

August 2018

OVERVIEW AND METHODS OF THIS STUDY

The Maryland Citizens Health Initiative Education Fund, Inc. commissioned these focus groups to understand perceptions and attitudes of Maryland voters on the topic of prescription drug affordability. The research was designed to assess the level of support for a proposed commission or board that would review high-cost drugs and set reasonable prescription drug payment rates.

OpinionWorks LLC, an independent research organization based in Annapolis, Maryland, designed and conducted this research.

Three focus groups were conducted August 14 and 18, 2018 in Annapolis and Baltimore, Maryland. As an in-depth research method that relies on an open, trusting group environment, focus groups are most successful when people are grouped with others who have similar life experiences or perspectives on the issues being discussed. As such, participants in these discussions were divided into three segments:

- A. Annapolis-area Republicans, focused on Legislative District 30;
- B. African-American residents of low and moderate income in Baltimore City;
- C. Suburban Baltimore residents of all parties, focused on the swing Legislative District 8, which includes White Marsh and adjoining areas east of Baltimore City.



Annapolis-area Republican group

A total of 20 people participated in these roundtable discussions. All participants were active voters who pay at least some attention to civic affairs and the political process. Participants were recruited from the general population and were compensated for these two-hour sessions. OpinionWorks' professional moderators conducted these focus groups following a discussion guide which had been developed in advance to ensure that all topics of interest were covered.

Full results are discussed in the following pages. Detailed appendices accompany this report, including the recruitment screening questionnaire, the focus group discussion guide, exhibits tested in the focus groups, and full transcripts. This report is also accompanied by digital recordings of the focus group sessions.

August 2018

EXECUTIVE SUMMARY

This focus group research shows a voting public that is emotionally affected by the problem of prescription drug affordability. Many people are deeply impacted personally, and most others either know someone who is, or have heard terrible stories about EpiPen and other vital medicines that have become difficult or impossible to afford.

Voters said there is a great deal of blame to go around when it comes to high drug costs. They readily blame the pharmaceutical industry, but are just as ready to blame their health insurance carrier, the government (as either doing too much or too little), and even their local pharmacy. This problem is so entrenched, focus group participants indicated they want to move quickly past blame and focus on solutions. The attitude of the public is this: Let's roll up our sleeves and fix this problem, not complain about it.

Pharmaceutical advertising emerged as a major irritant for consumers, in large part because they resent being told to "ask your doctor," in effect helping the industry sell its drugs to their doctors. So when shown that pharmaceutical advertising spending outstrips research and development, voters were immediately annoyed and motivated. The focus on advertising emerged from these focus groups as proponents' strongest line of argument. Empathy, worrying about neighbors or family members who cannot afford their medications without making painful sacrifices, ranked as the second most potent.

Industry arguments scored much weaker across-the-board. The industry's strongest argument is to shrug off responsibility, saying, "Drug companies should not bear all the blame for high drug costs." Their second strongest message is to focus on the cost savings to the health care system that could be made possible by medical breakthroughs.

Overall, focus group participants rejected words, phrases, and messages that they viewed as strident or unfair. They gravitated towards statements and ideas that had a forward-looking, fair-minded, and declarative tone. A strong focus on the impact on *individual* consumers and families, told through stories – rather than a focus on society at-large or the broader economy – appears to be the strongest possible motif.

There is widespread support for a board or commission that would review and set drug costs. Voters want it to be independent, expert, and to fairly represent all points of view. While more conservative voters want to be sure the industry voice is heard as part of the review process, all voters believe it is important to avoid financial conflicts on this board, as well as political influence.

Research participants opted to call it the "Prescription Drug Affordability Board" because they want it focused on its mission and the expected outcome – better drug affordability for patients. The common-sense statement, "Drugs don't work if people can't afford them," carried the day as the best headline for this effort.

Full results follow.

August 2018

DETAILED FINDINGS

Overall Context

Voters in these focus groups exhibited awareness and sensitivity to high prescription drug costs. Many felt stress themselves around drug costs and faced real-world and often painful choices about how to afford the prescriptions that they or family members need. Others knew stories of people in their lives who have experienced extreme stress or difficulty around affording their prescriptions.

The impact of high prescription drug costs hit some focus group participants on a very personal level. Reviewing a draft fact sheet which included brief stories, the moderator asked, "What are the things that jump out at you, good and bad?" The fact sheet included the anecdote of "Peggy, who at 72 works five nights a week to be able to afford her prescription drugs." One respondent jumped in:

"This stuff up here, that reminded me of my mother. When they was talking about Peggy, the person who had overpaid for their prescriptions and had to keep working... My mother is (in her 70s and working) because she has to...(to get) the prescriptions she needs." – Baltimore City voter



The respondent explained that her mother does not work full-time, but she does work two days per week just to pay for needed medicines. The story resonated around the table as others clearly were thinking of people in their own lives who are in a similar situation.

For other consumers who may not have experienced unmanageable drug costs themselves, stories like the extreme cost escalation for vital medications like EpiPen have penetrated the public consciousness.

As a backdrop to messaging on this issue, it is important to know who voters blame for high drug costs. Though voters tend to pinpoint pharmaceutical corporations *first*, blame for this high cost environment is not solely focused on the drug makers. In fact, voters feel there is a great deal of blame to go around.

August 2018

In each group, three main entities were pinpointed for blame:

Drug corporations: When brainstorming who is responsible for high prescription drug costs, pharmaceutical companies were typically mentioned first in each group. The drug makers are seen as profit-driven, and not acting in the best interests of consumers. Even the Republicans, who could easily be described as sympathetic to drug makers' need to recoup costs and make a profit, had several immediate concerns about their motives:

"These drug companies spend eight, ten, twelve, fifteen years to get a drug approved. I don't know what the costs are, but they've got to be astronomical. Now, I think they have a right to recuperate their costs with a profit. What irritates me is when a company buys another company and the cost of the same drug jumps from fifty bucks to two thousand. We all heard about that."

"I agree. They should be able to recoup their investment, but you do hear about the prices staying up for far longer after they've (don't that)." – Republican Voters

Insurance companies: Consumers see them as the key decision-maker who can simply decide not to pay the price demanded by the drug maker, "and then you get stuck at CVS without your medicine because your insurance doesn't cover it," one voter explained. Health insurers were described as pragmatic and profit-driven, always coming out on top at the consumer's expense.

"Not everything is generic so if the insurance company doesn't want to pay or wants to only pay generic prices and the drug that you need to take does not come in generic, you're kind of screwed."
– Legislative District 8 Voter

Government: Depending on one's political point of view, the government is seen as over-regulating or harmfully deregulating the pharmaceutical industry – in either case making things more expensive. Voter opinions on this issue are also impacted by the ongoing debates in Washington over the fate of the Affordable Care Act, the anxiety and uncertainty of which seemed to overhang much of the discussion in these focus groups.

"(The government says,) 'I'm going to give you this,' and once you reach your hand out for it, they pull it back and say, 'Psych!'" – Legislative District 8 Voter

There was little differentiation between state and federal government involvement in health care, but it is safe to say that these focus group participants did not give government at either level credit for helping lower the cost of prescription drugs.

Some voters also blamed their pharmacies, with one even criticizing her long-time pharmacist for not telling her in advance about a major cost increase for one of her medications. Significantly, it is at the pharmacy, the point of sale for most consumers, that people tend to find out about the cost of their medicines, making that interaction emotionally laden.

The Impact of Advertising

A major industry argument is the impact cost control could have on their ability to undertake research and development for new medicines. Sponsors of this research project wondered if voters were aware of the extent of the industry's spending on advertising relative to research and development, and how that might impact voter opinion. To help prompt that discussion, the moderator showed the following graphic, which was produced by *The Washington Post*.

August 2018



The impact on voters of juxtaposing advertising spending against research and development spending was striking. The chart that compared the two categories of spending by corporation made a big impression across all audiences. Republican voters were as impacted by this line of discussion as any others – and one could argue were *more* influenced by it because they started out with a much more favorable impression of the pharmaceutical industry.

More broadly, and somewhat unexpectedly, voters in these focus groups expressed a viscerally negative reaction to pharmaceutical ads they see on television. These consumers expressed cynicism about what they see as a blatant attempt to enlist them as sales agents for the pharmaceutical industry when the ads tell them to “ask your doctor” about a specific medication. Consumers recognize that there is already a large sales and influence structure in place to reach the medical community and persuade them to prescribe profitable medicines. In addition to these concerns, the sheer abundance of pharmaceutical ads on television help reinforce the impact of a chart comparing advertising and research spending.

Proponent Messaging

Twelve proponent messages were tested. Two of those messages resonated most strongly with all three audience segments. This was the most impact of all:

“Big PhRMA – the big drug companies – spend almost twice as much on advertising their products than on research and developing new drugs. That’s just wrong.”

Segment	Level of Agreement*	Rank
Annapolis Area Republicans	3.86	1 st
Baltimore City African-American Voters	4.86	1 st (Tie)
Legislative District 8 Voters	4.67	3 rd
Overall	4.45	1st

*5=Strongly Agree, 4=Somewhat Agree, 3=Neutral, 2=Somewhat Disagree, 1=Strongly Disagree

August 2018

“It bothers me that many Marylanders can’t afford their medicines, sometimes having to choose between buying their prescriptions or paying the rent and buying groceries.”

Segment	Level of Agreement	Rank
Annapolis Area Republicans	3.71	2 nd
Baltimore City African-American Voters	4.71	3 rd (Tie)
Legislative District 8 Voters	4.83	2 nd
Overall	4.40	2nd

A third message resonated poorly with the Republican audience but was powerful with the more politically progressive and swing audiences in the other two groups:

“Drug companies pay their executives lavish salaries and make enormous profits. Maryland taxpayers get gouged while CEOs get rich. These drug companies are gouging consumers because they can; the system is rigged in their favor.”

Segment	Level of Agreement	Rank
Annapolis Area Republicans	2.86	10 th (Tie)
Baltimore City African-American Voters	4.86	1 st (Tie)
Legislative District 8 Voters	5.00	1 st
Overall	4.20	3rd

Attacking CEO pay is predictably effective with extremely progressive voters, who are prone not to trust large corporations and their CEOs. As a Baltimore City voter said, “I say it's like they (are) legally robbing people. ... I think there should be some sort of regulation as to where people cannot make that much money on people's health.”

But among more moderate and conservative voters in these focus groups, there was a sense that although pay can be lavish, CEOs are smart people and skilled managers at the top of their profession, and they deserve big compensation. One participant in the Republican group even compared CEOs to major entertainers or sports figures who are well compensated for good reason, he said. Therefore, although it polls strongly in some segments, a more strident argument like CEO greed needs to be used strictly in a targeted fashion, only among audiences with whom it resonates.

These six statements received at least modest agreement from all three audiences:

- It’s time to roll back costs for lifesaving drugs. Maryland must demand a public oversight commission to ensure Marylanders get a fair price at the pharmacy.
- Big drug corporations spent more than \$1.5 million the past two years in Annapolis to keep drug prices high and to fight against fair drug costs. Imagine if they put that money towards lowering drug costs.
- I don’t object to drug companies making a profit, but a 1,000 percent markup? That’s just not fair.
- Reviewing the prices of drugs is not a new idea. The state already reviews costs for many other essential products – including hospital services, insurance and electricity.
- High prescription drug costs are a problem for everyone – not just people with low incomes.
- Marylanders are being priced out of good insurance plans. Rising drug costs are one of the main drivers of those premium increases.

August 2018

The full complement of 12 proponent messages are shown below, ranked according to their impact.

Testing the Impact of Proponent Messages
*5-Point Scale of Agreement**

	Repub- licans	City Voters	LD 8	Overall Average
F. Big PhRMA – the big drug companies – spend almost twice as much on advertising their products than on research and developing new drugs. That’s just wrong.	3.86	4.86	4.76	4.45
B. It bothers me that many Marylanders can’t afford their medicines, sometimes having to choose between buying their prescriptions or paying the rent and buying groceries.	3.71	4.71	4.83	4.40
E. Drug companies pay their executives lavish salaries and make enormous profits. Maryland taxpayers get gouged while CEOs get rich. These drug companies are gouging consumers because they can; the system is rigged in their favor.	2.86	4.86	5.00	4.20
I. It’s time to roll back costs for lifesaving drugs. Maryland must demand a public oversight commission to ensure Marylanders get a fair price at the pharmacy.	3.14	4.71	4.33	4.05
H. Big drug corporations spent more than \$1.5 million the past two years in Annapolis to keep drug prices high and to fight against fair drug costs. Imagine if they put that money towards lowering drug costs.	3.14	4.71	4.17	4.00
L. I don’t object to drug companies making a profit, but a 1,000 percent markup? That’s just not fair.	3.57	4.43	3.83	3.95
J. We need a strong Commission to look out for consumers and fight for fair and affordable drug costs in Maryland.	2.86	4.71	4.17	3.90
K. Reviewing the prices of drugs is not a new idea. The state already reviews costs for many other essential products – including hospital services, insurance and electricity.	3.14	4.43	3.67	3.75
A. High prescription drug costs are a problem for everyone – not just people with low incomes.	3.57	3.86	3.50	3.65
G. American taxpayers foot the bill for a large portion of the research and development into new drugs – but drug costs keep going up and the drug companies reap huge financial benefits.	2.36	4.14	4.50	3.63
C. Marylanders are being priced out of good insurance plans. Rising drug costs are one of the main drivers of those premium increases.	3.43	3.43	3.33	3.40
D. More and more of our tax dollars are going to pay the rising costs of prescriptions covered under public insurance plans, such as Medicaid and Medicare. This hurts everyone by taking tax dollars away from other essential services.	3.57	3.43	2.50	3.20

*5=Strongly Agree, 4=Somewhat Agree, 3=Neutral, 2=Somewhat Disagree, 1=Strongly Disagree
Messages color-coded based on their strength.

August 2018

Testing Industry Arguments

On the industry side, 12 arguments were tested, drawn directly from prior legislative testimony of industry representatives and their advocacy partners. Their arguments tested much lower across-the-board, including with Republican voters, who disagreed overall with four of these industry arguments.

Only two of the industry messages generated agreement significantly above “3” (the mid-point) of the scale:

“Drug companies should not bear all the blame for high costs. Middlemen like insurance companies and pharmacy benefit managers determine how much patients actually pay.”

Segment	Level of Agreement	Rank
Annapolis Area Republicans	4.29	1 st
Baltimore City African-American Voters	2.86	3 rd (Tie)
Legislative District 8 Voters	3.67	1 st
Overall	3.60	1st

“Over the long term, paying for new breakthrough treatments will save millions in health care costs.”

Segment	Level of Agreement	Rank
Annapolis Area Republicans	3.64	5 th
Baltimore City African-American Voters	3.29	1 st
Legislative District 8 Voters	3.00	2 nd (Tie)
Overall	3.33	2nd

Overall, the progressive and swing audiences were extremely skeptical of the industry arguments. Among the African-American voters in the City, only one industry argument scored modestly on the agree side and one other was neutral on balance. The remaining 10 statements were disbelieved by the group. Similarly, in the suburban Legislative District 8 audience, only one argument scored above a “3,” and three other arguments netted out as neutral.

Six industry arguments earned modest to solid agreement from Republicans while being viewed neutrally to negatively by the other two audiences. These messages prioritized lowering health premiums over lowering drug costs, addressed the long process of bringing a drug to market, argued for protecting bio-medical jobs in Maryland, suggested that competition is enough to lower drug costs, argued that a board or commission would just add government bureaucracy, and asserted that cost control would undermine life-saving research.

All three audiences disagreed heartily with these four arguments:

- Cost control legislation will make medicines less available in low-income communities.
- This legislation would actually drive up the cost of drugs, because drug companies would have to spend so much to comply with the law.
- Drug companies may not sell life-saving drugs to Maryland if we pass this law.
- Cost control legislation is not needed because there are many assistance programs already available to patients.

August 2018

Testing the Impact of Industry Messages
*5-Point Scale of Agreement**

	Repub- licans	City Voters	LD 8	Overall Average
A. Drug companies should not bear all the blame for high costs. Middlemen like insurance companies and pharmacy benefit managers determine how much patients actually pay.	4.29	2.86	3.67	3.60
F. Over the long term, paying for new breakthrough treatments will save millions in health care costs.	3.64	3.29	3.00	3.33
H. Reducing health insurance premiums and deductibles would be more effective for people than controlling prescription drug costs.	3.43	3.00	2.67	3.05
J. The process of bringing a drug to market averages 10 to 12 years, and costs \$2.6 billion per drug. Pharmaceutical companies need to know they can charge enough to make it worth it to bring new drugs to market.	3.86	2.29	3.00	3.05
G. We should not undermine the bio-medical industry, which provides tens of thousands of jobs and many millions of dollars in revenue here in Maryland.	3.57	2.86	2.33	2.95
K. The competitive market, including competition among brand name medicines and generic drugs, is already working to limit the growth in drug prices.	3.71	2.29	2.60	2.89
C. This Commission would just be another layer of wasteful, unnecessary bureaucracy.	3.79	1.71	3.00	2.83
B. Cost control on pharmaceuticals will reduce the ability to fund life-saving research.	3.57	1.57	1.67	2.30
D. Cost control legislation will make medicines less available in low-income communities.	2.14	2.29	2.00	2.15
I. This legislation would actually drive up the cost of drugs, because drug companies would have to spend so much to comply with the law.	2.43	1.86	1.67	2.00
L. Drug companies may not sell life-saving drugs to MD if we pass this law.	2.14	1.86	2.00	2.00
E. Cost control legislation is not needed because there are many assistance programs already available to patients.	2.57	1.14	2.00	1.90

*5=Strongly Agree, 4=Somewhat Agree, 3=Neutral, 2=Somewhat Disagree, 1=Strongly Disagree
Messages color-coded based on their strength.

August 2018

What Voter Response to the Draft Fact Sheet Tells Us

WE ALL PAY THE PRICE SO THEY CAN GET RICH
The True Cost of Prescription Drugs

PATIENTS

More and more Marylanders are forced to choose between prescription drugs and other necessities, like rent and groceries, and others are forced to go without their medications.

They are people like:

Larry, who suffers from Parkinson's disease. Even with insurance he is unable to afford the best course of treatment, which would cost him over **\$8,000 per month**.

Peggy, who at 72, works **five nights a week** to be able to afford her prescription drugs.

the 45 million Americans who did not fill a prescription in 2016 **due to cost**. Others are forced to skip or reduce dosage, resulting in less effective treatment, illness, and even death.

PREMIUMS

The rising costs of prescription drugs are a major contributor to overall healthcare expenditures and result in higher premiums.

"In 2017 drug cost, from both the medical and pharmacy benefit, was the single largest contributor to overall spending at CareFirst at approximately 33%. This is larger than specialists, inpatient or outpatient and any other cost at CareFirst, and continuing to rise." Chet Burrell, former CEO, CareFirst BlueCross BlueShield

10%

Insurers setting their 2018 premiums for Maryland's individual market assumed their drug costs will grow 17% from last year, while expecting just a 6% growth for medical care.

Insurers setting their 2018 premiums for Maryland's small employer group market assumed drug spending will grow 10% from last year, which is more than the 7.5% growth they report for medical care.

PUBLIC HEALTH/TAXPAYERS

The skyrocketing costs of prescription drugs threaten the public health of Marylanders

At the height of the opioid epidemic, communities across Maryland struggle to afford naloxone, a lifesaving antidote to overdose. In recent years, some manufacturers have **raised their prices over 500%**

Maryland receives a "C" when evaluating the state's Hepatitis C Medicaid access. With some medications **costing as much as \$84,000**, the state is forced to triage patients, treating only those who have suffered from moderate to severe liver damage.

In addition to paying for our own drug coverage, our state taxes support the growing cost of drug coverage for Medicaid; prisons; state, local, university employee, retirees, and dependents. **That's about 30%** of the state population.

What can I do? With your help, we can address these issues by creating a Drug Cost Commission in Maryland

Join the Prescription Drug Affordability Coalition today!
Visit healthcareforall.com/RxResolution and sign-on to be a part of the initiative!

Share your story!
Visit healthcareforall.com/heardmystory

For questions or comments contact us at healthcareforall.com or call 410-235-9000

As a prompt to test messaging and the impact of facts, the moderator distributed copies of a draft fact sheet headlined, "We All Pay the Price So They Can Get Rich: The True Cost of Prescription Drugs." The fact sheet was divided into three sections, focused on the impact of high costs on patients, premiums, and public health/taxpayers. At the bottom of the fact sheet was a panel addressing the question, "What can I do?"

The Republican group resonated well with the central content of the fact sheet. They felt it was informational, conveying the fact that there is a broad problem with prescription drug costs, a problem that they readily agree exists. "The system's obviously broken," one said, but the fact sheet was too quick to pin blame on one actor in that broken system. The participants in that group were eager to know what could be done to "alleviate the problems," and suggested a better headline might be, "Let's solve the problem together."

This problem-solving orientation characterized *all three* focus groups, not just the Republican group. While moderate and progressive voters in the other two groups were much more ready to blame profit-driven industry for high drug costs, they too wanted a much more solutions-oriented message than what they read in the original draft of the fact sheet. They wanted to see more of a focus on the proposal to fix the problem.

Among the concepts of patients, premiums, and public health/taxpayers, this is how those three themes tested:

- Of the three main concepts, the focus on patients resonated most strongly. Focus group participants could imagine the impact on individual consumers even if they had not suffered from high drug costs themselves. Some people responded very personally to the individual stories, including one focus group participant who saw the story of "Peggy" as her own mother's experience, as described earlier.
- The connection to premium costs was the second strongest of the three pillars. Particularly impactful was this quote from a CareFirst executive: "In 2017, drug cost from both the medical and

August 2018

pharmacy benefit was the single largest contributor to overall spending at CareFirst at approximately 33%. This is larger than specialists, inpatient or outpatient, and any other cost at CareFirst, and continuing to rise." Even consumers who pay little or nothing out-of-pocket for prescription drugs were moved by the fact that drug costs could have this magnitude of an impact on overall health spending.

- Of the three, the least impact was delivered by the threat to public health and taxpayers. Voters almost always are most impacted by individual stories and household-scale data, and this issue is no exception. Furthermore, the taxpayer argument is a complicated one to make and a difficult one for many people to understand, and it quickly gets lost in voters' larger philosophy about the virtues or ills of taxation, and their feelings about government involvement in health care delivery. This is not to say that the public health and taxpayer argument should be avoided, but perhaps that it should not be given equal weight with the impact on patients or premiums.

Note that on the fact sheet and all of the materials tested, some participants questioned facts or assertions they saw. Sometimes it was simple skepticism and a desire to know the source. In other cases, participants expressed open disbelief. As an imperative, in today's environment where credible information sources are undermined by our leaders, social media has been infected by contrived information, and so-called news sites are in the business of dispensing opinions rather than engaging in real journalism, the public is in a mistrustful mood. We saw that here. With that in mind, sources must be cited and facts must be checked and validated to ensure communications materials and messages are not dismissed out-of-hand by a skeptical public.

Support for the Proposal to Create a Board or Commission

The concept of a rate-setting body was introduced to focus group participants through a case statement. This description was passed around the table and read aloud:

A Maryland Drug Cost Commission will be a small, independent organization of people with expertise in medicine, drug company business, and health care financing. The Commissioners will not represent any stakeholder group and will not have financial conflicts with drug companies.

For high cost drugs, the Commission will hear from the public, health insurers and other stakeholders about whether the drug cost is a problem: can state and local government and health insurers make sure that everyone who needs the drug can get the drug? If it seems that the drug will create financial strain and cause some patients to go without it because of the cost, the Commission will conduct an affordability review of a drug.

At the end of that review, the Commission can set a drug payment rate — setting what consumers will pay. The state already has a Public Service Commission, which is a small group of experts who decide what we, consumers, will pay for services important to life and health — electric, gas, transportation, telecommunications, and water. The Drug Cost Commission is also similar to our very successful Health Services Cost Review Commission that sets the statewide payment rates for hospital care. Finally, the Maryland Drug Cost Commission is similar to the Canadian board that limits the costs of drugs. All the models on which the Drug Cost Commission is built are successful and effective in protecting consumers from unfair costs.

Participants were invited to draw on their sheets, circling positive concepts and crossing out negative ones. These aspects of the description resonated most strongly across audiences:

August 2018

- Small, independent
- Expertise
- Will not have financial conflicts with drug companies
- Affordability review
- Successful and effective in protecting consumers from unfair costs

In addition, all participants wanted the board to be well-rounded, representing important voices. For the Baltimore City and Legislative District 8 voters, that typically meant that they wanted to be sure that the voice of the average consumer was heard. The Republican voters felt it was very important that the pharmaceutical industry was included, at least through one or more retired executives, so that a real-world voice of business experience could be heard.

“Fairness” was a refrain that more conservative participants returned to frequently in the focus groups. For those voters, a process that they see as fair to all parties will have the best chance of winning their support.

What was less effective in this case statement were references to other comparable bodies: the Public Service Commission and the Health Services Cost Review Commission. Voters were either unaware of their impact (or even their existence) and openly doubted that they were effective.

As they discussed the concept, voters also expressed significant concerns about the influence of politicians on such a body. They wanted to make sure it was truly independent, free to make its own decisions based on the evidence without undue influence.

Overall, the solution of establishing a rate-setting board or commission resonated well with voters. The basic concept felt to voters of all stripes like a proposal that could be effective in helping control prescription drug costs. It fit well with their desire to *fix* the problem rather than just discuss the problem and assess blame.

Call it a “Prescription Drug Affordability Board”

Focus group participants discussed what to call this review body. Entering in to the research, it was suggested to be called the “Maryland Drug Cost Commission,” or the “Maryland Drug Cost Review Commission.” Instead, participants opted to call it the “Prescription Drug Affordability Board,” for these reasons:

- Participants clearly said they wanted the body to be named for its mission, the affordability of prescription drugs. “Drug Cost” or “Drug Cost Review” are not outcomes-oriented, and participants felt it was important to focus this new body on the hoped-for outcome of affordability.
- Participants also said a focus on affordability gave this body a *people* orientation. Affordability is a benefit to consumers, and that is where participants wanted the emphasis.
- The word “Commission” carried significant negatives. Predictably, for many voters it raised the specter of bureaucracy and did not feel like a body that would be effective or consumer-focused. Unexpectedly, the word “commission” was also misunderstood by some voters as a sales-oriented or profit-making venture whose members may financially benefit from the decisions they make.

August 2018

- “Board” proved to be a friendlier term, and it seemed to remove most of the negativity encountered by the word “commission.” Participants felt a “board” would be more likely to be independent of political influence.

“Drugs Don’t Work If People Can’t Afford Them.”

A variety of possible taglines and headlines were tested. Participants gravitated towards the concepts embedded in “Affordable Drugs Save Lives” and “We All Pay the Price of High-Cost Prescription Drugs.” In keeping with the discussion of the Affordability Board, these two statements keep the focus on people and the desired outcome of affordability.

In the end, after discussion in all three groups, participants melded these ideas together in the simple and declarative statement, “Drugs Don’t Work If People Can’t Afford Them.”

CONCLUSION

This research points up clear opportunities to communicate effectively and build support in the voting public. The proposal to create a Prescription Drug Affordability Board is in keeping with the solutions-oriented mindset of Maryland voters on this issue.

It has been a privilege to conduct this research for the Initiative, and we stand ready to offer any additional interpretation that may be needed as you seek to apply these findings to your public outreach.

OpinionWorks LLC
Annapolis, Maryland