



June 15, 2026

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

RE: Comments on the 2026 Annual Report Policy Recommendations

Dear Members and Staff of the Oregon Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients. We appreciate the opportunity to provide comments on the policy remedies the board will explore for inclusion in the 2026 Annual Cost Review Report.

Throughout Oregon's affordability review process, our coalition has encouraged the board to focus on policies that directly improve affordability and access for patients rather than pursuing price-setting approaches that primarily target system spending. We therefore appreciate the board's intent to explore a broad range of policy options and particularly applaud its decision to prioritize alternative reforms instead of recommending Upper Payment Limits (UPLs).

Our comments are informed by findings from the [EACH/PIC Patient Experience Project 2.0](#), a national survey examining how patients define and experience affordability. As demonstrated by that research, affordability is not simply determined by the price of a medication. Patients consistently identified insurance design, coverage decisions, utilization management requirements, shifting out-of-pocket costs, and restrictions on financial assistance as key contributors to affordability challenges.

To support the board's work, we have attached a key page from our report, Patient-Driven Reforms: Recommendations for Policymakers, which outlines patient-informed recommendations for improving affordability while protecting access to care. As the board evaluates policy options, we encourage it to prioritize reforms that directly address the barriers patients experience most frequently.

First, we support efforts to improve patient affordability through reforms that make healthcare costs more predictable and manageable. Our survey findings demonstrated that affordability challenges are often driven by unpredictable and shifting out-of-pocket costs rather than the price of a medication alone. As a result, we encourage the board to support policies that directly improve cost predictability for patients, including out-of-pocket protections, cost-smoothing mechanisms, and other reforms that help patients better anticipate and manage healthcare expenses over time.

We also support policies that expand awareness of and access to financial assistance programs while ensuring that available assistance can be fully utilized by patients. Patients repeatedly reported that financial assistance often determines whether a treatment remains affordable. Accordingly, we support reforms that prohibit accumulator and maximizer adjustment programs



and ensure that copay assistance counts toward deductibles and annual out-of-pocket maximums so patients receive the full benefit of available support.

Our survey findings consistently identified insurance design and healthcare system incentives as major contributors to affordability challenges. We therefore support reforms that protect patients from harmful utilization management practices, including prior authorization requirements, step therapy protocols, coverage disruptions, formulary changes, and non-medical switching. We encourage the board to support policies that improve transparency, strengthen patient protections, and ensure that cost-containment efforts do not disrupt access to effective treatments.

We also support efforts to better align incentives throughout the prescription drug supply chain. Policies that increase transparency, prohibit spread pricing, pass negotiated savings through to patients, and delink PBM compensation from drug prices represent meaningful opportunities to address affordability challenges without creating new barriers to care.

Finally, we encourage the board to continue incorporating patient perspectives into future affordability discussions. Patient experiences provide critical context that cannot be captured through pricing data alone. The board should also monitor the impact of any adopted reforms on patient access, including changes in formulary design, prior authorization requirements, step therapy utilization, and non-medical switching.

We appreciate the board's thoughtful consideration of policies that can improve drug affordability for patients. We believe Oregon has an opportunity to pursue reforms that directly address the drivers of patient affordability challenges while protecting access to care, and we look forward to continuing to engage with the board on these important issues.

Sincerely,

A handwritten signature in cursive script, reading "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson
tiffany@aiarthritis.org
Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in cursive script, reading "Vanessa Lathan".

Vanessa Lathan
vanessa@aiarthritis.org
Patient Inclusion Council (PIC) Coalition Lead

Attachment: EACH/PIC Patient-Driven Reforms: Recommendations for Policymakers

PATIENT-DRIVEN REFORMS: RECOMMENDATIONS FOR POLICYMAKERS

To truly improve prescription drug affordability, policymakers must move beyond narrow definitions of cost and center reforms on the lived experiences of patients. Affordability is not just a matter of price. It is shaped by insurance design, access to support programs, system complexity, and the individual needs of each patient. The following recommendations reflect the needs and priorities that patients identified through the survey:

MAKE PATIENT COSTS MANAGEABLE AND PREDICTABLE

- **Directly Address Patient Costs:** Limit patient cost exposure through caps on out-of-pocket spending, lower deductibles, reasonable annual maximums, and limits on premium increases tied to inflation. These protections help ensure patients can anticipate and plan for their medication costs rather than face sudden or unmanageable expenses.
- **Implement Cost-Smoothing or Payment Plans:** Allow patients to spread out-of-pocket costs evenly over the course of the year instead of concentrating expenses at the beginning of coverage periods. Cost-smoothing mechanisms can reduce financial shock, improve adherence, and support continuity of care for patients managing chronic conditions.

PROVIDE SUPPORT TO AVOID CATASTROPHIC COSTS

- **Expand Access to Financial Assistance Programs:** Expand and protect state and federal Patient Assistance Programs (PAPs) for individuals with low incomes, disabilities, or those who lack insurance coverage. Increase awareness and enrollment in manufacturer copay assistance for those commercially insured.
 - Those administering patient financial assistance programs should also simplify application processes and ensure patients are aware of available resources through public education campaigns that include outreach to healthcare providers.
- **Streamline and Protect Copay Support:** Ensure that copay assistance counts toward deductibles and out-of-pocket maximums. Patients facing accumulator policies, where assistance doesn't apply to insurance cost-sharing, frequently reported affordability challenges, even when their monthly cost appeared low.

ADDRESS STRUCTURAL DESIGNS THAT CAUSE HARDSHIP

- **Protect Patients from Harmful Utilization Management Practices:** Insurance practices intended to manage costs should not disrupt care or destabilize patients who are doing well on their current treatment. Policymakers should limit non-medical switching for long-term treatments, require clear and timely appeals processes for coverage denials, and increase oversight by requiring disclosure of formulary changes, prior authorization, and step therapy requirements.
- **Align Incentives Within the Healthcare Marketplace:** Affordability reforms should address misaligned incentives that drive up patient costs without improving care. This includes prohibiting spread pricing, replacing percentage-based Pharmacy Benefit Manager (PBM) compensation with flat-fee service models, ensuring negotiated rebates and discounts are passed to patients, and increasing transparency around PBM contracts, rebate flows, and formulary design.

By adopting a patient-centered approach that reflects these realities, policymakers can advance reforms that improve access, reduce harm, and ensure that affordability efforts deliver real value to the people they are intended to help.