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Community Access National Network Responds to Maryland PDAB's 'Plan of Action'

WASHINGTON, DC (April 14, 2026) – Today, Jen Laws, President & CEO of Community Access National Network (CANN), released the following statement in response to yesterday's Board Meeting held by the Maryland Prescription Drug Affordability Board (PDAB):

“There is no such thing as free money. Everything has a cost. Yesterday's meeting made that apparent through the mixed decision making regarding the establishment of Upper Payment Limits, or UPLs, for Jardiance and Farxiga. UPLs are payment limits or ceilings that apply to all purchases and payments for certain high-cost medicines. Yet, UPLs do not necessarily translate into "cost savings" for patients. Instead, any potential benefits are shifted to pharmaceutical manufacturers, hospitals, and providers. Any purported savings for patients are merely a smokescreen.

“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 come to 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.

“Conversely, regarding Jardiance, we are concerned at 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.

“When UPLs are set, reimbursement rates are lowered for hospitals or clinics, disincentivizing the purchase of treatments despite the fact that it may be the most effective medication to help a patient manage their condition. As a result of diminished provider purchasing power (low reimbursements), biopharmaceutical companies struggle to invest in and supply new, innovative medicines to health facilities, making it difficult for doctors to prescribe treatments they believe are best suited to their patients. We recognize Maryland's efforts may be well-intentioned, but the truth is that patients will bear the brunt of this domino effect of unintended consequences.

“The negative impacts of setting a UPL within Maryland health settings are compounded when we consider the unique moral and ethical dilemma of 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 in essence 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. Additionally, today's proceedings

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clarified that regulations for monitoring the effects of UPL implementation are not yet developed.

“Furthermore, the potential to adversely affect persons who might otherwise be considered disabled due to mental health conditions is abhorrent.

“Maryland's Legislative Policy Committee – and state leadership – must do right by Marylanders and reject the Plan of Action. This is especially true since most Marylanders are not aware of the very limited scope of the Board’s current authority. Not only are advocacy, transparency, and accountability on the line, but lifesaving points of treatment access will be severed. Policy efforts to address affordability must prioritize patient access and continuity of care.

For general information and media inquiries, please contact press@tiicann.org.

***About Community Access National Network:** The mission of the Community Access National Network (CANN) is to define, promote, and improve access to healthcare services and supports for people living with HIV/AIDS and/or Viral Hepatitis through advocacy, education, and networking. These services must be affordable to the people who need them regardless of insurance status, income, or geographic location.*