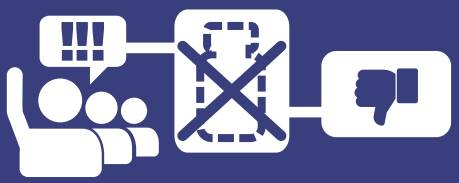
Since **Prescription Drug Affordability Boards** were first started in 2020 in Maryland, they've been copied in Colorado, Minnesota, Oregon, Washington, and New Jersey. Their goal has been to lower the price of medicine, but they haven't yet saved any money.

$16mm+
operating fees
funded by state taxes

90 board members earn little or no pay

Executive directors making over $100,000 per state each year

111 meetings over 200 hours



Patients say Upper Payment Limits will limit access to treatment,

but boards are pursuing them anyway

Prescription Drug Affordability Boards are an expensive idea that have not produced results. It's time to move on.

More on Prescription Drug Affordability Boards

As of January 2025, boards in these six states have spent over **$16mm in operating fees**, much of which is paid to outside consultants and executive directors hired to manage them. Colorado: $1.62 million; Maryland: $4.12 million; Minnesota: $568,000; New Jersey: $1.5 million; Oregon: $4.19 million; Washington: $4.62 million

They have held more than **111 meetings**, spending over **200 hours** talking about the problem. These meetings are often 2-3 hours long, but only a few minutes are provided for public comment.

There are currently **90 people serving on these boards**, often for little or no pay. Most **executive directors make over $100,000 per year.**

Despite many stakeholders explaining that the solution is to address pharmacy benefit managers' unfair drug price increases, PDABs have ignored them in favor of one solution: **upper payment limits**.

Some PDABs are legislated to recommend price caps on medication despite **warnings from patients and pharmacists that price caps will limit and hinder patients' access to treatment**. They are required to include price caps whether or not they conclude they are a useful tool to control medicine prices.

Prescription Drug Affordability Boards are an expensive experiment that have not produced results. **It's time to move on.**

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