EACH PIC COALITION

May 19, 2025

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

RE: Public Comments on Subset List, Cost Review Process, Patient Input

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

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

We appreciate your continued efforts to strengthen Oregon's drug affordability review process. This letter provides our recommendations on the RFI process, public engagement mechanisms, and the overall structure guiding the state's cost review efforts.

Concerns with the Subset List and Its Implications for Equity

We remain concerned about the board's lack of clear criteria in developing the subset list of drugs under review and lack of safeguards in place to consider negative impacts of the cost review process on patient access.

The subset list of drugs for review in 2025 includes multiple medications used to treat the same condition—for example, Ibrance, Verzenio, and Perjeta are all prescribed for breast cancer. The list also heavily features drugs used to manage autoimmune diseases, migraines, and breast cancer, all of which disproportionately affect women.

By relying solely on cost as the basis for selection, the board risks unintentionally targeting treatments for specific populations. Any unintended consequences of the review process—including increased utilization management or restricted access—may then fall disproportionately on already vulnerable groups and further exacerbate health disparities.

Going forward, it is essential to prioritize diversity in the types of drugs selected for the subset list and to include safeguards that protect vulnerable populations. In the immediate term, as the board finalizes its list, we urge you to avoid including multiple treatments for the same condition, as doing so could further restrict access for patients who rely on those therapies.

RFI Process and Public Comment Timeline

We remain concerned that a 30-day public comment period to provide input on 27 medications is not adequate. As we noted in our previous letter, such a short window limits meaningful participation from patients, caregivers, and patient advocacy organizations.

While we are encouraged to hear the board may leave the patient survey open for additional responses, it is unclear how this data will be incorporated into reviews that may already be underway. This raises questions about the weight given to public input and the transparency of the process.

We also note that survey response numbers presented during the last meeting were extremely low, often in the single digits. These response levels are insufficient for drawing meaningful conclusions about patient experiences and should prompt further outreach and engagement efforts. We strongly recommend the board, at a minimum, post the number of responses received for each survey and, ideally, publish the responses themselves—redacted to protect personally identifiable information—to ensure transparency and accountability.

In addition, we emphasize that a staff summary of RFI responses is not a sufficient substitute for the public or board members. To ensure patient experiences are meaningfully reflected, we urge the board to provide individual, unedited submissions with open-ended comments. Authentic stories should be part of the decision-making process—not filtered or reduced to general themes.

We also continue to encourage the board to go beyond three-minute public testimony by creating more robust avenues for patient participation. Patient roundtables or extended listening sessions could provide more substantive insights and help the board better understand the burdens individuals face.

Centering the Process on Affordability and Patient Burden

The board's work must be centered on the real-world challenges patients face in affording and accessing their prescribed medications. A narrow focus on systemic or payer-level costs overlooks the most meaningful measure of affordability: whether individuals can obtain and adhere to the medications they need.

We urge the board to take the time necessary to ensure that the cost review process does not disrupt continuity of care or restrict treatment options. Patients must not bear the burden of unintended consequences stemming from policy decisions that limit access or add new layers of complexity to their care.

To that end, we encourage the board to use its authority to engage directly with a broad range of stakeholders to evaluate the downstream impact of cost reviews. Specifically, we urge proactive examination of how insurers, pharmacy benefit managers, and manufacturers may respond to affordability reviews and whether such responses could limit patient access.

Finally, we invite the board to partner directly with our coalition and its EACH and PIC members. Our organizations represent patients across disease areas and have a deep understanding of the life cycle of disease—from prevention to diagnosis to long-term management. We offer ourselves as a resource to ensure patient perspectives remain at the forefront of this work.

Thank you for your continued commitment to improving drug affordability in Oregon. We appreciate the opportunity to provide this feedback and look forward to continuing our engagement with the board.

Sincerely,

ENSURING ACCESS THROUGH
COLLABORATIVE HEALTH

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