DON'T BUY THE HYPE

Myth vs. Fact on Maryland's PDAB

Prescription Access Alliance of Maryland
POWERED BY THE MARYLAND TECH COUNCIL

Maryland's Prescription Drug Affordability Board (PDAB) promised lower drug costs for Marylanders. Seven years later, patients have yet to see savings, and the state's life sciences economy is at risk.

Before accepting the PDAB's promises, it's worth checking them against the facts.

MYTH
Maryland's PDAB will improve patient access to prescription medications.

FACT
Price controls can make medications less accessible and discourage investment in new drug research.[1] Maryland should be attracting investment, not limiting it.

MYTH
Maryland is simply doing what other states are doing to improve patient access to prescriptions.

FACT
Many states that created PDABs have either abolished them, experienced significant bureaucratic delays, or seen the PDABs' work halted in court.[2] For example, New Hampshire dissolved its PDAB in 2025, prompting epilepsy patient advocates to write that, "Drug pricing reform should be about patients and not politics. New Hampshire got it right. Other states should follow their lead."[3]

MYTH
The PDAB is addressing all the factors driving patient out-of-pocket (OOP) costs.

FACT
The Board has failed to act on several issues impacting patient OOP costs, including pharmacy benefit managers (PBM) practices or insurance rules that shift costs to patients. Maryland can improve affordability without harming patient access or the life sciences workforce. The Maryland Share the Savings Act would require insurers and PBMs to share up to 85% of rebate savings with patients.[4] Why not let patients benefit?

MYTH
The PDAB poses no risk to Maryland's life sciences ecosystem.

FACT
Since 2019, Maryland's life sciences business formation has fallen behind the national average and neighboring states. In 2025, pharmaceutical leaders announced a record $370 billion in U.S. manufacturing investment, and Maryland received 0.54% of it.[5] Virginia captured more than four times Maryland's life sciences investment.[6] Maryland has the talent to lead, but it needs policies that protect and grow its innovation ecosystem.

FACT
Patient access is a vital public priority. It deserves thoughtful policy and transparent dialogue among policymakers, patients, the life sciences ecosystem, and the public. It's time to protect patients and pause the PDAB.

[1] Magnolia Market Access, "The U.S. Biopharmaceutical Innovation Ecosystem at Risk: The 20-Year Threat to U.S. Innovation and Cures," June 2026.
[2] The Denver Post, "Colorado can't cap price of arthritus drug Enbrel, federal judge rules," July 2026.
[3] Concord Monitor, "Opinion: Why ending New Hampshire's PDAB was the right move for patients," September 2025.
[4] The Senate of Maryland, "Testimony in Favor of SB-1019, Maryland Share the Savings Act," March 2024.
[5] Pharma Manufacturing, "US Pharma Manufacturing Investment Levels Reaching Unprecedented Levels," December 1, 2025.
[6] Virginia Economic Development Partnership, "The Investment Behind a Biopharma Hotspot," Updated September 6, 2026