

June 12, 2026

Lily Sobolik, Senior Policy Advisor
Oregon Department of Consumer and Business Services
Division of Financial Regulation
350 Winter Street NE
Salem, OR 97309-0405

Re: Oregon Prescription Drug Price Transparency Program June 2026 Draft Rules

Dear Ms. Sobolik:

The Pharmaceutical Research and Manufacturers of America (“PhRMA”) appreciates the opportunity to review and comment on the Oregon Department of Consumer and Business Services’ (“Department’s”) draft revisions to the Rules for the Oregon Prescription Drug Price Transparency Program (“Draft Rules”), which were discussed at the Department’s June 2, 2026, Drug Price Transparency Rules Advisory Committee (“RAC”) meeting.¹ PhRMA represents the country’s leading innovative biopharmaceutical research companies, which are focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat, and cure disease. PhRMA member companies have invested more than \$850 billion in the search for new treatments and cures over the last decade, supporting nearly five million jobs in the United States.

PhRMA appreciates the Department’s continued engagement with stakeholders through the RAC process but believes that the Draft Rules continue to raise serious concerns.² We respectfully offer the following non-exhaustive comments and recommendations and refer the Department to PhRMA’s previous comments for more comprehensive discussion.³

I. Overarching Legal Concerns

PhRMA continues to be concerned that the reporting requirements contemplated in the Draft Rules raise serious First Amendment concerns.⁴ PhRMA also remains concerned that trade secret information reported to the Department could be disclosed to the public, which raises serious takings, due process, and other constitutional concerns.⁵ PhRMA believes the DPT Statute and its implementing regulations are

¹ Draft Rules, available at <https://dfr.oregon.gov/help/committees-workgroups/Documents/RAC/dpt-price-increase-reports/20260602-dpt-price-increase-reports-draft-rule.pdf>.

² In filing this comment letter, PhRMA reserves all rights to legal arguments with respect to 2018 Or. Laws ch. 7 (H.B. 4005) (codified as amended at Or. Rev. Stat. § 646A.689) (the “DPT Statute”) and the Department’s implementation of the DPT Statute. PhRMA incorporates by reference all prior comments, concerns, and objections that it has previously raised, including with regard to proposed rules and draft versions of proposed rules, to the extent applicable. *See, e.g.*, Letter from PhRMA to Department (Feb. 21, 2025); Letter from PhRMA to Department (Dec. 11, 2024); Letter from PhRMA to Department (Nov. 6, 2024); Letter from PhRMA to Department (Oct. 3, 2024); Letter from PhRMA to Department (Sept. 9, 2024); Letter from PhRMA to the Department (Feb. 1, 2019); Letter from PhRMA to the (Nov. 29, 2018); Letter from PhRMA to the (Nov. 1, 2018); Letter from PhRMA to the Department (Oct. 15, 2018); Letter from PhRMA to the Department (Sept. 24, 2018); Letter from PhRMA to the Department (Aug. 27, 2018); Letter from PhRMA to the Department (Aug. 17, 2018).

³ *See supra* note 2.

⁴ *See* Letter from PhRMA to Department (Feb. 21, 2025) at 2; Letter from PhRMA to Department (Oct. 3, 2024) at 4.

⁵ *See, e.g.*, Letter from PhRMA to Department (Feb. 21, 2025) at 2-3; Letter from PhRMA to Department (Oct. 3, 2024).

unconstitutional,⁶ and in commenting on the Draft Rules, we do not waive our legal arguments.

II. International Price Reporting

PhRMA continues to have serious concerns with the statutory requirement to report “[t]he 10 highest prices paid for the prescription drug during the previous calendar year in any country other than the United States” and its proposed implementation.⁷ International pricing information is often subject to significant confidentiality requirements and may be protected by law. Fundamentally, comparing drug prices in the United States to prices in other countries is an apples-to-oranges comparison. Other countries have pricing and reimbursement regimes that are not market-based or governed by U.S. healthcare laws, and their healthcare systems and policies do not match those found in the U.S. or any individual state or territory. In many countries, for example, governments are the primary or only health care payer and in effect dictate drug prices as a condition of market access. Some of these governments set prices directly—including drawing complicated distinctions about what types of fees, taxes, or other elements are included in (or excluded from) pricing. Such prices are not relevant considerations for pricing in the U.S. and could lead to misleading comparisons.

III. Reporting on Other Manufacturers’ Products

PhRMA is concerned that the Draft Rules appear to contemplate reporting on other manufacturers’ products. For example, the Draft Rules would require manufacturers to report factors that “influenced the decision to increase the wholesale acquisition cost of the drug product and to decide on the amount of the increase,” along with “any associated impact or explanation.”⁸ Among the potential factors influencing a price increase, the Draft Rules list “[o]ther prescription drugs, including drug name, labeler name, and price.”⁹ Manufacturers should not be required to provide information regarding products that are not their own, and imposing that requirement could create additional legal concerns.¹⁰

IV. Threshold for Reporting New Specialty Drugs

PhRMA further recommends that the Board update its rule setting the threshold for reporting new prescription drugs (OAR 836-200-520), which has been benchmarked against “the threshold established by the Centers for Medicare and Medicaid Services [“CMS”] for specialty drugs in the Medicare Part D program.”¹¹ We request that the Department amend the rule, as it did in 2025, to align the threshold with

⁶ See, e.g., Letter from PhRMA to Department (Feb. 21, 2025) at 2; Letter from PhRMA to Department (Oct. 3, 2024) at 4; *PhRMA v. Stolfi*, 724 F. Supp. 3d 1174 (D. Or. 2024), *rev’d and remanded*, 153 F.4th 795 (9th Cir. 2025), *reh’g denied*, No. 24-1570 (9th Cir. Oct. 23, 2025), *petition for cert. filed*, *PhRMA v. O’Day*, No. 25-1018 (U.S. Feb. 20, 2026), https://www.supremecourt.gov/DocketPDF/25/25-1018/396860/20260220123331355_PhRMA-OR--Petition%2002-20%20rtf.pdf.

⁷ Or. Rev. Stat. § 646A.689(3)(j); Draft Rules, 836-200-0533(16); see Letter from PhRMA to Department (Feb. 1, 2019) at 1-2; Letter from PhRMA to Department (Oct. 15, 2018).

⁸ Draft Rules, 836-200-0533(9).

⁹ Draft Rules, 836-200-0533(9)(a).

¹⁰ See, e.g., *Columbia Sportswear Co. v. Ferreira*, 809 F. Supp. 3d 1163, 1178-79 (D. Or. 2025) (recognizing that compilations and analyses involving company and competitor products may constitute protectable trade secret or confidential information).

¹¹ See Or. Rev. Stat. § 646A.689(6) (setting reporting threshold “at a price that exceeds the threshold established by the Centers for Medicare and Medicaid Services for specialty drugs in the Medicare Part D program”); see also Letter from PhRMA to Department (Sept. 9, 2024) at 3 (supporting “proposal to update the reporting threshold from \$670 to \$950 to align with the threshold for Medicare Part D specialty tier eligibility established by the 2024 Final Call Letter”).

the updated Part D specialty tier eligibility amount (\$1,080).¹²

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On behalf of PhRMA and our member companies, thank you for consideration of our comments. Although PhRMA has concerns about the Draft Rules, we stand ready to be a constructive partner in this dialogue. Please contact dmcgrew@phrma.org with any questions.

Sincerely,



Dharia McGrew, PhD
Senior Director, State Policy
Sacramento, CA



Alexandra Hussey
Senior Director, Law
Washington, DC

¹² See Or. Admin. R. 836-200-520(2) (amendment filed Mar. 26, 2025); CMS, Final Contract Year (CY) 2024 Part D Bidding Instructions (Apr. 4, 2023) at 7, <https://www.cms.gov/files/document/final-cy-2024-part-d-bidding-instructions.pdf>. CMS, Contract Year (CY) 2027 Final Part D Bidding Instructions (Feb. 6, 2026) at 6, <https://www.cms.gov/files/document/cy-2027-part-d-bidding-instructions-final-g.pdf>. PhRMA continues to request that the Department adopt language to update the reporting threshold when a new CMS eligibility threshold is announced. See Letter from PhRMA to Department (Sept. 9, 2024) at 3.