



July 14, 2025

Washington Prescription Drug Affordability Board
Washington Health Care Authority
PO Box 42716
Olympia, Washington 98504-2716

RE: Public Comments on Drug Selection Criteria and Affordability Reviews

Dear Members and Staff of the Washington 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 applaud the board for taking a deliberate and thoughtful approach to the affordability review process so far and offer our national network of patient advocacy organizations as a resource as the board works to finalize and implement its processes. To that end, we respectfully urge the board to consider the concerns of patient organizations outlined in this letter.

Focus Policies on Patient Burdens and Affordability

We urge the board to clearly outline metrics and define affordability to ensure that affordability reviews are performed with consistency and a clear focus on patient benefit. 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.

Therefore, we urge the board to prioritize patient costs as a key aspect and focus of any affordability measurement, specifically patient out-of-pocket (OOP) costs. We were encouraged by discussion during the last meeting that indicated board members are already taking patient OOP costs into consideration.

Furthermore, we urge the board to focus on patient-reported obstacles to care and address the underlying factors that contribute to patient hardship in affording and accessing their needed medications. 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.

Integrate Patients and Patient Organizations into Affordability Review Process

In alignment with the above recommendation, we also urge the board to put significant emphasis on gathering input from patients throughout the affordability review process. This will ensure that the board is appropriately identifying and addressing real patient problems and that patients' lived experiences are addressed by board proposed policy solutions.

The board has indicated that it will look to other PDABs as models for seeking patient and public engagement into the affordability review and UPL process. We have engaged in the patient



input process in multiple states and have found serious problems in many of the existing processes. These issues led to low response rates and compromised data, leaving those boards with inadequate information to truly determine and address patient needs.

Therefore, we encourage the board to carefully evaluate the existing models before adopting them in Washington. Further, we welcome the opportunity to speak directly to board members and staff to share our own observations and offer input on better practices that could be implemented to improve outcomes in your state. Some options we encourage the board to consider follow.

PDABs should employ diverse methods for gathering input from patients and patient organizations, including public meetings, focus groups, comment periods, public testimony, and surveys. These events should be held at varied times and locations to get input on the drugs under review. This will ensure members of the public are given adequate opportunity to attend and provide patients with the opportunity to share their experiences on each drug directly with board members and staff.

Additionally, focus groups and surveys should have basic parameters for both structure and participant numbers to be considered representative of the viewpoints of the public. Patient facing materials should be simple and direct, free from medical terminology, and allow for open-ended responses to ensure patient experiences can be fully conveyed.

We recommend that the process for patient engagement be conducted separately from other stakeholders to avoid overwhelm and any potential confusion regarding what is expected from their participation. We also think the board should establish a minimum threshold for patient information submissions on each drug to ensure that they are receiving adequate input from patients.

We also urge the board to ensure that comment periods and survey timelines allow for meaningful participation from patients, caregivers, and patient organizations. We also encourage the board to employ broad efforts to publicize engagement opportunities to ensure patients that will be impacted by board policies are notified and have the opportunity to advocate for their own health. Public awareness and engagement are critical to the legitimacy and success of the affordability review process.

Because of the complex nature of this process and the information being sought, we recommend that patient organizations be recognized as a standalone stakeholder group representing patient voices. There are many proven methods patient organizations have used to collect meaningful, unaltered data from patients (including discussion sessions, surveys, etc.) that we could facilitate, acting as a bridge to enable more voices to be heard. We could combine these efforts with those conducted by the board, in a transparent way that ensures the raw patient data is untouched, thus increasing real-world evidence without any perceived bias of data submission.

Ensure Therapeutic Alternatives Are Not Viewed As Interchangeable

The course of treatment for each patient is as unique as the individual and their disease. Once diagnosed with a chronic condition, each patient starts an often life-long journey to identify the



correct treatments and regimen to successfully manage their symptoms and improve their health. Many will also face multiple chronic conditions or need medications to treat specific symptoms or even side effects of their preferred treatment. For these reasons, patients with chronic conditions often rely on a complicated and personalized course of treatment that is not easily altered.

For these patients, therapeutic alternatives may not be alternatives at all. Very often drug interactions or other health conditions would prevent individual patients from being able to switch to an alternative medication that, on paper, seems like it would be an appropriate treatment. Further, patients with chronic conditions can build up a tolerance to medications over time, so they must retain access to all treatments in a class of drugs to prolong their treatment.

We encourage the board to take the complexity of each individual into account when deliberating on affordability reviews and not treat therapeutic alternatives as interchangeable.

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

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

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

A handwritten signature in cursive script that reads "Vanessa Lathan".

Vanessa Lathan
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Patient Inclusion Council (PIC) Coalition Lead