EACH PIC COALITION

June 16, 2025

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

RE: Public Comments on Affordability Review Process

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.

Ensure a Thorough and Deliberative Process

We remain concerned about the board's lack of clear criteria in developing the subset list of drugs under review. We are also concerned with the length of the list and the drugs that will be subjected to affordability review within the short amount of time the board has allotted to complete its review.

We are encouraged by indications that the board will revise the list during the upcoming meeting. As it does so, we encourage the board to also consider the amount of time that is appropriate to dedicate to the review of each drug.

In Colorado, the PDAB conducted affordability reviews of only five drugs over a time frame of almost a year, and rulemaking considerations to implement upper payment limits are being conducted during three hearings held over three months for each drug. In Maryland, the PDAB selected only six drugs for review and has been developing the affordability review process for a year as well.

In contrast, Oregon's proposal to review 27 drugs and additional insulin products over only four months poses obvious challenges for both the board and the community.

Protect Vulnerable Populations

Additionally, we urge the board to evaluate the impact the review process will have on the populations of patients that rely on the drug. The initial 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 and migraines, all of which disproportionately affect women.

By including multiple medications that treat the same condition or are relied upon by the same population of patients, the board risks unintentionally creating increased hardship for specific patients. 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.

We urge the board to consider the risks to the patients who rely on the medications selected for affordability review as it refines the subset list for 2025. In future years, it is essential to diversify the types of drugs selected for affordability review and to include safeguards that protect vulnerable populations.

Integrate Public Input and Address Patient Needs

We remain concerned that a 30-day public comment period to provide input on 27 medications and insulin products was not adequate. As we continue to note in our outreach to the board, meaningful participation from patients, caregivers, and patient advocacy organizations is critical to ensuring that board actions appropriately address patient needs.

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.

The low survey response rates and lack of transparency into input provided by the public raise doubt into whether the board received enough input to truly understand and address patient needs. We are concerned that reported response rates were insufficient for drawing meaningful conclusions about patient experiences and should prompt further outreach and engagement efforts. 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.

Center 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 affordability 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 the board

to proactively examine 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,

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