



January 19, 2026

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

**RE: Public Comments on 2025/2026 Cost Reviews**

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, allied groups, patients, and caregivers to advocate for drug affordability policies that put patient needs first.

**Finalizing the 2025 Drug Review**

As the board finalizes its determinations on the 2025 drug review, we continue to urge caution given the persistent lack of clarity around the methodology used to assess affordability. As recently as last month, staff acknowledged that no definition of affordability has been determined. During deliberations, board members cited varying rationales for deeming drugs unaffordable, with little focus on patient out-of-pocket costs or patient-reported experience.

We fear that the board is prioritizing completion of the review over executing a meaningful evaluation of patient affordability, despite the fact that these determinations could impact patients who rely on these medications.

**Recommendations for the 2026 Drug Review**

We appreciate the opportunity to engage with the board as it begins its 2026 drug review process. As the board looks ahead, we believe it is important to reflect on lessons from the past two review cycles.

The board's experience over the past two cost review cycles underscores the importance of aligning scope, methodology, and capacity. In 2024, the drug review process began before a clear methodology was established and was ultimately paused. In 2025, the board undertook an expansive review of more than 25 drugs. Even after eliminating drugs and extending the timeline for review, the board and staff still faced challenges related to data volume, limited time for deliberation, and constrained opportunities for patient input. As the board begins its 2026 review, there is an important opportunity to adjust its approach.

First, we urge the board to evaluate its approach to focus more centrally on identifying and addressing patient concerns with prescription drugs. Our [Patient Experience Survey](#) demonstrates that when patients describe a medication as "unaffordable," they are often referring to barriers to access rather than price alone. Patients paying little or nothing out of pocket still reported unaffordability due to insurance denials, utilization management, instability in coverage, or fear of losing assistance. Without clearly distinguishing between drug price,



patient cost, and access barriers, affordability determinations risk missing the underlying drivers of hardship.

Relatedly, patient input must allow space for patients to explain the “why” behind their experiences. Surveys and requests for input that rely primarily on closed-ended questions obscure critical context. Our survey repeatedly showed that qualitative responses were essential to understanding how insurance design, cumulative health costs, and life circumstances shape patient perceptions of affordability. For patient input to meaningfully inform the board’s work, qualitative responses must be captured and analyzed as core evidence to shape the board’s work.

We also remain concerned about the effectiveness of patient engagement efforts. We were pleased that public information sessions have already been announced for 2026; however, turnout was extremely limited for sessions in 2025, suggesting that awareness and outreach remain significant challenges. Meaningful engagement requires proactive efforts to reach patients where they are. Partnering with patient organizations, providers, hospital networks, and community groups can help ensure that patients who are most likely to be affected are aware of opportunities to participate. Beyond listening sessions, patient roundtables or facilitated discussions would allow for deeper dialogue than three-minute testimony permits.

Patient costs must remain the focal point of affordability reviews, but those costs cannot be evaluated in isolation. Assistance programs, insurance design, and coverage limitations all significantly shape what patients ultimately pay and whether they can access their medications at all. Failing to weigh these factors risks drawing incomplete or misleading conclusions. Additionally, reliance on claims data that is even two years old threatens the relevance and accuracy of affordability assessments as new biosimilars and generics come on the market and new policies like caps on drug copays and other policy measures are implemented.

At a minimum, as the board plans for 2026, we strongly encourage limiting the scope of review to a smaller number of drugs. The volume of drugs reviewed in 2025 compressed timelines, overwhelmed deliberations, and made meaningful patient participation difficult. Comment deadlines requiring feedback on dozens of drugs within 30 days were not reasonable for patients, caregivers, or advocacy organizations. A narrower scope will support more rigorous review, improve transparency, and better incorporate patient perspectives.

## **Conclusion**

We share the board’s goal of improving prescription drug affordability for Oregonians. Achieving that goal requires a process that is deliberate, realistic in scope, grounded in current data, and centered on patient experience. Our coalition remains committed to supporting a thoughtful, patient-centered approach and stand ready to work with the board as the 2026 review process moves forward.

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson  
tiffany@aiarthritis.org



Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in grey ink that reads "Vanessa Lathan". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

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