



 **ENSURING ACCESS THROUGH COLLABORATIVE HEALTH**

Patient organizations & allied groups (doctors, pharmacists, etc.) who advocate for drug affordability policies that benefit patients.

 **PATIENT INCLUSION COUNCIL**

Patients & caregivers who participate in activities that ensure patient-reported needs are incorporated into drug affordability solutions.

WWW.EACHPIC.ORG



 [COMPANY/EACH-PIC-COALITION](https://www.linkedin.com/company/each-pic-coalition)

Why Was EACH/PIC Created?

- Ensure “patient voice” is heard in state and federal drug affordability review process.
- Overcome barriers to meaningful patient engagement that became apparent during initial Colorado PDAB and CMS IRA “listening sessions”.
 - Officials responsive to lawmakers, not patients.
 - Very limited patient input received, considered, or discussed.
 - Patients with advocacy groups dismissed/not heard (they want “95%” of advocates that are not “professional advocates”).
 - Assumptions how upper payment limits (UPLs) benefit patients without any supporting data.
- Provide a “disease agnostic” patient perspective on how out-of-pocket costs and not price make their drugs unaffordable and what adverse impacts they can suffer if treatment access disrupted.
 - Example: “Therapeutic alternatives” are often not alternatives for persons with complex conditions.

Upper Payment Limits

Myth

- UPLs will cap patient costs for drugs
- Automatically lowers patient drug costs.
- Ensures access to patient meds.
- Assists all patients in the state.
- Limits negative impact of PBM practices on patients

Fact

- UPLs cap what insurers required to pay for a drug
- No mechanism to lower OOP costs for patients.
- Could limit patient access to critical meds.
- Only applies to state-regulated health plans.
- Includes no requirement that insurers or PBMs pass savings to patients

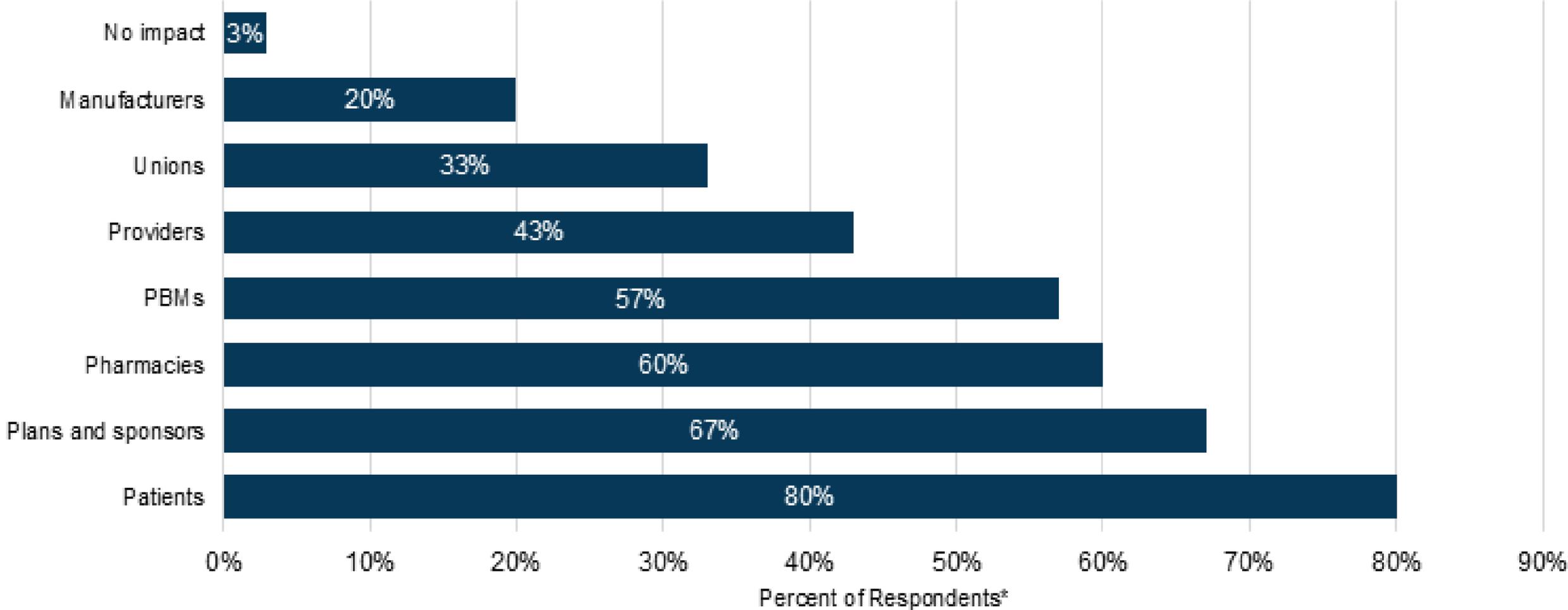
Studies Show Negative Impacts from UPLs

- Partnership to Fight Chronic Disease/Avalere Health (March 2025)
 - 77% of health insurance execs surveyed believe UPLs will disrupt patient access to needed drugs due to coverage changes, tiering/rebate adjustments, higher cost-sharing, or supply chain issues (pharmacies refusing to stock medicines with UPLs.)
 - 57% predict that plan premiums will increase if UPLs are applied.
 - 73% express concerns that UPLs will lead to shortages of critical drugs.
- Pioneer Institute for Public Policy Research (June 2025)
 - Maximum fair price increased average OOP costs by 32% for all nine of the first CMS IRA drugs.

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Bottom Line: Patients will be most adversely impacted by UPLs

Which stakeholders may be impacted by UPL effectuation?



*Respondents Could Select More than One Option



Questions?

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