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By Patrick Ingram

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"Without inclusive and transparent dialogue, [Minnesota's Prescription Drug Affordability Board] risks making policy decisions that do more harm than good," Patrick Ingram writes. ((Jackie Fortiér/KFF Health News/Tribune News Service)

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A commentary earlier this year ("Your prescriptions might be cheaper soon," May 12) suggested improvements in prescription drug pricing in Minnesota, but the key word in that headline is "might." The cautious optimism came from the new executive director of the Prescription Drug Affordability Board (PDAB), a little-known entity rushed through the 2023 Legislature that took almost two years to

appoint its leader. Other states have attempted similar approaches using unelected boards to control drug prices, but with limited success. As someone with chronic health conditions, I've seen firsthand the influence insurance companies have over prescription drug costs.

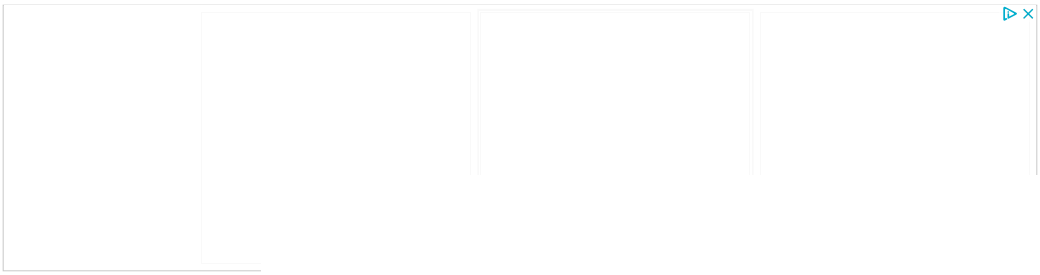
Minnesota's PDAB can set an "upper payment limit" (UPL), which caps what insurers pay for medications – not what patients pay out-of-pocket. This adds a layer of complexity to how we think about medication accessibility. A central driver of high drug costs are pharmacy benefit managers (PBMs) – middlemen owned by insurance companies. PBMs already negotiate discounts, decide which drugs are covered and determine reimbursement rates for pharmacies. They also heavily influence what patients pay. Despite this, the PDABs primarily target what PBMs pay, not what patients experience at the pharmacy counter.

A survey by the Partnership to Fight Chronic Disease reveals that half of health plan payers believe upper payment limits would increase patient cost-sharing, and 57% predict a rise in insurance premiums. These findings highlight real concerns about unintended consequences from the PDAB's interventions. Minnesotans should be cautious about promises made by the board's executive director, whose entire career has been spent in the insurance and PBM industries. This raises questions about who will ultimately benefit from the PDAB's work – the insurers and their PBMs, or the patients? There's reason to be skeptical, especially given the potential impact on critical safety net programs.

One such concern is the effect on the AIDS Drug Assistance Program (ADAP) and the 340B Drug Pricing Program, which are lifelines for low-income, uninsured and marginalized populations. ADAP provides no-cost medications to Minnesotans living with and affected by HIV. The 340B program also supports clinics serving patients with conditions like cancer and diabetes, especially in highly marginalized communities.

Government-imposed price limits could jeopardize the sustainability of these programs, reduce access to lifesaving medications and undermine health equity by limiting essential services for communities of color, LGBTQIA2S+ individuals and others already facing systemic barriers. The Minnesota PDAB has already struggled with defining the concept of "affordability," a critical term that remains vague. Discussions have surfaced about the possible effects of upper payment limits on insurance premiums and patient cost-sharing. If these caps don't make drugs more affordable for those who need them, what purpose do they serve? This is the central dilemma the board must face.

As someone living with HIV and two other rare health conditions, I am particularly concerned about the lack of representation and meaningful community engagement within the PDAB process. The decisions they make could have serious, life-threatening implications for people like me. The board has a responsibility to educate and include the communities most affected by high drug costs. Without inclusive and transparent dialogue, the PDAB risks making policy decisions that do more harm than good.



This isn't just an abstract policy debate – it's a matter of life or death for many Minnesotans. That's why I urge every resident to pay close attention to the PDAB's actions. Attend public meetings, raise your voice and submit comments. Community input must shape the future of drug affordability policy in Minnesota.

At the same time, the PDAB must take meaningful steps to engage communities, especially those who rely on these medications daily. The board should follow the spirit of the Denver Principles, a foundational HIV activism document noting the importance of affected people being part of every decision: "Nothing about us without us."

We must ensure that PDABs fulfill their mission to reduce costs without sacrificing access or equity. And if they fail to deliver on that promise, Minnesota must be ready, as New Hampshire was, to consider repealing its PDAB entirely.

Patrick Ingram, of St. Paul, is an advocate for those with HIV.

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