Oregon Prescription Drug Affordability Board

350 Winter Street NE, Salem, OR 97304 | 971-374-3724 | pdab@dcbs.oregon.gov | dfr.oregon.gov/pdab

Agenda

This is a draft agenda and subject to change.

Wednesday, **July 15, 2026 – 8 a.m.**

Register for meeting: **Zoom link**

Table 1 Board agenda details.

Subject	Presenter	Purpose
Call to order and roll call	Vice Chair Dan Hartung	*Informational and vote*
Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Vice Chair Dan Hartung	*Informational*
Board review of 6/17/2026 minutes	Vice Chair Dan Hartung	*Review*
PDAB program update	Sarah Young, executive director	*Informational*
General and drug review public comment periods: limited to 3 minutes per speaker	Vice Chair Dan Hartung	*Informational*
Division of Financial Regulation (DFR) presentation	DFR staff	*Informational*
Drug review: Keytruda, Verzenio, Xeljanz	PDAB Staff	*Informational*
The board will take a break around 10 a.m.	Vice Chair Dan Hartung	*Break*
Board discussion: policy concepts for annual report	Cortnee Whitlock, senior policy analyst	*Discussion*
Announcements	Vice Chair Dan Hartung	*Informational*
Adjournment	Vice Chair Dan Hartung	*Vote*

Accessibility: Anyone needing assistance due to a disability or language barrier can contact Melissa Stiles at least 48 hours ahead of the meeting at pdab@dcbs.oregon.gov or 971-374-3724. American Sign Language will be available during the July 15 board meeting.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board Regular Meeting
Wednesday, June 17, 2026
Draft Minutes

Web link to the meeting video: https://youtu.be/skgOvarJJPE
Web link to the meeting materials: https://dfr.oregon.gov/pdab/Documents/20260617-PDAB-document-package.pdf

Call to order: Chair Shelley Bailey called the meeting to order at 8 a.m.
Roll call:
Present: Chair Shelley Bailey, Vice Chair Dan Hartung, Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray
Absent: None

Board declarations of conflict of interest and meetings with entities or individuals related to board activities: John Murray and Chris Murray provided statements. View at video minute 00:01:04. Chair Shelley Bailey also provided a statement. View at video minute 00:09:31.

Approval of board minutes: Chair Bailey approved by consensus the May 20, 2026, minutes as shown on Pages 2-3 of the agenda materials. View at video minute 00:02:08.

PDAB program update: Sarah Young, PDAB executive director, provided a program update. View the video at minute 00:04:12.

General and drug review public comment periods: No one signed up to speak for general comments. The board received four general written comments. View at video minute 00:10:57. No one signed up to speak for drug review comments. The board received three drug review written comments. View at video minute 00:11:55.

Drug review: Jardiance, Mounjaro, Ozempic, Humulin R U-500 (concentrated and KwikPen): Cortnee Whitlock, senior policy analyst, presented the drug review reports, followed by board discussion. View at video minute 00:13:00.

PDAB community forums and outreach project presentation: Lou Savage, consumer engagement coordinator, gave a presentation about the consumer engagement report, followed by board discussion. View at video minute 01:22:35.

Planning for annual report development: Sarah Young, executive director, presented slides about **planning for the 2026 annual report**, with a two-part proposed format. View at video minute **02:00:43**.

Discussion about policy concepts to research: Cortnee Whitlock presented slides with **policy concepts for consideration to prioritize and research**, followed by board discussion. View at video minute **02:44:15**.

Announcements: Chair Bailey announced the next board meeting will be July 15, 2026, at 8 a.m. View at video minute **03:40:21**.

Adjournment: Chair Bailey adjourned the meeting at 11:46 a.m. with all board members in agreement. View at video minute **03:40:31**.

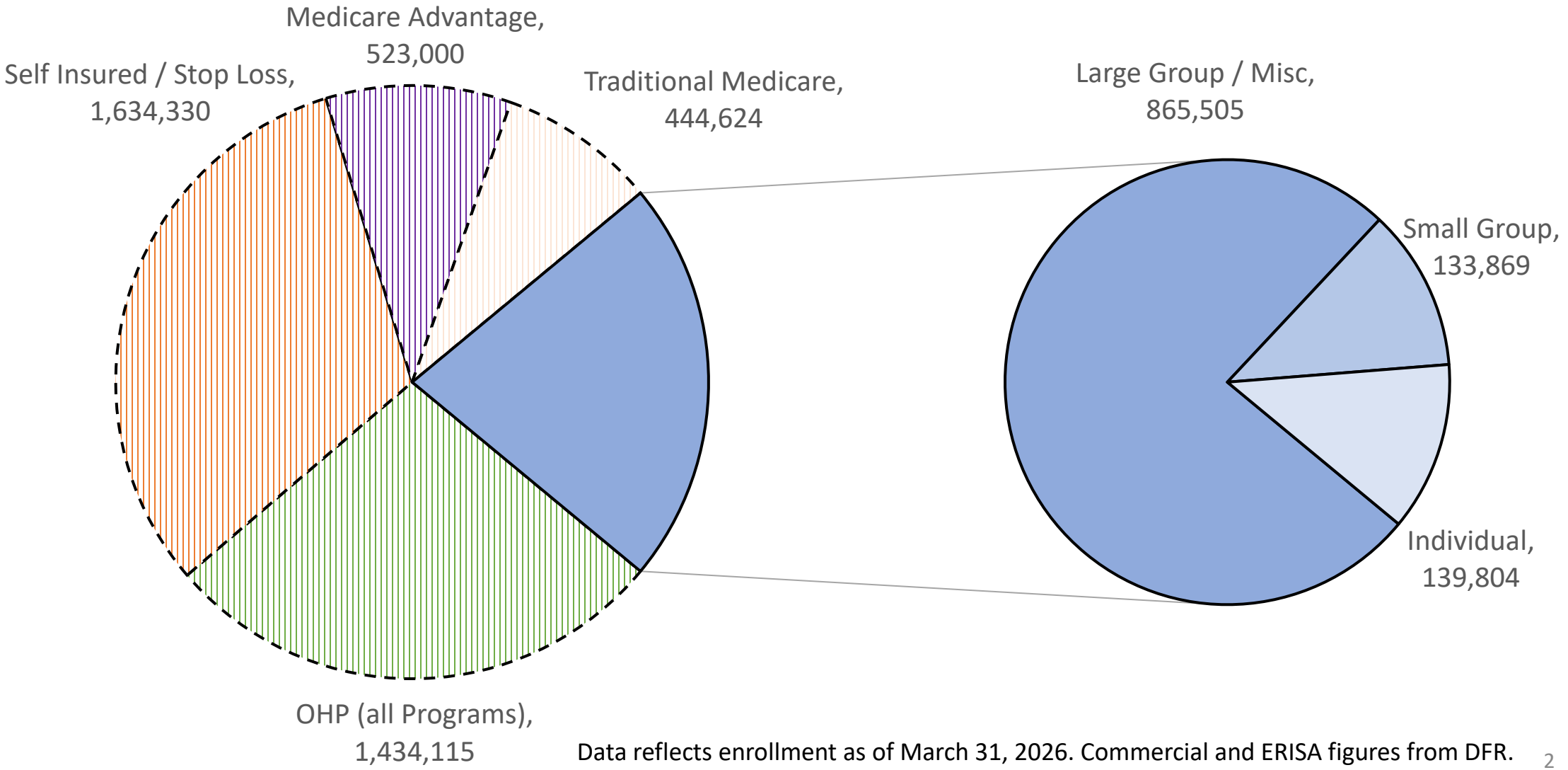
OR Insurance Regulation

Numi Lee Griffith, Senior Policy Advisor
Division of Financial Regulation

DFR | Division of Financial Regulation

Department of Consumer and Business Services

Health Insurance Enrollment in Oregon, Q1 2026



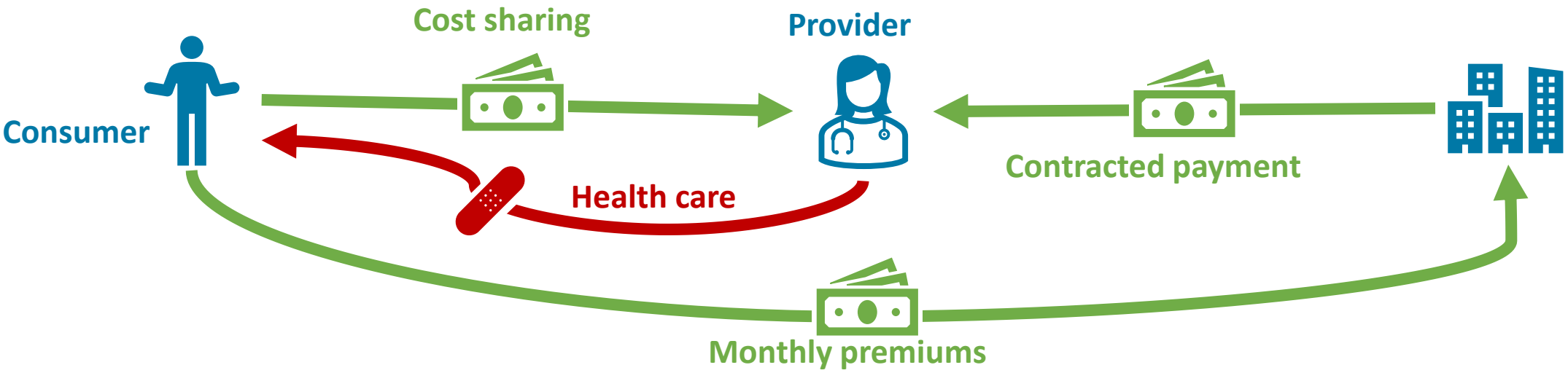
Data reflects enrollment as of March 31, 2026. Commercial and ERISA figures from DFR. Medicaid and Medicare from OHA and CMS, respectively.

Actuarial Value

Actuarial value (AV) is how we measure the generosity of a health insurance benefit, expressed as the percentage of costs that an insurer will cover out of every dollar of expenses

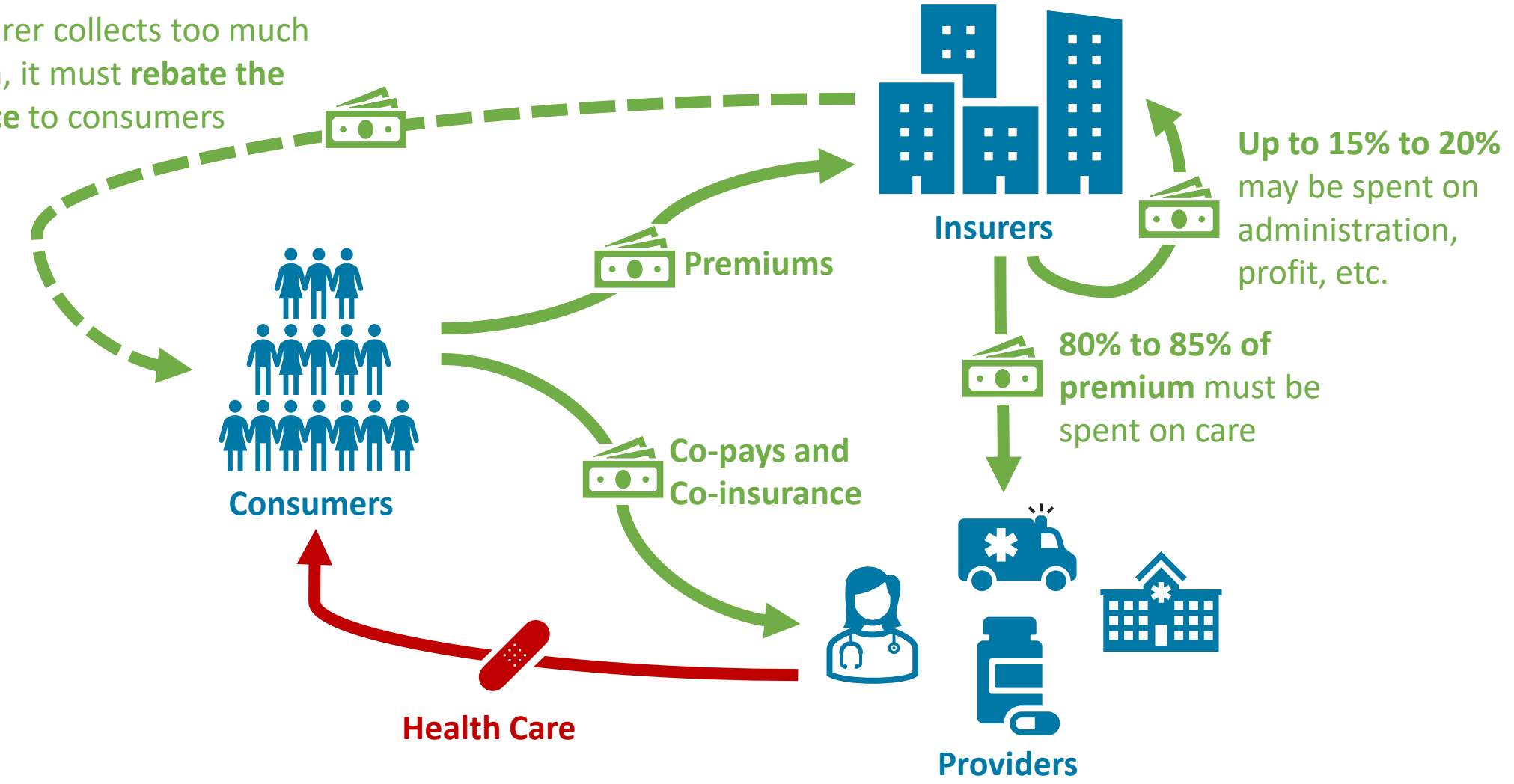
Co-pay – consumer pays a fixed value for a given service

Co-insurance – consumer pays a percentage of what the provider bills



Medical Loss Ratio

If an insurer collects too much premium, it must **rebate the difference** to consumers

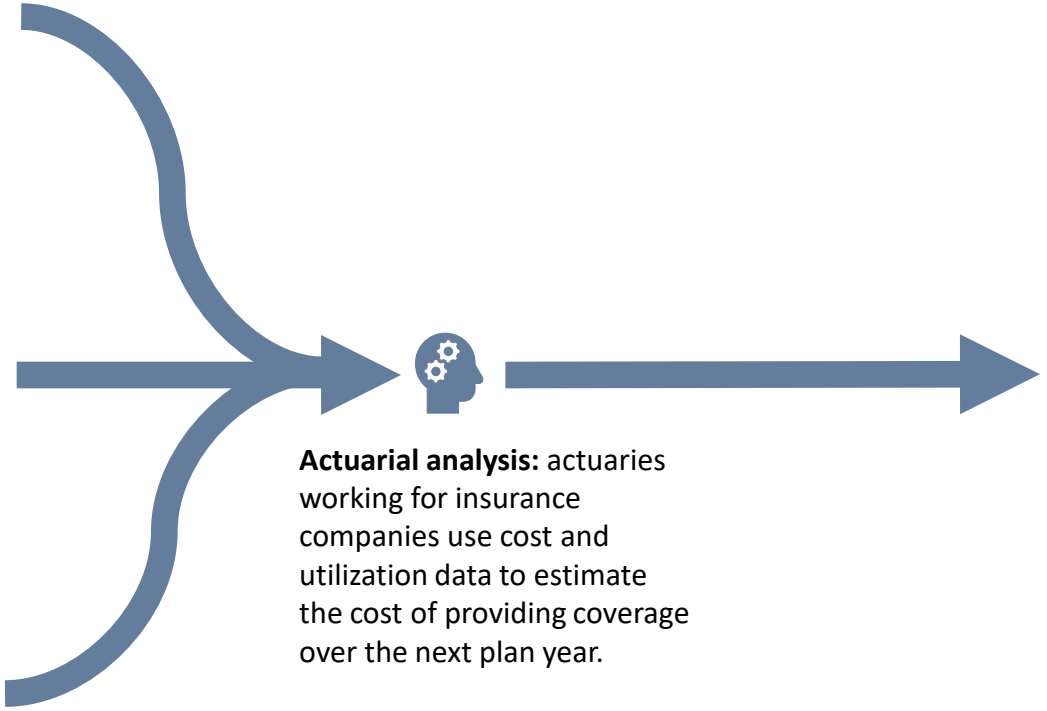


What's in a rate?

Cost trend: the cost of providing health care based on the price insurers can negotiate with health care providers, or the required rate of reimbursement in statute or rule where applicable.

Utilization trend: the extent to which members of a health plan use covered services. This could be driven by life events like pregnancy, accidents, global events like an epidemic, or by addition of new covered services.

Administrative cost: the cost of administering the health plan. Under the ACA's "medical loss ratio," this must be **20% or less** of collected premium.



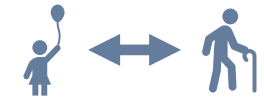
Actuarial analysis: actuaries working for insurance companies use cost and utilization data to estimate the cost of providing coverage over the next plan year.

Base rate: actuaries produce a "base rate," This is the rate that DCBS reviews for small group and individual plans.

What's in a rate?

The **base rate** is adjusted for each individual consumer based on the permissible rating factors on this slide.

The ACA prohibits the consideration of any other individual characteristics, such as gender, race, or preexisting medical conditions as rating factors.



Age: As people age, they tend to require more care, and more expensive care.

Tobacco use: The ACA expressly allows consideration of a person's tobacco use in rating.

Family size: Covering a spouse or dependents under a plan will increase premium and may also change cost-sharing limits.

Geography: The cost of care may vary across different areas of the state, depending on the availability of providers and the insurer's ability to negotiate.

Actuarial value: Monthly premium is adjusted relative to how generous the coverage is.

These adjustments determine the **monthly premium** owed by each consumer (not considering PTC, which may lower the consumer's actual out-of-pocket premium).

Plan design considerations – Federal Structure

Covered Benefits

Essential Health Benefits: 10 categories of EHB required under federal law, additional benefits may be required by state law.

Cost Sharing

MOOP: plan MOOP is capped by federal law, indexed to commercial premium inflation.

Premiums

AV Calculator: metal tier plans must fall within approved AV range using federally defined methodology.

MLR: plans must spend 80% of collected premium on covered benefits.

Plan design considerations - flexibilities

Covered Benefits

Essential Health Benefits: 10 categories of EHB required under federal law, additional benefits may be required by state law.

Utilization Management

Formulary placement: certain drugs feature lower cost sharing or are subject to fewer restrictions.

Prior Authorization: medical review is required for some services.

Step Therapy: patient must demonstrate that alternative therapies are ineffective

Cost Sharing

MOOP: plan MOOP is capped by federal law, indexed to commercial premium inflation.

Deductible: consumer must pay a certain amount out-of-pocket before some or all benefits are covered by plan.

Premiums

AV Calculator: metal tier plans must fall within approved AV range using federally defined methodology.

MLR: plans must spend 80% of collected premium on covered benefits.

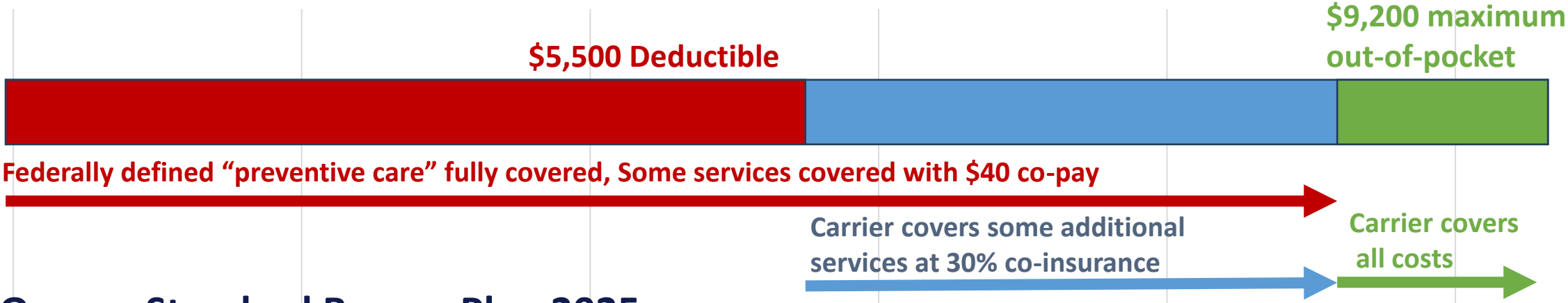
Point-of-Service Cost Sharing

Co-pay: a fixed amount that a consumer must pay at the point-of service.

Co-insurance: consumer must pay a specific percentage of the total cost of a covered service.

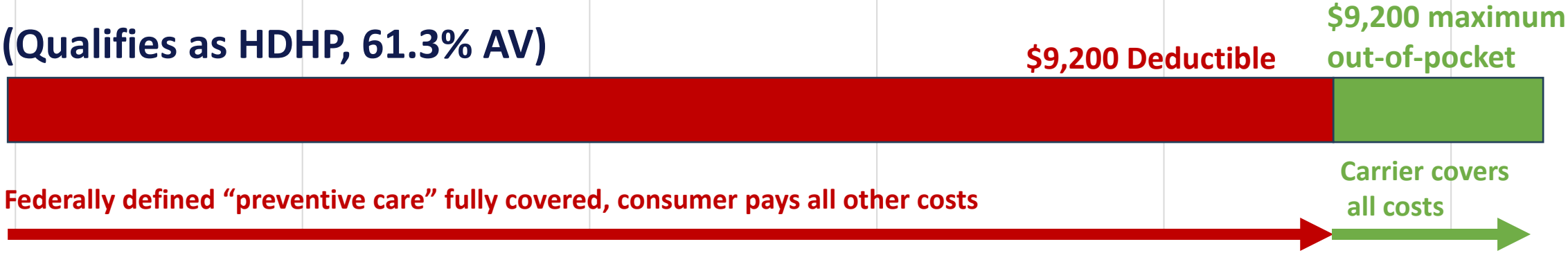
Plan design considerations in practice

Oregon Standard Silver Plan 2025 (71.4% AV)



[1]

Oregon Standard Bronze Plan 2025 (Qualifies as HDHP, 61.3% AV)



$0 $2,000 $4,000 $6,000 $8,000 $10,000

9

Plan design impacts on individual consumers

Humira NADAC* (April 2026) =$3,368

Consumer A:
"Gold" coverage
$250 co-pay for non-preferred brand.

Month 1: Pays $250 out of pocket for month supply

Consumer B:
"Silver" coverage
30% co-pay after $4,500 deductible

Month 1: Pays $3,368 out of pocket for month supply
Month 2: $1,803
$1,100 starting Month 3.

Consumer C:
"Bronze" HDHP
No payment after meeting $10,600 deductible

Month 1: Pays $3,368 out of pocket for month supply

*Reflects NADAC for 2 pre-filled syringes on April 22, 2026, roughly a 4-week supply at standard dosage. Each $ icon=$1,000. Plan design details do not represent a specific real plan but are comparable to recent Marketplace offerings.

Plan design impacts on individual consumers

Humira NADAC* (April 2026) =$3,368

Consumer A:
"Gold" coverage
$250 co-pay for non-preferred brand.
$8,150 MOOP

Full Year: Pays $3,000 out of pocket for year supply*

Consumer B:
"Silver" coverage
30% co-pay after $4,500 deductible
$8,000 MOOP

Full Year: Pays $8,000 out of pocket for year supply. **Fully covered after month 6.***

Consumer C:
"Bronze" HDHP
No payment after meeting $10,600 deductible
$10,600 MOOP

Full Year: Pays $10,600 out of pocket for year supply*

*Calculation assumes that consumer had no additional covered health care expenses with cost sharing during the year.

Plan design impacts on plan spending

Humira NADAC (April 2026) =$3,368

Estimated plan cost:
$40,416 total
$28,291 net of 30% rebate

Consumer A:
“Gold” coverage
Plan pays $25,291.

Consumer B:
“Silver” coverage
Plan pays $20,291

Consumer C:
“Bronze” HDHP
Plan pays $17,691

*Reflects NADAC for 2 pre-filled syringes on April 22, 2026, roughly a 4-week supply at standard dosage.

Utilization management impacts on individual consumers

Humira NADAC (April 2026) =$3,368

Estimated plan cost: $40,416 total $28,291 net of 30% rebate

Month 1: Pays $3,368 out of pocket for month supply
Month 2: $1,803
$1,100 starting Month 3.

Full Year: Pays $8,000 out of pocket for year supply. **Fully covered after month 6.***

Consumer B:
"Silver" coverage
30% co-pay after $4,500 deductible
$8,000 MOOP

Hymiroz NADAC (April 2026) =$1,592

Estimated plan cost: $19,104 total

Month 1&2: Pays $1,592 out of pocket for month supply.
Month 3: $1,316
Month 4-10: $478
Month 11: $154

Full Year: Pays $8,000 out of pocket for year supply. **Fully covered after month 11.***

Utilization management impacts on individual consumers

Humira NADAC (April 2026) =$3,368

Estimated plan cost:
$40,416 total
$28,291 net of 30% rebate

Hymiroz NADAC (April 2026) =$1,592

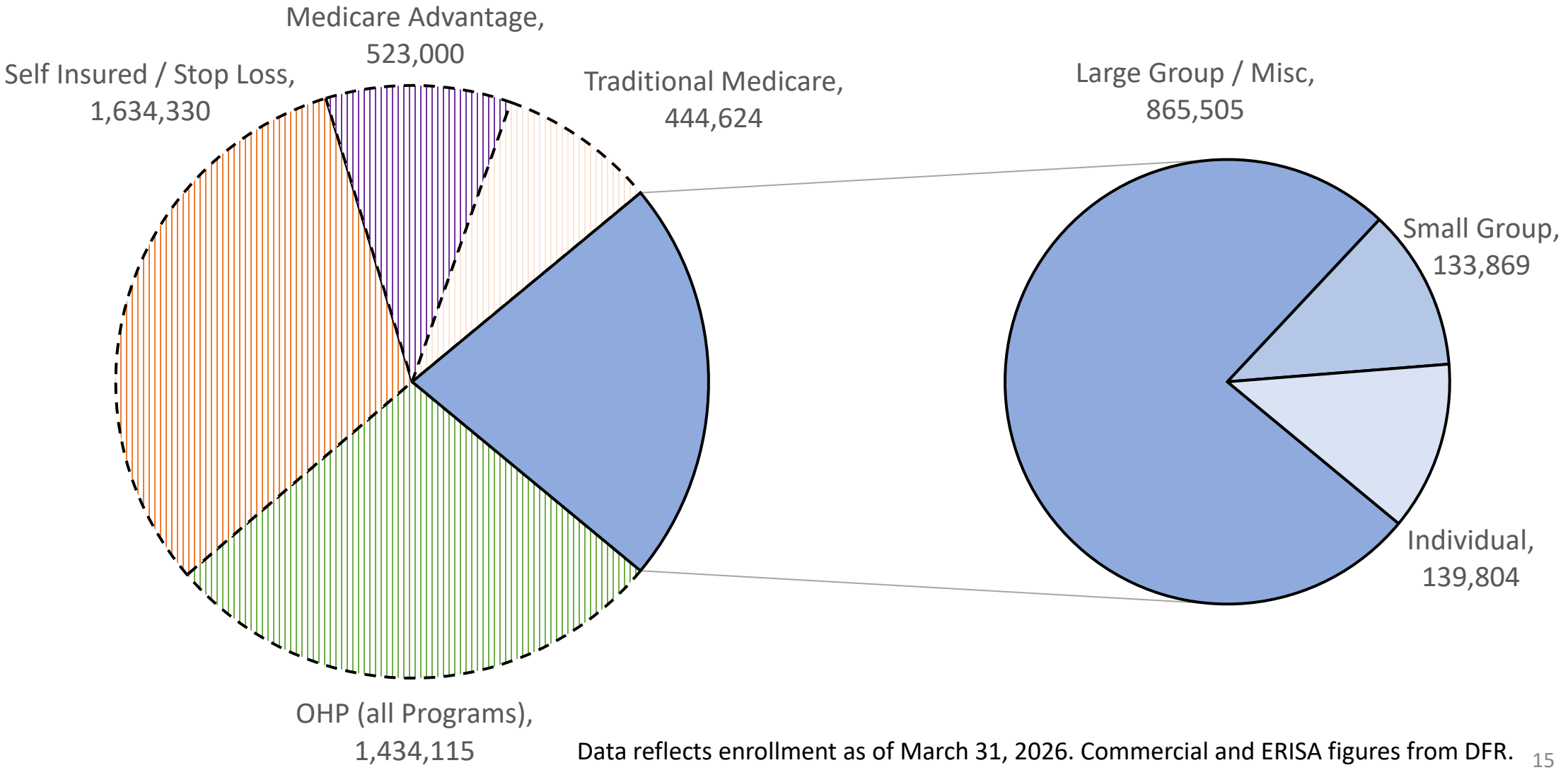
Estimated plan cost:
$19,104 total

Consumer B:
"Silver" coverage
30% co-pay after
$4,500 deductible
$8,000 MOOP

Branded Biologic
Plan pays $20,291.

Authorized Biosimilar
Plan pays $11,104.

Who makes plan design decisions?



Data reflects enrollment as of March 31, 2026. Commercial and ERISA figures from DFR. Medicaid and Medicare from OHA and CMS, respectively.

Questions?

Numi Lee Griffith, Senior Policy Advisor DCBS-DFR
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Oregon Prescription Drug Affordability Board

Prescription Drug Affordability Board

2026 Drug review roadmap

July 15, 2026

Drug review & annual report calendar (This is a rolling document and subject to change)

Mar 18 PDAB Mtg | Apr 15 PDAB Mtg | May 20 PDAB Mtg | Jun 17 PDAB Mtg | **Jul 15 PDAB Mtg** | Aug 19 PDAB Mtg | Sep 16 PDAB Mtg | Oct 21 PDAB Mtg | Nov 18 PDAB Mtg | Dec 18 PDAB Mtg

2026 Preliminary Rx and insulin subset list

Board discussion and vote on subset lists

Drug review 1 | Drug review 2 | Drug review 3 | All drug review

2026 Policy recommendations

Discussion → Vote recs. for final report

Data call & APAC information of Rx subset list

Rx and insulin → Analysis → Information provided in material pks

Public outreach and events

Outreach events across Oregon → Results shared with board

Public online feedback forms

Feedback forms available online

Annual report
(includes recommendations and generic drug report)

Draft Rx report | Vote final Rx report

Heath equity rubric scoring options

Disparities in OOP Costs

Score	Criteria
0 – Low impact	• Mean OOP/claim differences across groups are <10%, **or** • Share of total OOP is proportional (±10%) to share of total payer spend, **or** • No group consistently shows higher burden across metrics.
1 – Moderate impact	• Mean OOP/claim differences of 10–25%, **or** • One group's share of total OOP is 10–25% higher than its share of total payer spend, **or** • A single metric shows imbalance, but not consistently across all metrics.
2 – High impact	• Mean OOP/claim differences of 25–50%, **or** • One group's share of total OOP is 25–50% higher than its share of total payer spend, **or** • The same group shows higher burden across multiple metrics (mean OOP, total OOP share, etc.)
3 – Severe impact	• Mean OOP/claim differences >50%, **or** • One group's share of total OOP is >50% higher than its share of total payer spend

Disparities by Line of Business (Commercial vs Medicaid vs Medicare)

Score	Criteria
0 – Low impact	Utilization is evenly distributed across lines of business OR differences align with disease prevalence.
1 – Moderate impact	One line of business accounts for 50–65% of claims.
2 – High impact	One line of business accounts for 66–80% of claims OR OOP burden differs by >25% across LOBs.
3 – Severe impact	One line of business accounts for >80% of claims OR OOP burden differs by >50% across LOBs.

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Note: See 'Glossary & Definitions' and 'Methodology & Version Control' tabs for standard terminology, data sources, and scoring rationale (updated June 2026).

Domain *Statutory and **Rule References	Score 0 (low impact)	Score 1 (moderate impact)	Score 2 (high impact)	Score 3 (severe impact)
Number of APAC enrollees *Sec. 2.(1)(b) **(1)(b) & (2)(b)	Less than 300 patients on drug reported in APAC	301 to 500 patients on drug reported in APAC	501 to 1,000 patients on drug reported in APAC	1,001 or more patients on drug reported in APAC
Price evaluation *Sec. 2.(1)(c), (f) **(1)(c), (f), & (2)(c)	Stable WAC changes or rising below inflation for five years; minimal divergence from net spend	Average percent change in WAC between 0% to 3.99% for four years; out paces inflation four years	Average percent change in WAC between 4% to 4.99% for three years; out paced inflation for three year	Average percent change in WAC between >5%; Outpaced inflation for four or more years
Price concessions (PC) *Sec. 2.(1)(d), (e), (g) **(1)(d), (e), (g), & (2)(d), (L)	>75% of claims receive rebates or price concessions; net spend substantially reduced	50-75% claims receive rebates or price concessions; net spend modestly reduced	25-49% claims receive rebates or price concessions; Net spend reduction is moderate	<25% of claims claims receive rebates or price concessions; net spdn reduction is negligible
System & payer spend *Sec. 2.(1)(h), (j) **(1)(h), (j) & (2)(h), (i)	Gross spend <$10M; Net spend <$5M	Gross spend $10M- $40M; Net spend $5M-$15M	Gross spend $40M-$100M; Net spend $15M-$30M	Gross spend >$100M; Net spend >$30M
Enrollee burden *Sec. 2(1)(k) **(1)(k), & (2)(j)	The mean of APAC OOP annual cost is < $300	The mean of APAC OOP annual cost is $300–$800	The mean of APAC OOP annual cost is $800–$1,600	The mean of APAC OOP annual cost is > $1,600

Note: See 'Glossary & Definitions' and 'Methodology & Version Control' tabs for standard terminology, data sources, and scoring rationale (updated November 2025).

Domain *Statutory and **Rule References	No = Score 0	Yes = Score 1
Equity impact & considerations. **Does information show the drug disproportionately burdens or limits access for specific populations (e.g. cost, coverage)?** *Sec. 2.(1)(a), (j) **(1)(a), (j) & (2)(a), (i)		
Do access restrictions (e.g. prior authorizations, non-preferred formulary status) contribute to increased system spending or patient financial burden? *Sec. 2.(1)(i) ** (1)(i), & (2)(g)		
Are there less expensive therapeutic alternatives available to reduce total system spending or patient OOP burden for the drug under review? *Sec. 2.(1)(f), (g) & (j) **(1)(f), (g), (j), & (2)(c), (i), (m)		
Did stakeholder input identify affordability access, or financial hardship concerns related to the drug under review? *Sec. 2.(1)(L), & (3) **(1)(L), & (2)(k)		
Is the exclusivity expiration date more than 18 months in the future, based on available patent or exclusory information?		
Is the drug absent from the CMS MFP review list?		

Term	Definition	Source / Rationale
Minor	Quantitative change <10% from baseline or qualitative impact affecting <25% of patient population.	PDAB / Based on APAC and Data Call utilization data trends.
Moderate	10–25% change or impact on 25–50% of population.	PDAB / Based on APAC and Data Call utilization data trends.
Significant	>25% change or affecting >50% of population.	PDAB / Based on APAC and Data Call utilization data trends.
Equity disparity	Quantified difference in utilization or adherence across race/ethnicity or socioeconomic strata.	PDAB rule 925-200-0200(1)(a).
Gross spend	The total cost of the drug before price concessions, rebates, or discounts as reported in the data call by carriers to the Drug Price Transparency program	PDAB
Net cost	Cost after manufacturer rebates, PBM discounts, and price concessions.	PDAB
Median OOP	Median enrollee out-of-pocket cost, representing typical patient burden.	PDAB / Preferred over mean to avoid bias from outliers.
OOP	Out of pocket: The sum of the out-of-pocket cost for enrollees.	PDAB
IQR	Interquartile Range — measure of how spread out the data is; it is equal to the difference between the 75th and 25th percentiles	Math.net / Standard statistical measure for data distribution.
Payer Relief	Reduction in total payer cost due to rebates, discounts, or concessions.	PDAB / Economic interpretation aligning with CMS cost frameworks.

Oregon Prescription Drug Affordability Board

Scoring rubric is a decision support tool and not determinative of affordability outcomes.

Version	Date Revised	Prepared By	Purpose	Key Updates
v1.0	6/4/2026	Staff	Setup for 2026 drug review	Scoring language for 0-4 scores were updated for most of the domains.
v2.0	7/7/2026	Staff	Updated language based on feedback from June board meeting.	Updated the MFP question

Oregon Prescription Drug Affordability Board

Web links to 2026 drug review reports and data

Agenda item: Drug review: Keytruda, Verzenio, Xeljanz.

Table 1 provides links to the 2026 Oregon PDAB drug review reports and data. Drug review reports are posted one week before the meeting. Videos are posted soon after the board meeting. Meeting minutes are posted the day of board approval.

Click on the direct links in Table 1 or find the drug reports on the **PDAB drug review page** and the data information on the **PDAB data page**.

Table 1

Meeting date	Drug review report	Data links	Meeting video	Meeting minutes
June 17, 2026	• Jardiance • Mounjaro • Ozempic • Humulin R U-500	• 2026_Drug_Review_Subset_List_v01 • 2026_Insulin_Review_Subset_List_v01	June 17, 2026	June 17, 2026
July 15, 2026	• Keytruda • Verzenio • Xeljanz		July 15, 2026	July 15, 2026
Aug. 19, 2026	• Ocrevus • Skyrizi • Tremfya • Xolair		Aug. 19, 2026	Aug. 19, 2026

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2026 policy recommendations

July 15, 2026

2026 policy recommendation development ideas

Purpose: Discuss and identify priority policy concepts for further research and development for inclusion in the 2026 annual report

Discussion framework from six policy domains:

- Data collection and transparency
- Pharmacy benefit manager (PBM) reform
- Patient affordability and insurance design
- Medicaid pharmacy delivery system
- Drug manufacturer and market oversight
- PDAB governance and authority

Data collection and transparency

Concept	Status	Responses			
		H	M	L	N
Patient assistance program reporting	Previously introduced legislation • SB 1528 (2026), introduced but not enacted	0	3	2	1
Copay maximizer reporting	New concept	0	2	3	1
Alternative funding program reporting	New concept	1	1	3	2
Abandoned prescription tracking	New concept	1	0	3	2
Plan design transparency	New concept	3	1	1	1
ERISA reporting to APAC	New concept	2	3	0	1
Enhance prescription drug data collection and access (collect CCO, PEBB/OEBB, other relevant entities to further look at plan design and claims cost)	*New concept	2	3	0	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

PBM reform and market transparency

Concept	Status	Responses			
		H	M	L	N
Enhance PBM reporting requirements beyond current statutory requirements.	Existing Legislative activity/ potential expansion • HB 4149 (2024, enacted)) • HB 3213 (2025, introduced but not enacted)	2	3	0	1
Eliminate spread pricing	Previously recommended by PDAB	5	0	0	1
Delink PBM compensation from drug prices	Previously recommended by PDAB	5	0	0	1
Objective reimbursement benchmarks (NADAC/AAAC)	Previously recommended by PDAB	4	1	0	1
Any willing provider requirements	Previously recommended by PDAB	2	1	2	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

PBM reform and market transparency, cont.

Concept	Status	Responses			
		H	M	L	N
Below-cost reimbursement protections	Previously recommended by PDAB	2	2	1	1
Vertical integration review	Previously discussed by PDAB	1	3	1	1
PBM conduct and rebate dynamics	Previously discussed by PDAB	4	1	0	1
Elevated professional dispensing fee	Boarded added	4	1	0	1
Maximum Allowed Cost (MAC) appeal process reform	Boarded added	2	2	1	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

Patient affordability and insurance design

Concept	Status	Responses			
		H	M	L	N
Prior authorization guardrails (i.e., chronic disease medications)	Existing Oregon law/ potential expansion • HB 3134 (2025), enacted	2	1	2	1
Copay accumulator programs	Existing Oregon law/ potential expansion • HB 4113 (2024), enacted	2	1	2	1
Point-of-sale rebate pass through	Previously recommended by PDAB	4	2	0	0
Patient out-of-pocket caps	Previously recommended by PDAB	2	2	2	0
Formulary stability protections	Previously discussed by PDAB	2	2	1	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

Patient affordability and insurance design, cont.

Concept	Status	Responses			
		H	M	L	N
No specialty tiers for chronic condition medications	Previously discussed by PDAB	1	2	3	1
Restriction on coinsurance cost sharing	Previously discussed by PDAB	1	3	1	1
Social Vulnerability Index considerations	Previously discussed by PDAB	0	2	3	1
Step therapy protections	Previously discussed by PDAB	0	3	2	1

Medicaid pharmacy delivery system

Concept	Status	Responses			
		H	M	L	N
Single statewide PBM	Previously recommended by PDAB	3	2	0	1
State PBM administration	Previously recommended by PDAB	1	3	1	1
Competitive procurement model for PBM selection	Previously recommended by PDAB	2	3	0	1
Uniform Medicaid preferred drug list (PDL)	Previously recommended by PDAB	2	3	0	1
Alignment of coverage policies across CCOs	Previously recommended by PDAB	4	0	0	1
Fee-for-services pharmacy benefits model	Previously recommended by PDAB	1	2	2	1
Cost-plus reimbursement models	Previously recommended by PDAB	2	2	1	1
Evaluation of Medicaid pharmacy delivery system redesign	Previously recommended by PDAB	2	3	0	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

Drug manufacturer and market oversight

Concept	Status	Responses			
		H	M	L	N
Upper payment limits	Previously recommended by PDAB	1	1	4	0
State affordability mechanisms	Previously recommended by PDAB	2	0	3	1
Competition analysis	Previously discussed by PDAB	0	1	4	1
Broader review of pharmaceutical market dynamics	Previously discussed by PDAB	2	3	0	1
Manufacturer pricing practices	Previously discussed by PDAB	3	2	0	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

Drug manufacturer and market oversight, cont.

Concept	Status	Responses			
		H	M	L	N
Orphan drug review refinements	New concept	4	2	0	0
Limit orphan exemptions to approved orphan indications	New concept	2	3	0	1
Limit orphan exemptions to FDA exclusivity period	New concept	1	3	1	1
Inflationary rebate models	New concept	1	3	1	1
State inflation rebate penalties using APAC data	New concept	1	0	4	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed

PDAB governance and authority

Concept	Status	Responses			
		H	M	L	N
Broader prescription drug delivery system review authority	Previously recommended by PDAB	3	2	0	1
Expanded affordability oversight authority	Previously recommended by PDAB	1	4	0	1
Expand PDAB scope beyond affordability reviews	Previously recommended by PDAB	4	2	0	1
Public meeting law exemptions for trade-secret review protections	Previously recommended by PDAB	3	0	1	1
Public record exemption for confidential review materials	Previously discussed by PDAB	1	2	2	1
Alternative board structures	New concept	0	1	3	2
Long-term role of PDAB	New concept	2	1	2	1
Legislative review of PDAB structure and authority	New concept	1	0	4	1

Key:
H = High priority
M = Moderate priority
L = Low priority
N = No additional research needed