly engage. That is why it is confusing and concerning that Chair Mitchell spoke unfavorably regarding the idea of the Board marketing itself in order to drive more awareness. Roughly forty minutes into the meeting, he stated, "For us to be expected to put a marketing campaign on for our board and what we do, when we

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are limited in employees and dollars and have been since we began, is really not at the top of our priority.” He went on to say that after five years of board work, it was more important to get a ‘win’ across the line because a ‘win’ would then sell itself to the public.

Without the Board’s desired broad swath of stakeholder engagement and greatly increased awareness by the public, how is a ‘win’ defined, and who is the win for? This is especially pertinent given the narrow scope of initial UPL implementation, which mainly affects the state and employees on state health plans. Moreover, it is concerning that public awareness has been a recognized challenge for the duration of the Board’s existence, yet it has not been addressed.

Public awareness does not require a multimillion-dollar marketing campaign, nor is it a matter of public disinterest in civic engagement. Public awareness merely requires concerted effort and a truly deliberative process. Anything less is a betrayal of this Board’s obligation to serve the very public its Chair is bemoaning engagement with. Public awareness is particularly pertinent, as the Board seeks to expand the reach of its decisions to cover the entire state. Discounting the importance of public awareness does not lend itself to a reasonable expectation of public buy-in and creates a perception of paternalism. Moreover, a lack of emphasis on public awareness raises questions about how much consideration will be given to monitoring potential adverse patient outcomes from implemented actions.

### **Mixed Response to Farxiga and Jardiance Decisions**

We are encouraged that the Board decided not to put forth any UPL or non-UPL recommendations for Farxiga due to acknowledging recent developments regarding the plethora of generics slated to enter the market this year. Waiting to see how market changes unfold acknowledges the need to analyze current, Maryland-specific real-world data rather than broad-based historical data analysis.

Regarding Jardiance, we are concerned about the Board’s decision to simultaneously move forward with several non-UPL policy developments as well as a proposed UPL. The non-UPL policies are noteworthy but will require a much longer timeline of development and legislative buy-in than the UPL, with the likelihood of never reaching implementation. Given the current concern about bandwidth for improving public awareness of the Board, the effective development and implementation of the non-UPL Farxiga recommendations would appear to be an even more taxing endeavor in terms of staff and Board resources.

Regarding whether UPLs are an appropriate tool to address affordability issues for Jardiance or other medications, such as Ozempic, the Board’s current scope of allowed action still raises concerns. The potential negative impacts of setting a UPL in Maryland health settings are compounded by the unique moral and ethical dilemma posed by the PDAB’s proposed implementation plan. The current statute only allows UPLs to be applied to state and local government, including employees, governmental health plans, and purchasers. This essentially seeks to ‘test’ a UPL on entities such as state hospitals and state university students. **The only state-owned hospitals are residential mental health facilities for which court-ordered residency and treatment are the near-exclusive population, meaning these resident-patients cannot legally consent to their own care, much less advocate for ensuring high-quality care.** The potential to adversely affect persons

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who might otherwise be considered disabled due to mental health conditions does not present itself as a 'win', it does, however, present a moral and ethical failure.

We recognize the hard work the Board and staff have done and continue to do. We encourage the Board to continue with the mindset of carefully making decisions that are truly beneficial for Marylanders and of establishing documented, evidence-based positive outcomes within the current purview before expanding actions to the entire state.

Respectfully submitted,



Ranier Simons  
Director of State Policy, PDABs  
Community Access National Network (CANN)

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On behalf of  
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President & CEO  
Community Access National Network