COMMUNITY ACCESS NATIONAL NETWORK

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Industry Advisory Group (IAG)

National ADAP Working Group (NAWG)

August 17, 2026

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

RE: Ongoing Recommendations and Drug Reviews

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.

Consistent Thoughtful Deliberation is Encouraging

We applaud you for your consistent and thoughtful deliberations, showcasing your desire to make effective decisions without haste. You continue to raise awareness of the multiple layers that constitute affordability. Your discussion at the July 2026 meeting concerning improving health equity analysis for future review cycles was particularly notable. Your transparency in acknowledging the limitations of APAC data, such as geographic and demographic limitations, helps build public trust in your work. Additionally, your discussion of exploring the acquisition of prior authorization rates and prescription abandonment data for future analysis was also noteworthy. Those issues add color to discussions of how patient affordability is significantly affected by plan design.

Policy Proposals Are Effective Choices

We support your efforts to develop policy memos on PBM reform, prior authorization portability/importability, and expanding PDAB's scope and authority. PBM reform issues include eliminating spread pricing, delinking PBM compensation, and examining rebate dynamics. These concerns have a direct impact on patient and system affordability.

This is especially true with regard to rebate dynamics, such as how savings can be passed directly to patients at the point of sale. Point-of-sale savings will not increase plan premiums to prohibitive levels. A notable study indicated that in a

sample of employer-sponsored insurance enrollees, a premium increase of less than $1.50 per member per month would be enough to offset the reduction in out-of-pocket spending when rebates were shared at the point of sale. Significant premium increases are more likely to result from thousands of people falling out of the insurance pool as they can no longer afford health insurance.

We also encourage you to continue your examinations of affordability policies that do not include upper payment limits. Your previous reasoning behind deeming upper payment limits ineffective remains sound. Discussion in other states concerning instituting state cost caps based on MFP is still an upper payment limit, but even more harmful since it does not involve any state-specific analysis. MFP is a federal program, based on very specific federal data coupled with federal infrastructure for implementation.

We remain concerned regarding the orphan drug reviews. Although you have discussed refining the orphan drug review, with regard to parsing out utilization of orphan vs non-orphan and the costs associated with non-orphan conditions, we still posit that the orphan drug review has a high potential for adverse effects.

Concerns Around Drug Reviews Remain

The Board and staff are making noteworthy efforts in their work; however, several concerns remain. When drugs are reviewed in groups during meetings, they are effectively only reviewed and deliberated once. This affects the meaningfulness and thoroughness of review. This is especially important when there is acknowledgment of flawed data, for example, that has to be corrected and updated. Additionally, Board discussion has acknowledged issues in drawing conclusions that require context not available in the present data, especially regarding outdated data that doesn't account for current market forces.

Concern about drugs selected for affordability review also remains. There are instances where the reasoning for why drugs are selected is unclear. Drugs like Tremfya, for example, don't appear to be on some of the criteria lists when sorted in 'top 10' criteria columns and 'top 25 insurer reported' lists but have been selected for review.

We thank you for all of your ongoing hard work and recognize your desire to do what is in the best interest of Oregonians.

Respectfully submitted,

Ranier Simons
Director of Patient-Centered Drug Pricing and Healthcare Access Policy
Community Access National Network (CANN)

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