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(HEAL) Group

Industry Advisory Group (IAG)

National ADAP Working Group (NAWG)

July 14, 2025

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

RE: Affordability Review Process

Dear 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.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

Concern regarding staff interaction with actors outside of the Oregon

During the July 11, 2025, Colorado PDAB meeting, Colorado staff disclosed that the Executive Director from the Oregon PDAB has been asked to represent analytical actions and processes of this Board at a future meeting.

Specifically, the Colorado PDAB's suggestion of having Oregon PDAB staff present information is the result of CANN staff referencing the Oregon PDAB's Stauffer-Meyer report on impacts and considerations related to public health funding mechanisms and policy considerations the Oregon PDAB had engaged in. Notably, the Colorado PDAB has refused similar requests from the public for the same manner of assessments as they relate to Colorado. For the Oregon PDAB's laudable undertaking of the impact analysis, you should be commended for seeking to sufficiently understand potential adverse and unintended consequences due to the complexity of public health funding mechanisms.

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Subsequent to CANN's verbal suggestion to the Colorado PDAB, applauding the Oregon PDAB's consideration of policy issues such as pharmacy benefit manager reform, plan design concerns, and impacts on public health providers (to name a few), Colorado PDAB staff disclosed "close coordination" with Oregon PDAB staff and falsely suggested that CANN had misrepresented the Oregon PDAB's report. Despite CANN's attachment of Oregon PDAB report materials to emphasize these conclusions, the conflicting message brings us great concern as to how the Oregon PDAB is being represented **and** even greater concern as to what appears to be multi-state coordination of specific actors to achieve a policy end that does not reflect the needs of each individual state.

To that end, **CANN urges the Oregon PDAB Board to clarify this issue by suggesting that Chair Bailey, as an actual Board member, offer to clarify the ideas and processes the Oregon PDAB has engaged upon - though not necessarily conclusions as those similar conclusions are specific to each state's consideration. Given Colorado's staff's disclosure that multi-state PDAB staff are engaging in "collaboration" with one another, the natural conclusion, and perhaps misappropriation of appropriated dollars and staff time, to influence another state's policy actions based upon staff conclusions, rather than Board conclusions, is of significant public interest and must be appropriately addressed, up to and including any ethics investigation as to current or former staff behavior and any appropriate referral for disciplinary action as a result thereof.**

Drug selection process rationale is a bit confusing

We are pleased that, as of the June 2025 meeting, Odefsey and Tremfya have been excluded from the list of medications selected for the 2025 affordability review. We also thank Chair Bailey for reiterating the mechanisms of affordability for HIV antiretrovirals, including but not limited to the state AIDS Drug Assistance Program (ADAP). Although Tremfya has been removed from the list, it is unclear why it was initially included. The regulatory requirement for drug selection appeared to be based on metrics such as the most expensive, most costly, most prescribed, and gross percentage increase. However, Tremfya didn't seem to fit into the "top 25" medications, but was still selected as the "most costly" and "gross increase" medications, ranking 46 and 47, respectively. When drugs are chosen that do not align with the regulatory metrics, it is challenging to follow the rationale behind the selection.

We are also concerned that Eliquis remains on the official list of medications to be selected for affordability review. A large portion of the patient survey respondents indicated that they were users of Eliquis; however, this does not necessarily translate into it being considered an affordability challenge. Eliquis' Patient Assistance Program (PAP) brings the out-of-pocket medication cost to \$10/mo. It is readily accessible by a simple online form with no requirement for provider engagement. The requested information seeks verification of a medical indication and identification of patient information to validate the associated claim application at the pharmacy counter. The only spaces in which the PAP is not applicable are in Medicaid and Medicare, areas where the PDAB would not have influence. Eligible patients who could benefit from the PAP but are not using it may be unaware of its existence and how it works. Remedies for issues of affordability include promoting patient and provider education.

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Affordability goals remain in question

There was thoughtful discourse during the June 2025 meeting on the still nebulous concept of affordability. Discourse highlighted that there is still no clear understanding of what “affordability” means in relation to the Board's decision-making process. What is considered to be too high of an out-of-pocket cost for patients based on the medication in question? What net expenditures are too high for the health system based on the medication in question? Moreover, without an understanding or consensus of benchmark questions like these, it is not possible to effectively describe the landscape or suggest solutions. It is not prudent to operate on the premise that there is no definition of affordability but only concepts of costs. While patient affordability is partially a function of system cost, patient affordability and system affordability are two distinct concepts. As the Board is tasked with evaluating patient affordability and system impact, it is presently unclear how all of the data collected, including patient surveys, will be used to make assessments.

Concern about the speed and quality of review

The Board agenda states that the July meeting will conduct an affordability review and discussion of six drugs. It does not seem possible to conduct thorough inquiries and analyses of affordability for six drugs in one meeting. It is understood that the Board feels pressure to complete a statutorily described number of reviews by a specified timeline. However, as expressed during the June meeting, it would be more beneficial and impactful to conduct thorough examinations of a smaller number of drugs. An exercise in quality analysis of a smaller number of drugs would establish a process that would provide the public and legislature greater confidence in the utility of the affordability review outcomes. Additionally, establishing an effective evidence-based process on a smaller number of drugs would result in a replicable format that could be used for efficient reviews of larger groups of drugs in the future.

Similarly, the Board has delayed determinations due to complexity more than once in the past. For decisions by the Board to be of sufficient quality, sufficient time to assess data and receive public input must be given.

Absent adequate time, sufficient data, and quality of debate on the merits, any decision made by the Board solely on the basis of experiences risks both damaging the public trust and courting unnecessary legal obligations due to being arbitrary and capricious.

We fully appreciate the daunting task with which the Board has a mandate to assess patient affordability and system impact. The careful and deliberate discussions the Board have been having exemplify how dedicated you are to effecting positive change. As you halted deliberations in the past to regroup, we encourage you to be very precise and focused on this stage of your process going forward.

Respectfully submitted,



Ranier Simons
Director of State Policy, PDABs
Community Access National Network (CANN)

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~On behalf of
Jen Laws
President & CEO
Community Access National Network