



MARYLAND CITIZENS' HEALTH INITIATIVE

Prescription Drug Affordability Initiative

WHEREAS, to protect our lives and our well-being, every family in Maryland requires access to affordable prescription drugs;

WHEREAS, skyrocketing costs are making some medicines virtually inaccessible to our families and neighbors;

WHEREAS, overall drug prices increased almost 9% in 2016 while general inflation increased just over 2% in the same period, and since 2013 drug prices have risen an average of 10% annually but inflation has only increased 1.2% on average since 2013;

WHEREAS, prescription drug spending accounted for over 22% of each health insurance premium dollar in 2014, and nearly a quarter of people in their deductible period never picked up their prescriptions from the pharmacy, presumably because of the cost;

WHEREAS, over half of Medicare beneficiaries who did not fill at least one prescription reported prohibitive costs as the reason, and that nonadherence results in an estimated \$100-\$300 billion of avoidable health care costs annually;

WHEREAS, Maryland should continue to lead the Nation in addressing the affordability of prescription drugs, building on the State's landmark 2017 legislation banning price gouging by manufacturers of generic and off-patent drugs.

THEREFORE, BE IT RESOLVED that the undersigned organization supports creating a new Prescription Drug Affordability Board to determine how best to make prescription drugs more affordable for Marylanders, including by: examining the entire drug supply chain, including the role of drug manufacturers and Pharmacy Benefit Managers (PBMs), and establishing payment rates for expensive drugs that create significant affordability problems for Marylanders, building upon Maryland's successful tradition of health care cost scrutiny.

Organization: _____

Address: _____

Phone Number: _____ (o) _____ (c) Email: _____

Representative (Print Name): _____

Title/Role with Organization: _____

Signature: _____ Date: _____

By signing this document, you imply that you have the authority to represent the listed organization.

Please mail, fax, or email completed form to:
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