



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

To the Oregon Prescription Drug Affordability Board:

Thank you for the opportunity to provide comments as part of the 2026 drug affordability review process. I am writing on behalf of the Community Liver Alliance and the patients, caregivers, and providers we serve to emphasize the importance of maintaining access to medications under review, particularly as they relate to liver disease, cancer care, and long-term healthcare costs in Oregon.

Liver disease is a growing and costly public health crisis. In Oregon, chronic liver disease and cirrhosis continue to drive significant mortality and healthcare utilization, with hundreds of deaths annually and rising rates of advanced disease. At the same time, liver cancer, particularly hepatocellular carcinoma (HCC), is one of the fastest-growing causes of cancer-related death in the United States.

The Growing Burden of Liver Disease in Oregon

Liver disease is a significant and growing public health crisis in Oregon:

- 926 deaths from liver disease and cirrhosis were reported in 2022
- Chronic liver disease is now a top 10 leading cause of death in the state
- Oregon continues to have one of the higher liver disease mortality rates nationally (~17.1 per 100,000)
- Approximately 95,000 Oregonians are living with hepatitis C, many undiagnosed and untreated

At the same time, liver cancer, particularly hepatocellular carcinoma (HCC), is rapidly increasing:

- Liver cancer is now the 6th leading cause of cancer death in Oregon
- It carries a very high mortality rate, with only ~22% 5-year survival
- 41% of liver cancer cases are linked to viral hepatitis, with the majority tied to hepatitis C

These trends are further compounded by rising rates of metabolic disease (MASLD/MASH), driven by obesity and diabetes, conditions affecting a growing share of Oregon's population.

Why This Matters for the PDAB Drug Review

Several medications under review including Ozempic, Mounjaro, Jardiance, and others are increasingly recognized as critical tools in:

- Slowing progression of metabolic liver disease (MASLD/MASH)
- Reducing liver inflammation and fibrosis
- Preventing progression to liver failure and cancer

In addition, the Board's July review includes Keytruda (pembrolizumab), a therapy that plays an essential role in treating advanced cancers, including liver cancer.

Economic Impact: Cost of Access vs. Cost of Delay

While medications like Keytruda may represent a significant upfront cost, they are also associated with substantial downstream savings when evaluated across the full continuum of care. Restricting access to innovative therapies like Keytruda may result in higher total system costs, not lower ones. For patients with liver cancer and other advanced malignancies:

- Early and effective treatment can delay or prevent disease progression
- This reduces the need for:
 - Hospitalizations
 - Emergency care
 - Complex surgical interventions
 - Liver transplantation (which can exceed \$800,000+ per case)
- It also supports patients in remaining functionally independent and economically productive

Impact on Liver Disease Patients

Liver cancer often develops in patients already managing chronic liver disease (MASLD/MASH, hepatitis C, alcohol-associated liver disease). For these individuals, timely access to therapies like Keytruda is not optional, it is lifesaving. These patients are particularly vulnerable to:

- Rapid disease progression
- Limited treatment windows
- Compounded health disparities

A Broader Economic Reality

Affordability discussions must consider total cost of care, not just drug price.

Limiting access to medications may:

- Shift costs to acute care settings
- Increase Medicaid and state healthcare expenditures
- Lead to lost productivity and disability burden
- Worsen outcomes in already underserved populations

In contrast, maintaining access to effective therapies:

- Improves survival and quality of life
- Reduces long-term healthcare utilization
- Supports a more sustainable healthcare system

Recommendations to the Board

We respectfully urge the Oregon PDAB to:

- Evaluate medications like Keytruda within a total cost-of-care framework
- Avoid policies that restrict access to clinically appropriate, guideline-supported therapies
- Ensure patient and provider voices are central in decision-making
- Consider the economic consequences of delayed or denied treatment, particularly in oncology and liver disease

Oregon has the opportunity to lead with a balanced approach, one that improves affordability while protecting access and preventing unintended cost increases elsewhere in the system. We strongly encourage the Board to ensure that policies do not undermine access to therapies that ultimately save lives and reduce long-term healthcare costs.

Thank you for your leadership and for considering the patient and system-wide impact of your decisions.

Sincerely,



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