EACH PIC COALITION

July 13, 2026

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

RE: 2026 Affordability Reviews and Advisory Group Reports

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 appreciate the significant effort the board has invested in conducting thoughtful affordability reviews. We continue to offer our national network of patient organizations as a resource as the board works to identify policies that meaningfully improve affordability and preserve access to care for Washington patients.

For individuals living with chronic conditions, medications are often life-changing therapies that allow them to remain healthy, independent, and active in their communities. The ultimate measure of any affordability policy should therefore be whether it helps patients obtain and remain on the treatment that works for them.

As the board conducts its affordability reviews and considers potential policy solutions, we respectfully encourage it to allow the evidence gathered through its own process to guide the path forward. The experiences documented in the Advisory Group reports closely complement the findings from our recent Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0 and reinforce an important conclusion: the affordability challenges patients experience are frequently driven by insurance coverage and benefit design, not directly by the price of an individual medication.

Focus Policy Solutions on the Barriers Patients Describe

Our Patient Experience Survey 2.0 found that affordability is not defined by the price of a medication alone. Rather, patients described affordability as the ability to consistently obtain the medication that works for them within their overall household budget, taking into account insurance coverage, cumulative healthcare expenses, financial assistance, and changing life circumstances.

The survey demonstrates that insurance design is often the determining factor in whether treatment remains affordable:

- **95%** of patients who stopped taking their medication cited insurance-related challenges, not the price of the medication itself, as the primary reason.
- **72%** of patients who never started treatment cited insurance-related barriers, including coverage denials and unaffordable out-of-pocket costs despite having insurance.

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- **71%** reported that financial assistance was the reason their medication remained affordable.
- **Almost 1 in 4 of 537 respondents** reported their out-of-pocket cost for their drug changed over time due to insurance design. As a result, **51%** of them reported that the same medication shifted between being affordable and unaffordable and many lost access to their medication.

These findings closely complement the experiences documented by the board's Advisory Group. Throughout the Enbrel report, respondents repeatedly identified prior authorization, step therapy, deductibles, coinsurance, formulary restrictions, and barriers to financial assistance as the reasons patients struggled to access or afford treatment. Collectively, these findings suggest that insurance benefit design frequently determines patient affordability far more than the price of a medication alone.

Patients Value the Treatment That Works for Them

Our survey also found that patients do not simply value access to treatment, they value access to ***their*** treatment.

Among respondents who had experience with multiple therapies, more than **80%** described their current medication as valuable, often "exceptionally valuable," because it successfully controlled their disease after other treatments had failed, caused intolerable side effects, or no longer worked. Respondents also emphasized the added value of treatments that effectively managed more than one condition, particularly for those living with comorbidities, by reducing treatment burden and simplifying disease management. Among respondents living with rheumatoid arthritis, **82%** had cycled through multiple therapies before finding an effective treatment.

Patients also reported that non-medical switching resulted in disease recurrence, worsening symptoms, adverse events, and diminished quality of life. These findings reinforce that treatments are not interchangeable from the patient's perspective and that maintaining access to preferred, effective therapies should remain a central consideration in affordability policy.

Again, these findings closely complement the experiences reflected in the Enbrel Advisory Group report, where patients repeatedly described finally finding a medication that controlled their disease but having to stop that treatment due to high-cost sharing or changes in insurance coverage.

To Improve Patient Affordability, the Evidence Points Beyond Upper Payment Limits

The board's review process has generated valuable information about the challenges patients experience. We encourage the board to allow those findings to inform the policy solutions it ultimately pursues.

The evidence collected from the Advisory Group and our Patient Experience Survey consistently points toward insurance benefit design, cost-sharing variability, utilization management, and barriers to financial assistance as the factors most responsible for patient affordability challenges. Those are the problems patients have asked policymakers to solve.

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An Upper Payment Limit (UPL), however, does not directly reduce patient deductibles, coinsurance, or other out-of-pocket costs. Nor does it guarantee that any changes in reimbursement will translate into lower costs for patients.

At the same time, reimbursement limits may create incentives for insurers and pharmacy benefit managers to respond through additional utilization management, formulary changes, adverse tiering, or non-medical switching, the very barriers patients have consistently identified as contributing to unaffordability and disruptions in care. *UPLs therefore risk worsening patient problems, while also failing to lower patient costs.*

Conclusion

As the board considers next steps, we respectfully encourage it to let the evidence collected through that process guide its decisions. The findings before the board consistently suggest that meaningful improvements in patient affordability will come from addressing insurance-driven barriers to care and preserving access to the treatments patients rely upon, not simply setting price caps on what insurers or the state pay for a medication.

We look forward to continuing to work with the board to identify patient-centered solutions that address the real challenges Washington patients face and improve both affordability and access to care.

Thank you for your consideration.

Sincerely,

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