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May 18, 2025

Colorado Prescription Drug Affordability Board
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

RE: Ongoing Rulemaking and UPL Development

Dear Honorable Members of the Colorado Prescription Drug Affordability Board,

Today, we write with concerns regarding ongoing rulemaking and UPL development.

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.

Empty CBA Leaves Goals of Ongoing Developments Unclear

The cost-benefit analysis (CBA) posted in April left many vital questions unanswered. The overall theme of the report was that a UPL had not yet been set. Thus, potential impacts, expenditures, and other important considerations and assessments could not be made. In light of this, rulemaking developments are rolling forward. It seems they are moving forward with no clear goal given that the CBA does not indicate an understanding or consideration of benefits or harms.

While the All Payers Claim Database (APCD) data does have limitations such as only considering a subsection of the Colorado population and recent errors in the data highlighted in the April 11, 2025 meeting; examination of the existing data can be used to partially explain the status quo, specific desired

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changes/percentages of change the Board would deem as successful outcomes of a UPL, and much more.

The [2013-2022 CO APCD Data](#) provided on the Community Dashboard from the Center for Improving Value in Health Care contains data that staff could have utilized to present more informed parts of the CBA. For example, the data indicates the Risk Adjusted Medicaid Pharmacy Cost of Care increased from approximately \$782.56 per person per year (PPPY) to \$1372.73 PPPY from 2013 to 2022. The data also indicates that total Medicaid spending increased from roughly \$2,588,197,590 in 2013 to \$7,337,670,650 in 2022. These are just two of many data discussions that can be pulled from the existing data. A CBA, or analysis in general, that presents actual numbers, what changes the Board and staff define as successful changes to affordability, what such numbers indicate about plan functioning and patient services, ballpark expenditures for implementation and how the Board sees ongoing UPL and affordability efforts as the means to achieve those changes would be significantly more meaningful and facilitate trust in the current process from the public and the legislature.

Presently, there is no clear path for the implementation of a UPL or overall cost containment measures. Thus, since there is no substantive analysis of how current systems, entities, and departments could be affected by a UPL, moving forward with rulemaking is questionable.

Legislative and Regulatory Policy Recommendations

We support the patient inclusion early in the process of affordability examination, as presented in the Board’s 2024 Activities Summary Report Draft. The draft states, “The Board recommends the General Assembly consider revising section 10-16-1406(1), C.R.S. to allow for consumers to identify prescription drugs for consideration for affordability reviews, recognizing that some parameters regarding this process could and should be established, either in law or in regulation.” Patients do not define affordability utilizing WAC or other arbitrary measures. What patients deem as unaffordable is a more effective indicator of where energy should be directed.

Conclusion

The costs of prescription drugs and health care in general are significant issues facing Coloradans. However, “affordability” is a system, not a number. Systems theory requires examination of the interconnectedness of all parts of a system, not just individual parts. Patient financial burden, patient access, the drug supply chain, safety-net provider infrastructure, state expenditures, and more are all parts of the affordability system. Presently, there is no precise analysis of how a UPL would affect any of those things, good or bad; nor a declaration of what specific effects the Board wants to see as a result to define success.

Respectfully submitted,



Sincerely,
Ranier Simons
Director of State Policy, PDABs

Community Access National Network (CANN)

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