



**Testimony of
Zach Lynkiewicz
On
Maryland Senate Bill 357
Finance Committee, Maryland Senate**

Madam Chair and members of the committee, thank you for the opportunity to testify today. My name is Zach Lynkiewicz, and I am the Government Affairs Manager at the HIV+Hepatitis Policy Institute, which advocates for affordable healthcare for people living with or at risk of HIV, hepatitis, and other chronic health conditions.

While we all want to lower drug costs, we do not believe that expanding the PDAB's Upper Payment Limit (UPL) authority will actually save patients money. Instead, we have significant concerns that SB 357 could unintentionally restrict access to critical medications, discourage investment in new treatments, and reduce funding to safety net programs that already help patients afford life-saving drugs.

HIV treatment has evolved from multiple daily pills with severe side effects to single-tablet regimens and long-acting injectables. Continued progress—including an HIV vaccine and even a cure—depends on sustained investment in research. Government-imposed price caps risk stalling innovation, making it harder for patients to access the latest breakthroughs.

At the same time, the AIDS Drug Assistance Program (ADAP) provides medications at little or no cost to over 291,000 low-income people living with HIV. The 340B Drug Pricing Program and Medicaid rebates also reduce costs while funding essential healthcare services. UPLs could reduce the funding that sustains these programs, making it harder for patients to access their medications.

Rather than expanding the PDAB's authority, we urge lawmakers to focus on solutions that directly lower patient costs—ensuring manufacturer rebates go to consumers, requiring all copay assistance counts toward a deductible, and promoting insurance plans with fixed, predictable copayments.

We respectfully ask you to oppose SB 357 and pursue policies that lower drug costs without risking access to life-saving medications. Thank you.