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(HEAL) Group

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National ADAP Working Group (NAWG)

February 17, 2025

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

RE: February 19, 2025 Meeting Public Comment

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.

Today, we write with comments and concerns regarding current Board considerations.

Conflict of Interest Policy is Appropriate

We applaud the Board's consideration and the gravity of the discussion surrounding conflict of interest (COI) concerns. However, clarification of the verbiage is needed. Are Board members required to disclose at every instance a COI occurs? If so, when will the public be made aware of these disclosures and any deliberative process regarding them? The policy states Board members will review the draft agenda prior to each meeting and identify any potential conflicts of interest, recuse themselves, and submit the conflict of interest form.

Additionally, it states Board staff will be notified as well to ensure the member does not have access to information related to the topic requiring recusal. However, the policy also states conflict of interest can be disclosed within five days after a conflict is identified. Is this instruction related to COI that occurs during the discussion of an unexpected topic? How will that be handled in retrospect to decisions already made if a member fails to disclose or forgets to remind members?

Data sets for consideration contain multiple HIV antiretrovirals.

Three of the five data Excel sheets contain multiple HIV antiretrovirals. We want to reiterate previous commentary that Oregon should not submit any HIV antiretrovirals for affordability review and subsequently endanger access to the medications. **No actions should be taken that could potentially disrupt necessary personalized care.** HIV regimens are complex, and many factors, including contraindications and side effects, go into prescribing optimal regimens based on the individual. HIV antiretroviral prescriptions are very individualized and patients' needs change. Failure to ensure personalized care can and does result in adverse health outcomes for patients, up to and including drug class resistance or virologic failure, increasing health risks for both that particular patient and increasing overall transmission risks - objectively working against Oregon's own public health interests and goals. Thus, access to the full gamut of the most effective doctor-recommended antiretrovirals must remain robust.

Additionally, generics of any HIV medications are not alternatives because the most effective regimens are single-pill regimens that contain multiple drugs. Any generic substances would require a patient to be on a multi-pill regimen, which data shows results in lower adherence rates and is not treatment-appropriate for many. The carrier preliminary aggregated information list indicates that the HIV antiretrovirals on the list have multiple therapeutic alternatives. That is simply not how HIV therapies work - failure of the Board to recognize the lack of sufficient, specified medical knowledge *and* healthcare system knowledge is a Red Flag the Board and staff should be startled by. As people living with HIV, we certainly are.

We would also like to refer the Board to our December 13, 2024, submitted letter explaining the harms a UPL on antiretrovirals would inflict on 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. The Ryan White Program provides desperately needed services for vulnerable populations, and the ADAP program exists to ensure patients have low to no-cost access to the lifesaving medications on your lists.

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. Notably, Colorado and Maryland have concluded that HIV antiretrovirals should not be considered for affordability review. Patients using HIV antiretrovirals typically have very low copayments and benefit from easily accessible manufacturer-patient assistance programs.

An important note is the appearance of Sunlenca on the new specialty list. Sunlenca is a long-acting injectable HIV medication that is the only FDA-approved twice-yearly treatment for people with multi-drug-resistant HIV. It is used in combination with other HIV medications and is the only way that treatment-resistant patients are achieving viral suppression. Long-acting injectables already have low uptake due to multiple access issues. It should not be considered for any affordability review that would exacerbate the problem. Long-acting injectables need pathways to broader access, not barriers.

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We implore the Board to not consider any HIV antiretrovirals for cost-containment measures. We also urge the Board not to make any decisions that inadvertently harm the health and well-being of Oregonians as well as the fiscal stability of the state.

Respectfully submitted,



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

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