



Students for Patient Advocacy Nationwide

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The Honorable Perry S. Warren, Chair
Pennsylvania House Human Services Committee
115 Irvis Office Building, P.O. Box 202031, Harrisburg, PA 17120-2031
October 25, 2025

Position Letter: HB 1470 Human Services Code, Subscription Model for GLP-1 Agonists – Support if Amended

Dear Chairman Warren and members of the Pennsylvania House Human Services Committee,

We at Students for Patient Advocacy Nationwide (SPAN) are writing to display our conditional support for HB 1470, which aims to reduce Medicaid costs for GLP-1 medications and improve access for low-income individuals. Our organization recognizes and commends the bill's intention to reduce costs and improve care for communities disproportionately affected by obesity and related conditions.

While we support the principles behind HB 1470, we respectfully raise the following concerns regarding its implementation:

- **Lack of Guaranteed Patient Access:** HB 1470 allows DHS to negotiate value-based arrangements with drug manufacturers through supplemental rebate agreements for GLP-1 medications, but does not include safeguards that would guarantee access to these drugs for Medicaid beneficiaries once the model is implemented. Without clear medical necessity criteria or defined prior authorization timelines, restrictive utilization controls could limit timely and equitable access to treatment for low-income patients.
- **Absence of Data Transparency & Equity Monitoring:** Currently, the bill does not include provisions for demographic tracking and public reporting on access to GLP-1 agonists. Without this data, inequitable outcomes could go undetected, leaving disparities in obesity and diabetes care unaddressed. Moreover, the absence of a mandatory data collection requirement based on race, ethnicity, ZIP code, and disability status could inhibit the assessment of whether the subscription model improves or worsens health disparities.
- **Limited Implementation Oversight:** The implementation of HB 1470 authorizes DHS to seek waivers and pursue agreements with drug manufacturers; however, the bill does not mention deadlines, reporting requirements, or evaluation mechanisms. Implementation risks delays without clear timelines for waiver submissions or transparency regarding contract terms and fiscal impact. This lack of accountability



undermines confidence in the program's ability to deliver cost savings and improve access.

To address these concerns while preserving the bill's goals in improving costs for this essential medication, we respectfully recommend the following amendments:

- **Guarantee Patient Access to GLP-1 Agonists:** Include specific language and clear safeguards that ensure Medicaid beneficiaries will receive timely access to their GLP-1 agonists. Define medical necessity criteria, patient appeal rights, and prior authorization timelines to prevent potential restrictive utilization controls from limiting treatment to low-income patients. This approach will ensure that Medicaid beneficiaries will have uninterrupted access to their medications.
- **Mandate Data Transparency and Equity Monitoring:** Impose requirements on the DHS to systematically collect utilization data and publicly report findings, allowing for the transparent identification of disparities. This will ensure that disproportionately affected communities maintain equitable access to their GLP-1 medications.
- **Strengthen Accountability and Oversight of Program Implementation:** Implement mandatory timelines and reporting requirements for federal waiver submissions and manufacturer agreements to ensure transparency and accountability. This will promote the timely execution of the subscription model and ensure that it delivers on cost savings and patient access.

With these amendments, HB 1470 would be more effective in achieving its intended goal of reducing costs for GLP-1 agonists, while also ensuring that all Medicaid beneficiaries who need these medications have guaranteed access.

For these reasons, we urge the committee to support HB 1470 if amended to incorporate safeguards that ensure patient access, data transparency, and oversight of the model's implementation.

Thank you for your attention and continued leadership on behalf of Pennsylvania patients.

Sincerely,

A handwritten signature in black ink, reading "Victoria Muldowney".

Victoria Muldowney

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Policy Analyst, SPAN