



**Mailing Address:**

Attn: Jen Laws  
PO Box 3009  
Slidell, LA 70459

**Chief Executive Officer:**

Jen Laws  
Phone: (313) 333-8534  
Fax: (646) 786-3825  
Email: [jen@tiicann.org](mailto:jen@tiicann.org)

**Board of Directors:**

Kathie Hiers, Chair  
Darnell Lewis, Secretary  
Dusty Garner, Treasurer

Michelle Anderson  
Hon. Donna Christensen, MD  
Riley Johnson  
Kim Molnar  
Judith Montenegro  
Amanda Pratter  
Trelvis D. Randolph, Esq  
Cindy Snyder

**Director Emeritus:**

William E. Arnold (*in Memoriam*)  
Jeff Coudriet (*in Memoriam*)  
Hon. Maurice Hinchey, MC (*in Memoriam*)  
Gary R. Rose, JD (*in Memoriam*)

**National Programs:**

340B Action Center  
PDAB Action Center

Transgender Leadership in HIV Advocacy  
HIV/HCV Co-Infection Watch

**National Groups:**

Hepatitis Education, Advocacy & Leadership  
(HEAL) Group  
Industry Advisory Group (IAG)  
National ADAP Working Group (NAWG)

December 13, 2024

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

**RE: Top 25 Drug list for potential affordability review**

Honorable Members of the Oregon Prescription Drug Affordability Board,

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

Today, we write with exceptional concern regarding antiretrovirals being listed on the Top 25 Drug list of potential drugs for affordability review.

**Federal Law Protects Anti-Retrovirals, Oregon should NOT Attack Access to ARVs**

HIV is one of Medicare's Six Protected classes. As such, the policy means that people living with HIV are to have access to "all or substantially all" of the drugs available for their care. According to the End HIV Oregon Dashboard, at the end of 2023, 8,242 Oregonians were living with HIV. For HIV, there is no one-size-fits-all regimen. HIV regimens are complex, and many factors, including contraindications and side effects, go into prescribing optimal regimens based on the individual. Additionally, patients' medical needs change, which sometimes requires medication changes; meaning survival depends on unencumbered full and consistent access to the most effective antiretrovirals recommended by their doctors at all times. Patient and provider choices are essential to driving positive health outcomes.

The December 2024 draft of the 2024 Annual Report for the Oregon Legislature identifies multiple HIV antiretrovirals on the top 25 lists of potential drugs for affordability review. No HIV retroviral should be considered since any cost containment measure, like a UPL, could adversely affect patient access to those medications. Moreover, given the Board's present unresolved quandary of what affordability means, consideration of all HIV antiretrovirals should be taken off the table.

Community Access National Network (CANN)  
[www.tiicann.org](http://www.tiicann.org)

**RE: Top 25 Drug list for potential affordability review**  
**December 13, 2024**  
**Page Two**

### **UPL Impacts are Harmful to HIV/AIDS Provider Stability and Patient Access**

Instituting a UPL on HIV antiretrovirals is also harmful to the Ryan White HIV/AIDS Program, its providers, and the federally funded, state-administered AIDS Drug Assistance Program (ADAP), known in Oregon as CAREAssist due to the potential to reduce 340B revenues.

340B's value is realized by providers in the "spread" between reimbursement rates and a reduced acquisition cost. Similarly, for ADAPs, "back-end" rebates via 340B extend the program's federal award to serve more people and at low to no cost for qualified patients, including premium payments and copay/co-insurance payments. For Oregon, Ryan White providers, and the state ADAP program are heavily dependent on the investment of 340B revenues. In fact, 61% of Oregon's ADAP budget comes from 340B rebates.

### **Oregon's Legislature Cannot be Counted on to Fill Gaps Caused by a UPL**

Importantly, the federal law requires states to "match" certain spending on ADAPs. This funding requirement can be waived upon application, as the state has sought. To that end, the state of Oregon has failed to match federal dollars for CAREAssist for years. Regardless of recommendations of this body for the Legislature to appropriate additional dollars for the known likelihood of loss of rebate revenues, evidence does not suggest the Legislature will do so. This Board's suggestion of a UPL consideration via "affordability review" of any antiretrovirals abdicates its responsibility to take into context historical facts and existing programming.

The Ryan White Program and ADAP provide desperately needed services for vulnerable, impoverished patients, including medications, eliminating the financial burden of insurance premiums and copays, and more. ADAPs are also the only non-provider-covered entities in the 340 Discount Drug Program. Cutting program dollars because of a UPL threatens vital services and the ability to help those with no other means of assistance, which adversely affects public health program goals.

Suggesting a need to review "affordability" on medications whose revenue are essentially self-sustaining, in which the state has failed to fund, in which no state dollars are appropriated to, and in which patients served by these programs face limited to no out-of-pocket costs, is unethical and, frankly, dishonest.

ADAP's charge to ensure drugs at low to no cost is precisely designed to address "affordability" for patients and the in-program providers serving them.

This is why two other states with similarly situated PDABs have already rejected consideration of "affordability review" or determined a specific ARV as "not unaffordable".

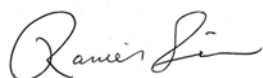
**RE: Top 25 Drug list for potential affordability review**  
**December 13, 2024**  
**Page Three**

**Other States have Rejected "Affordability" Concerns for ARVs BECAUSE of the Ryan White HIV/AIDS Program and ADAPs**

Most importantly, two other states, Colorado and Maryland, have concluded that HIV antiretrovirals should not be considered for affordability review. Colorado performed an affordability review on Genvoya and concluded that Genvoya was “Not Unaffordable” for Coloradans. This primarily was dependent on the determination that many patients utilizing Genvoya had very low copayments across all payer segments and/or had ample consistent access via patient assistance programs. This level of coverage and access would apply to all antiretrovirals. Maryland’s PDAB has opted not to review ARVs for the same reasons.

The selection of Genvoya or any antiretroviral medication for cost control measures necessarily creates incentives for one medication over another, without regard for patient experience, the patient-provider relationship, or the unique and individual needs of a patient. The health and well-being of Oregonians will be endangered by the adverse impact on Ryan White providers’ and ADAPs’ ability to serve because of the potential loss of 340B revenue dollars. Furthermore, since Colorado and Maryland have realized the harm of endangering the fragile ecosystem of antiretroviral access, we implore the Board to make the same determination for the sake of the lives of Oregonians and take consideration of HIV antiretrovirals off the table.

Respectfully submitted,



Ranier Simons  
Director of State Policy  
Community Access National Network

----

On behalf of

Jen Laws  
President & CEO  
Community Access National Network