



Oregon Prescription Drug
Affordability Board

THE QUARTERLY

Sen. Wyden invites PDAB executive director to speak at Portland pharmacy press conference



Sen. Ron Wyden (D-Oregon), chair of the Senate Finance Committee, held a Portland press conference Aug. 23 and invited Prescription Drug Affordability Board (PDAB) Executive Director Ralph Magrish to talk about PDAB's work. Sen. Wyden spoke about the proposed legislation to bring transparency to pharmacy benefit manager (PBM) practices, called the Modernizing and Ensuring PBM Accountability Act (MEPA). He also gave an update about the Inflation Reduction Act, which will reduce copays for Medicare recipients. Magrish spoke about the board's task of selecting nine drugs and at least one insulin product that may create an affordability challenge. He talked about the board's legislative recommendations that evolved into [Senate Bill 192](#), which took

effect this month. Under Senate Bill 192, PDAB will study a process for setting upper payment limits. The press conference was held at Brooklyn Pharmacy in Portland.

"During the press conference, the insights shared by Sen. Wyden, the examples provided by the dedicated pharmacy owner Pat Hubbel, and the stories expressed by patients of Brooklyn Pharmacy illuminated the strides made in enhancing medication affordability for seniors," said Shelley Bailey, vice chair of the Oregon Prescription Drug Affordability Board and former pharmacy owner, who attended the press conference.

"The stories shared underscored the positive impact legislation can have on the lives of Oregonians. Reflecting back, I recall a time before Medicare Part D, when many Oregonians faced insurmountable barriers in accessing prescription medications due to a lack of coverage. Sen. Wyden's unwavering commitment to advocating for drug affordability and equitable access over the decades has had a profound resonance, both at the federal level and with the work we undertake through the Oregon Prescription Drug Affordability Board."



[Learn more about the proposed federal legislation.](#)



PDAB member profile: Robert Judge



Robert Judge rode his Indian motorcycle to Yellowstone National Park last year. This photo was taken somewhere in northern Utah.

What or who inspired you to go into a medical-related field?

I never planned to be in health care as a career, but my career in high technology and work that I did earlier with the California Legislature in health policy led me to eventually leave high tech and start a business that leveraged technology to provide pharmacy services and care management to patients with chronic conditions. As I built that business and spent more time in health care, I increasingly became involved in efforts to assist people with the challenges they face with gaining access to more affordable medications and the critical need for improved coordination between healthcare providers. Over the last dozen years, I have been increasingly committed to developing solutions and advocating for policies to make prescription drugs more affordable and accessible, and to bring greater transparency to the prescription drug supply chain.

You graduated from Cal State San Bernardino. What brought you to Oregon?

I grew up on the West Coast and spent a good portion of my early professional career in California and on the East Coast before returning west with my family. Oregon was always on our bucket list for places to live because it had a welcoming culture and complemented our lifestyle. We have always been pretty active as a family with running, cycling, hiking, and camping. While we still have family in California and get there regularly, Oregon has been our home for over 25 years. *Continued on Page 3*

Robert Judge is the chief client officer, pharmacy solutions at Moda Health.

In this role, Robert is responsible for managing Moda Health's pharmacy account services and data analytics teams for the company's fully insured, ASO and MCO clients. Robert also manages pharmacy programs, services and analytics for Moda Health's government clients and individuals enrolled in ArrayRx (formerly the Northwest Prescription Drug Consortium), a collaboration between the states of Oregon, Washington, Nevada, and Connecticut to provide pharmacy solutions and affordable medications to residents in member states.

He has expertise in payer pharmaceutical acquisition pricing, pharmacy benefit management services, pharmaceutical distribution, supply chain and public health service 340B program management.

Robert Judge profile continued from Page 2

Tell us about your work to help make prescription drugs affordable for people in neighboring states.

Oregon and Washington have been leaders in making prescription drugs more affordable and accessible for their residents. In the early 2000s, the governors of these states created the Northwest Prescription Drug Program (now known as ArrayRx). This program works together to negotiate lower prices and share information and best practices. It has built an impressive record holding drug costs down while passing savings on to consumers and payers. Today, ArrayRx offers a variety of prescription drug programs and services to public sector purchasers and their communities. As the program's success has grown, other states have asked how they can also participate in it to better control their prescription drug programs. As more state and local governments join ArrayRx, it will help them keep costs down and ensure that people have access to the medications they need. I am proud of the work that I have done with ArrayRx to help make prescription drugs more affordable for people in Oregon, Washington, and other states that have joined. I believe that all states should seek out ways to work together to address this important issue.

What was most significant and visionary about your work with 340Bs?

I have always been a very strong believer in the 340B program's ability to help safety-net providers stretch their limited resources so they can serve more underserved patients. Its success requires strong collaboration between drug manufacturers, safety net providers and local pharmacies to reach underserved communities. My past work in the 340B program taught me about the critical role the drug supply chain plays in pharmaceutical distribution and the sometimes-competing interests that organizations have. I was fortunate enough to be one of the first to create an organization that introduced a 340B program administration service to bring safety providers, manufacturers, wholesalers and pharmacies together to serve safety net communities. In doing so, I learned the importance of collaboration and finding common ground to ensure that patients receive the medications they need in the most efficient and affordable way.

During a recent board meeting, you mentioned you have Type 1 or insulin-dependent diabetes. How has this transformed you?

I was diagnosed with type 1 diabetes in my 20s, which, in an odd way, transformed my life in a positive way. As a former ultramarathon runner, I was used to listening to my body and taking care of myself, so I was able to adapt to my new reality quickly. Fortunately, the tools to manage diabetes have improved greatly so managing it has become more straightforward and can be done with greater confidence. Living with diabetes requires that you learn how to listen to your body, manage blood sugar levels, eat a healthy diet, and exercise safely. I feel fortunate that my life experiences prepared me for this challenge.

What do you enjoy doing in your free time?

Today, while I am no longer the avid runner I used to be, in my spare time I remain very active by competing in jiu-jitsu, hiking, fishing and generally enjoying the beauty of the Pacific Northwest with my wife and our grown children when we can.



As an ultramarathoner, Robert Judge's most strenuous race was the Western States Endurance, a 100-mile run from Squaw Valley near Lake Tahoe to Auburn near Sacramento. His favorite distance run was the marathon, a mere 26.2 miles. "I learned an awful lot about perseverance in doing this. I was lucky to run with a wonderful group of friends when we prepared for these types of races."



PDAB seeks policy recommendations for consideration through October 6

The Prescription Drug Affordability Board is accepting potential policy recommendations to submit in its 2023 recommendations to the Oregon Legislature. PDAB is charged with making recommendations that are solution based that will make prescription drugs more affordable for Oregonians.

Submissions will be accepted for board consideration until 5 p.m. on Oct. 6 at pdab@dcbs.oregon.gov. Board members will review and evaluate submissions for consideration at the November board meeting.

Board composition, changes this month because of legislation

The Prescription Drug Affordability Board now has eight full members after the Oregon Senate and House approved Senate Bill 192 in June 2023. Gov. Tina Kotek signed the bill into law July 27. The bill took effect Sept. 24. The three alternate members have become full members. Now it will take five members to make a quorum and to approve board votes.

The new legislation updates the language of the original Senate Bill 844 that created the board. The Prescription Drug Affordability Board members are Akil Patterson, chair, Shelley Bailey, vice chair, Dr. Richard Bruno, Dr. Amy Burns, Dr. Daniel Hartung, Robert Judge, John Murray. Read their biographies on the PDAB [website](#).

PDAB recruits for clinician from rural Oregon to serve on board

The Prescription Drug Affordability Board is seeking applicants with a background in clinical medicine to fill a vacancy. The board strongly encourages clinicians from rural Oregon to apply. The board consists of eight members appointed by the governor and confirmed by the Senate.

Members serve four years and can seek reappointment. The time commitment is about 10 hours per month, including two-hour, virtual board meetings held on the third Wednesday of the month. The board vacancy is a result of the recent resignation of Dr. Rebecca Spain, a research physician with Oregon Health Sciences University and the U.S. Veterans Administration. Submit applications in [Workday](#) by 5 p.m. on Monday, Oct. 30, 2023. Learn more in this [information letter](#).



Rx Classroom

Board members heard two presentations during meetings in the third quarter of 2023 to increase their understanding of pharmaceutical trends. Below is a summary.



Allison Hardt, advocacy manager for T1International, gave a presentation in June about the high cost of insulin medications and supplies for people who live with Type 1 diabetes. Insulin is the poster child for what is wrong with the prescription drug system, she said. With Type 1 diabetes, the pancreas does not produce insulin, which is vital to survival. Therefore, patients must administer insulin themselves. Without the right balance, a patient could end up in the emergency room, become very ill, or die. Many people ration insulin because they cannot afford it or do not have access, she said. Pens, pumps, test strips, and other supplies are expensive too. Because everyone processes insulin brands differently, she recommends the board consider all insulins in its affordability reviews. The cost of insulin has increased over 1,200 percent yet the cost of production remains a low \$3.69 to \$6.16 per vial. She said one in four people in the U.S. have had to ration insulin due to cost. Regarding Lilly's recent announcement to cut insulin prices, so far, patients have been unable to find the \$25 Lispro in pharmacies, she said. Allison discussed the following solutions:

- * Co-pay caps. 26 states have passed them, but they only help patients with insurance.
- * Kevin's Law, which allows a pharmacist to prescribe limited amounts of insulin in emergencies. In Oregon, Kevin's law does not require insurance to pay the list price but it should, she said.
- * Alec's Law, which allows a short-term, 30-day supply for a co-pay of \$35, once a year.
- * Array RX, a month's worth of insulin is available for \$88.
- * The federal government could establish a co-pay cap regardless of insurance status.
- * States could consider manufacturing insulin, similar to California's partnership with Cifica.
- * States or the federal government could allow pharmacists to prescribe insulin.

. [View the presentation on Pages 12-33.](#)



Sarah Bartelmann, manager of Oregon's cost growth target and health care market oversight programs for the Oregon Health Authority, gave a presentation in July. She said the Prescription Drug Affordability Board, Drug Price Transparency program, and Cost Growth Target program share the goal of targeting health care costs and market oversight. She shared

data from [recent reports](#). The Oregon goal is for health care spending to grow no more than 3.4 percent per year. The program annually looks at key drivers of healthcare costs, including growth in Medicaid and commercial plans, price, utilization, hospital services, and pharmacy costs. They report the information on their website and hold public hearings. Last year the Cost-Growth Target Committee endorsed the Prescription Drug Affordability Board's recommendations and strategies. She reviewed the cost growth drivers between 2013 and 2019 based on information from the All-Payer-All-Claims database. The report showed pharmacy costs as a main driver. Pharmacy costs grew almost 200 percent in the Medicare market and almost 80 percent in the commercial market. Pharmacy costs increased 7.6 percent, well above the 3.4 percent target and the 5 percent national trend. Since 2018, per person spending has increased about 11.5 percent. The report showed pharmaceutical spending totaled more than \$1 billion by 2021. The next data submission is due in September. The program will collect data for 2022 in September and publish it in early 2024. She invited the board to attend the [public hearing](#) on Sept. 14, from 9 a.m. to noon. [View the board presentation on Pages 9-32.](#)



2023 Calendar

[Register for Zoomgov meetings](#)

Meeting 1	Wednesday, January 18	9:30 – 11:30 a.m.
Meeting 2	Wednesday, February 15	9:30 – 11:30 a.m.
Meeting 3	Wednesday, March 15	9:30 – 11:30 a.m.
Meeting 4	Wednesday, April 19	9:30 – 11:30 a.m.
Meeting 5	Wednesday, May 17	9:30 – 11:30 a.m.
Meeting 6	Wednesday, June 21	9:30 – 11:30 a.m.
Meeting 7	Wednesday, July 19	9:30 – 11:30 a.m.
Meeting 8	Wednesday, August 23	9:30 – 11:30 a.m.
Meeting 9	Wednesday, September 20	9:30 – 11:30 a.m.
Meeting 10	Wednesday, October 18	9:30 – 11:30 a.m.
Meeting 11	Wednesday, November 15	9:30 – 11:30 a.m.
Meeting 12	Wednesday, December 13	9:30 – 11:30 a.m.



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2024 Calendar

Meeting 1	Wednesday, Jan. 17	9:30 – 11:30 a.m.
Meeting 2	Wednesday, Feb. 21	9:30 – 11:30 a.m.
Meeting 3	Wednesday, March 20	9:30 – 11:30 a.m.
Meeting 4	Wednesday, April 17	9:30 – 11:30 a.m.
Meeting 5	Wednesday, May 15	9:30 – 11:30 a.m.
Meeting 6	Wednesday June 26	9:30 – 11:30 a.m.
	No meeting in July	
Meeting 7	Wednesday, Aug. 21	9:30 – 11:30 a.m.
Meeting 8	Wednesday, Sept. 18	9:30 – 11:30 a.m.
Meeting 9	Wednesday, Oct. 16	9:30 – 11:30 a.m.
Meeting 10	Wednesday, Nov. 20	9:30 – 11:30 a.m.
Meeting 11	Wednesday, Dec. 18	9:30 – 11:30 a.m.