

 **ENSURING ACCESS THROUGH  
COLLABORATIVE HEALTH**

December 15, 2024

Oregon Prescription Drug Affordability Board  
Department of Consumer and Business Services  
350 Winter Street NE  
Salem, OR 97309-0405

**RE: Public Comments on Board Policy Recommendations and Annual Report**

Dear Members and Staff of the Oregon Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) Coalition is a network of national and state patient organizations and allied groups that advocate for treatment affordability policies that consider patient needs first.

**Comments on Board Policy Recommendations on Senate Bill 844**

We applaud the board's recommendation to expand reporting requirements on patient assistance program requirements to include manufacturer coupons and patient assistance programs that reduce out-of-pocket costs to fill prescriptions. These programs are a critical source of patient support and allow many patients, especially those with chronic conditions, to maintain their treatment regimens and lead healthier lives. Greater transparency into the programs will help demonstrate the immense value of these programs to patients. We urge the board to protect this important patient resource now and in the future.

Further, we also applaud the board for proposing mandatory reporting on copay accumulators and maximizers by pharmacy benefit managers (PBMs) and insurers. Accumulators and maximizers can significantly increase patient out-of-pocket costs and hinder access to medications that patients rely upon. The utilization of these programs is increasing each year, leaving patients with increased costs and fewer treatment options.

In addition to this reporting requirement, we urge the board to carefully review exemption criteria for PBM reporting on copay accumulators and maximizers. The recent data presented to the board during its October meeting by the Drug Price Transparency program included data from only 18 of the 59 PBMs operating in Oregon. Broad exemption from reporting requirements will prevent critical transparency and oversight of these programs.

**Comments on the Annual Report to the Oregon Legislature**

We applaud the board's decision to pause affordability reviews in 2024 in order to work on improving the affordability review process. We appreciate the board's willingness to acknowledge the complex nature of cost reviews, the significant undertaking with which the board has been tasked, and the stakeholder feedback outlining concerns with the process.

We appreciate the board's willingness to listen to concerns and suggestions from patient organizations regarding the affordability reviews. We look forward to continued engagement to continue improving the process to ensure it ultimately benefits the patients who rely on the drugs under review.

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At their core, cost reviews necessitate selecting individual drugs for review and implementing market interventions for the selected drugs. This alone puts PDABs in a position of picking winners and losers between drugs and within the broader population of Oregon patients. Individual drug reviews unnecessarily create inequities between patient populations.

Chronic conditions are incredibly complex to treat. Each patient faces a unique experience and should be able to work with their doctor to identify the treatment that works best for them. Substituting or requiring patients to change drugs based on cost considerations instead of medical needs can disrupt the continuity of care and result in complications and higher overall medical costs.

These plan-prompted changes are collectively known as non-medical switching which can also cause unnecessary complications for patients. At a minimum, a switch in medication will require more doctor visits to monitor the efficacy of a new medication. Further, if the switch results in side effects or worsened outcomes, patients could face medical interventions or hospitalization and the additional costs borne out by both.

Instead of cost reviews, we urge the board to focus its time on identifying and addressing patient-reported obstacles to drug affordability. Failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges.

As part of its process revision, we urge the board to clearly define cost-saving targets, including what percentage will be patients and what will be the state or the broader healthcare system. Ultimately, we know that defining affordability is a key aspect of the drug review process that the Oregon board is seeking to improve. We implore the board, to the extent that it can within statute, focus on defining affordability based on patient-reported costs and concerns.

In continuation of that point, while our health system and the policies that impact it are complicated, one principle is simple: every change that we make and policy we implement should ultimately benefit patients. We urge the board to keep this principle as a singular focus as it evaluates its cost review process.

We invite the board to utilize this coalition and its participants as a direct conduit to patient and caregiver perspectives, as well as welcoming our perspectives as groups who have an understanding of the life cycle of disease from the lens of prevention, diagnosis, and disease management.

We appreciate your laudable efforts to improve our health system and your steadfast commitment to protecting patients. We look forward to working together to achieve these goals.

Sincerely,



Tiffany Westrich-Robertson  
Ensuring Access through Collaborative Health (EACH) Coalition