



COMMUNITY ONCOLOGY ALLIANCE

Dedicated to Advocating for Community Oncology Patients and Practices

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Oregon Prescription Drug Affordability Board
350 Winter Street NE
Salem, OR

Dear Members of the Board,

On behalf of the Community Oncology Alliance (COA) and our members across Oregon, we thank you for the opportunity to provide comments regarding the Oregon Prescription Drug Affordability Board's selection of an oncology therapy for affordability review. COA represents independent cancer practices across the United States and is dedicated to preserving access to high-quality, affordable, and locally accessible cancer care. We appreciate the state's concern in addressing the cost of prescription drugs and share the state's vision of reducing financial burdens placed on patients.

Safeguarding Clinical Judgment in Cancer Treatment

With this shared vision in mind, we respectfully urge the Board to reconsider the inclusion of oncology therapies in its affordability review process given the unique clinical complexities of cancer treatment and the potential consequences for patient access.

Cancer therapies are among the most complex medications prescribed today. Treatment decisions depend on numerous patient-specific factors, including cancer type and stage, biomarker status, treatment history, medical comorbidities, disease progression, and lines of therapy. Many oncology medications are prescribed as part of highly individualized treatment regimens, including combination therapies and precision medicine approaches guided by established clinical practice guidelines.

While therapeutic alternatives may exist within certain classes of oncology medications, their availability does not establish that these treatments are clinically interchangeable or appropriate for every patient. In precision oncology, matching the right therapy to the right patient at the right time is the standard of guideline-concordant care. Although the Board's review considers clinical information and therapeutic alternatives, aggregate utilization and spending data cannot fully capture the patient-specific factors that determine whether a particular oncology therapy is medically necessary. COA remains concerned that these limitations could lead to affordability determinations or subsequent policy recommendations that fail to adequately protect individualized, guideline-concordant cancer treatment.

Therefore, COA respectfully urges the Board to recognize that oncology therapies cannot be evaluated solely through conventional measures of prescription drug spending. Any affordability review or resulting policy recommendation must preserve physicians' ability to select the most clinically appropriate cancer treatment for their patients.

Distinguishing Aggregate Oncology Spending from Patient Financial Burden

COA and our members recognize that high drug prices and resulting financial toxicity are serious problems for patients. However, aggregate spending on oncology medications is not synonymous with the financial burden experienced by individual patients.

Cancer therapies often represent significant expenditures for payers and health care systems because of their clinical complexity, specialized administration requirements, and role in treating diseases. High aggregate spending does not, by itself, demonstrate that a medication is inappropriate, overutilized, or responsible for the out-of-pocket financial burden experienced by an individual patient.

Community oncology practices provide high-quality cancer treatment at substantially lower costs than hospital-based settings.¹ Affordability determinations that fail to distinguish overall system spending and patient-level financial toxicity may produce recommendations that shift costs or financial risk elsewhere in the health care delivery system without providing meaningful relief to patients.

The Board must ensure that its affordability review process results in tangible reductions in patients' out-of-pocket costs rather than policies that inadvertently restrict access to medically necessary oncology treatments.

Pharmacy Benefit Manager (PBM) Practices

COA is encouraged by the Board's willingness to consider the role of pharmacy benefit managers (PBMs) and other intermediaries in determining prescription drug affordability and patient access. PBM contracting arrangements, rebate structures, reimbursement practices, and vertical integration can influence the costs experienced by patients and the financial sustainability of independent community oncology practices. While physician-administered oncology therapies present distinct reimbursement and distribution considerations, affordability assessments should account for the broader pharmaceutical supply chain. COA encourages the Board to continue examining PBM practices and their potential impact on patient out-of-pocket costs, provider choice, and access to treatment.

Unintended Consequences of Oncology Affordability Reviews on Patient Access

Patients receiving cancer treatment already face significant coverage restrictions and utilization management requirements imposed by health plans and other payers. Although the Oregon PDAB does not currently have authority to implement upper payment limits, its public

affordability determinations and resulting recommendations may influence payer behavior and policy decisions beyond Oregon.

Health plans, pharmacy benefit managers (PBMs), and other payers may use PDAB determinations to justify additional coverage restrictions or impose greater utilization management on patients requiring timely cancer treatment.

COA is particularly concerned that affordability findings involving oncology therapies could be used to support more restrictive prior authorization requirements, new step-therapy protocols, non-medical switching, or other coverage limitations that interfere with physician-directed care.

For patients undergoing active cancer treatment, these changes carry real clinical risks. Delays in treatment can lead to disease progression and poorer health outcomes, increasing the risk of death. Switching patients from a clinically appropriate regimen to another treatment for non-medical reasons may introduce new side effects, disrupt continuity of care, and produce unpredictable clinical outcomes. Cancer patients should not face additional barriers to medically necessary treatment because a therapy has been identified for review.

We urge the Board to explicitly affirm that an affordability finding is not a clinical determination and should never be used to justify restricting access to guideline-concordant cancer treatment. Any recommendations arising from oncology affordability reviews must prioritize meaningful reductions in patient out-of-pocket costs without introducing additional barriers to care.

Preserving Access to Lower-Cost Community Sites of Care

Independent community oncology practices operate in an increasingly challenging financial environment. Many oncology therapies, particularly physician-administered medications, are acquired through a buy-and-bill model that requires practices to purchase, store, manage, and administer complex medications before receiving reimbursement. This model supports timely, coordinated cancer treatment close to home, but it also places substantial financial risk on independent practices.

If affordability determinations prompt changes in reimbursement or drug acquisition policies that do not adequately account for the costs of purchasing, storing, and administering oncology medications, independent practices may face significant financial burdens. When practices cannot sustainably acquire and administer these therapies, they may be forced to reduce services, discontinue certain treatments, close, or become absorbed into larger health systems where the same cancer care frequently costs patients and payers substantially more. Additionally, payer and PBM policies that redirect drug distribution or administration away from community oncology practices may further undermine practice sustainability and interfere with established treatment relationships.

Consolidation increases overall health care costs, reduces patient choice, and disproportionately affects patients in rural and underserved communities who rely on local practices for timely

cancer care. An affordability policy that ultimately shifts cancer treatment from independent community practices into more expensive hospital settings risks undermining the very cost-containment objectives the Board seeks to achieve. COA respectfully urges the Board to carefully consider how affordability reviews and resulting policy recommendations could threaten the continued availability of oncology therapies in lower-cost community settings.

Community Oncology Expertise in Affordability Reviews

To protect patient access to high-quality, locally delivered cancer care, COA encourages the Board to incorporate the perspectives of independent community oncologists, oncology pharmacists, and practice administrators into its deliberations regarding oncology medications.

Their expertise is essential to understanding how affordability determinations and resulting recommendations could affect treatment availability, practice sustainability, and patient access across Oregon.

Recent research commissioned by COA further demonstrates the importance of preserving access to community oncology. An April 2026 study conducted by Flatiron Health found that patients with metastatic breast cancer and metastatic non-small cell lung cancer receiving care at participating community oncology practices experienced overall survival outcomes that were better than or comparable to national benchmarks. These findings reinforce the importance of protecting access to community-based cancer treatment and ensuring that affordability policies do not inadvertently disrupt established care delivery.ⁱⁱ

As the Board considers oncology medications for affordability review and develops policy recommendations, we respectfully ask that it:

- Reconsider the inclusion of oncology therapies in the affordability review process given their unique clinical complexity, patient-specific treatment requirements, and potential consequences for access to medically necessary cancer care;
- Continue examination of PBM practices and opportunities for reform, including greater transparency in rebate arrangements, reimbursement practices, and vertical integration, to address factors contributing to prescription drug costs while protecting patient choice and access to independent community oncology care;
- Distinguish aggregate payer or system spending from patient-level affordability, and demonstrate how any proposed action would reduce patients' out-of-pocket costs;
- Evaluate therapeutic alternatives at the clinical level (by cancer type, stage, biomarker status, and line of therapy) rather than treating the existence of other drugs in the class as evidence of interchangeability;
- Preserve clinician-led decision-making, and affirm that affordability findings should not be used to justify new utilization-management practices in oncology;

- Protect continuity of care for patients in active cancer treatment, and analyze potential shifts in site of care, consolidation pressures, and effects on access to locally delivered community oncology services; and
- Engage Oregon community oncologists, oncology pharmacists, and independent practices before finalizing any recommendations affecting physician-administered cancer therapies.

Thank you for the opportunity to share these comments and for your commitment to patients throughout Oregon.

Sincerely,

Sean T. McCarson, MPA

Director, State Regulation & Policy
Community Oncology Alliance (COA)

ⁱ The Role of Utilizing Community Oncology Care to Decrease Cancer-Related Financial Toxicity. *The American Journal of Public Health*. <https://doi.org/10.52338/tajoph.2025.5171>

ⁱⁱ COA Quality of Care Study: Phase 1 Report on Overall Survival. Flatiron Health and Community Oncology Alliance. https://assets.mycoa.io/1777055392024_COA%20Quality%20of%20Care%20Study-%20Phase%201%20Report_V10_Final.pdf