

April 24, 2024

Dear PDAB,

As an older Oregonian, the best job I've been able to get within the last 7 years is a part-time job teaching at a Community College. While I love my college and the work I do, I just can't support my family on a part-time teacher's salary. My husband has been out of work for over 7 years, also due to his age. We are struggling financially, and while my husband now qualifies for Medicare, I do not. I can't afford commercial insurance, so I rely on the Oregon Health Plan.

The Oregon Health Plan has been a Godsend for us, but there are drawbacks. My preferred primary care physician is a Naturopath I've been seeing for almost 2 decades. Unfortunately, she doesn't take OHP insurance. I can certainly still see her, but OHP won't pay for prescriptions unless I see someone in their network. Consequently, if I want to go to the doctor I feel most confident in and most comfortable with, who has done the best for me in terms of my healthcare, I have to pay for my prescription medications out of pocket.

Let me explain what that means for me. If I were to get my medication prescribed by the physician I prefer to see, I would have to pay almost \$400 out of pocket. Since I only bring home about \$2,000 a month, that leaves me with \$1,600 to make my house payment, buy groceries, put gas in my car so that I can commute to work, and pay for utilities and other expenses my family and I might have. I just can't make ends meet paying out of pocket for highly expensive prescription medications.

My only affordable alternative is to see an OHP assigned physician within the OHP network. The physician I'm seeing now has misdiagnosed me three times, once almost fatally. I don't want to see her. I waited six months to get in to see another doctor only to be told that she was no longer accepting new patients. The dearth of primary care physicians in Salem is problematic at best, but when I already have a comfortable alternative and can't utilize that physician due to the high cost of prescription medications, I am stuck with a physician who is not the best choice for me. The situation is barbaric and would be laughable if it weren't so dire.

I implore you to make two important decisions. The first is to make it possible for OHP to pay for prescription medications whether or not the prescribing physician is in-network. The second is that you make prescription medications affordable for all. Low-income seniors such as myself are the most vulnerable, but any low-income Oregonian shouldn't have to choose between purchasing their medication or paying the mortgage/rent.

Big Pharma has gotten so greedy that average Americans can't pay for prescription medication without insurance, and our current model is to have employer-provided insurance. Perhaps my biggest plea is that you take the information you discover from the Oregonians who respond to your request for information to the Oregon Legislature and advocate a Healthcare for ALL Oregonians program so that EVERYONE can have healthcare coverage and see their physicians of choice.

Sincerely,

Kathy Austin, Ph.D., Salem, OR

From: Michelle Cole
Sent: Wednesday, April 24, 2024 7:00 AM
To: PDAB * DCBS <pdab@dcbs.oregon.gov>
Subject: Prescription Drugs Cost Too Much!

Dear Prescription Drug Affordability Board,

I've met many Oregonians who say they are worried about prescription drug costs. This includes parents of children with medical needs and seniors who are making terrible choices between getting food or paying for their prescriptions. My own husband has refused to try meds that might help him because he is wary of costs.

Sincerely,
Ms. Michelle Cole
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From: shearin linville

Sent: Thursday, April 25, 2024 8:05 AM

To: PDAB * DCBS <pdab@dcbs.oregon.gov>; Ron Wyden <campaign@wydenforsenate.com>; Senator Jeff Merkley <senator_merkley@merkley.senate.gov>

Subject: Prescription trickery by Insurance Companies

Just want to make sure you are aware of this trick by insurance companies. When purchasing plan D coverage our premium went down (2022). When checking however, they changed the tier of one of my husband's prescriptions and the co-pay went from \$86 to \$120. (90 day mail order RX)

I was able to purchase this exact 90 day prescription from Cost Plus Pharmacy (Mark Cuban) for \$13.48 including pharmacist charges and mailing cost.

Pretty crafty of the insurance companies don't you think.....

Plus, I am sick of reapplying for part D coverage every single year. I just remember what the name of my drug coverage company is and it changes. Another huge amount of paperwork and drug coverage catalogs that you have to be a sleuth to figure out the changes, then a new card, then let your doctor office know.....ad nauseum. If you don't use Part D coverage, there are consequences. So you must go through the hoops.

Shearin Linville

Jackson County, Oregon

Sent to the board on April 29, 2024

Retired and very tired of hoops to jump through each year for prescription drug coverage. Hundreds of plans to choose from. All increased pricing in one way or another each year. Very confusing for these senior citizens to have to deal with . I have one plan, my husband has another. We can barely keep it straight who has what. And setting up mail order every year, alerting our doctor's office every year.....Makes us dream of living somewhere where health care comes out of taxes for everyone and you simply go to the doctor or pharmacy. I know that's expensive, but seems being poor would be preferable to feeling stressed. And, don't get me started on managed MC plans. Took me 3 years to get back to regular MC and co-ins plan after breast cancer in 2019. \$2500 out of pocket day of surgery and uncovered radiation to the tune of \$1600. No thanks. Prefer to know up front what I'm owing.

Shearin Linville

Retired in Jackson County, Oregon



Oregon Coalition for Affordable Prescriptions (OCAP)
Fighting to lower prescription drug prices

Note from John Mullin: In light of the last meeting of PDAB, I would like to reinforce OCAP's support for the affordability review and the report on the feasibility of establishing Upper Payment Limits. I have attached my testimony from the 11-8-2023 PDAB meeting, and I plan to present some brief oral comments at the May PDAB meeting.

To: Chair Patterson and the Oregon Prescription Drug Affordability Board
From: John Mullin, President, Oregon Coalition for Affordable Prescriptions
Date: 11/8/2023
Re: Testimony to Oregon's PDAB Board

Thank you for the opportunity to speak today on behalf of the Oregon Coalition of Affordable Prescriptions. We appreciate the diligent work and the dedication of the board in addressing critical issues surrounding prescription drug affordability and industry transparency. OCAP fully supported SB 844 and the creation of PDAB and remains committed to collaborating with you to achieve our shared goal of making prescription drugs more affordable for all Oregonians. OCAP also supported SB 192, which asks the PDAB to conduct a feasibility study around Upper Payment Limits, and we look forward to the results of that analysis in 2024.

Our overarching goals revolve around promoting industry transparency and ensuring prescription drug affordability. We firmly believe that every Oregonian should have access to the medications they need without undue financial burden. The creation of the PDAB is a significant step in the right direction, and we commend the board for its ongoing efforts to fulfill its statutory mandate.

We also wish to acknowledge the exceptional work carried out by the Department of Consumer and Business Services staff in advancing the cause of affordability, and for keeping a laser-focus on making work a unique piece of legislation. Their dedication to this crucial issue is commendable.

We understand that the task of selecting drugs for affordability review is not an easy one. At the last PDAB meeting, the list was narrowed down to 26 drugs. We recognize that this list can be unwieldy, and the decision on which drugs to prioritize must ultimately lie with the PDAB. OCAP fully supports the board in this regard and remains willing to assist in addressing process issues to ensure that the board can effectively fulfill its mission.

One concern that we would like to highlight is the use of data from 2022 for the review. It's essential to recognize that prescription drug landscapes are continually evolving, influenced by changes at the federal and state levels, including Medicare negotiation. As we approach 2024, the data used for the review will be two years old. It's crucial for the PDAB to consider how best to account for these changes to make informed and relevant decisions.



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The urgency of the matter cannot be overstated. People across Oregon are struggling to afford their necessary medications. For example, through our outreach to Oregonians, we've heard stories about folks paying hundreds or even thousands of dollars a month for prescriptions and often having to make hard decisions about whether to cancel prescriptions or take less than prescribed in order to afford other basic necessities. These are the real stories that drive our commitment to this cause, and we believe that relief is needed as soon as possible.

In closing, we want to reiterate our support for the PDAB's efforts and our commitment to collaborating with the board to achieve industry transparency and prescription drug affordability in Oregon. Together, we can make a substantial difference in the lives of Oregonians who depend on access to affordable prescription drugs. Thank you for your attention and the opportunity to speak today.