



February 13th, 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 (PDAB):

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. We write as a [follow-up to our January 19, 2026 letter](#) to provide additional context to help the PDAB improve 2026 processes, express concern regarding the board's recent deliberations, and provide important findings related to EACH/PIC's newly completed [Patient Experience Project: Patient-Reported Affordability & Unaffordability Study 2.0](#).

Concerns with recent board's deliberations

The Board's January 21 insulin deliberations reinforce our concerns about unclear affordability standards and inconsistent methodology. After individually determining that no insulin product created affordability challenges, pursuant to ORS 646A.694 the Board was forced to select Lantus SoloStar as creating possible affordability challenges without introducing new evidence. The final report to legislators should clearly state this drug was not initially found unaffordable, but due to statute the board was forced to revisit.

Furthermore, for patients who depend on insulin, such shifting determinations without transparent rationale risk undermining confidence in a process that should be clear, consistent, and predictable. For this reason, we support policy changes that allow the Board to determine that insulin products may create affordability challenges but would not be required to include a product as potentially unaffordable in the absence of sufficient supporting data.

Finalizing the 2025 drug review report for the Oregon legislature

As the board finalizes recommendations to include in the 2025 drug review report, we encourage focusing on solutions that will put patients out of pocket cost and access to treatment considerations first. As demonstrated in our original pilot Patient Experience Survey: Prescription Drug Affordability and Unaffordability, and now proven in our full patient-facing Version 2.0 of our Patient Experience Study, patient affordability is almost *entirely dependent* on insurance design, income, cumulative costs, and evolving life situations. Therefore, efforts to address affordability challenges for Oregonians should prioritize patient-centered solutions—including PBM reform such as delinking, formulary stability, and ensuring financial assistance applies to patients' out-of-pocket costs.



We encourage the board to review the [policies we have recommended](#) in association with our research. Policies that address these insurance-driven barriers and protect access to effective, preferred treatments are more likely to reduce patient hardship than approaches focused only on drug price.

Recommendations for the 2026 drug review processes

We appreciate the opportunity to engage with the Board as it begins the 2026 drug review process, and we believe it is important to carry forward lessons learned from the prior two review cycles as this work moves ahead.

While we appreciate the Board's willingness to expand patient-facing listening sessions in 2026, we are concerned about the intent and potential effectiveness of these engagement efforts. Specifically, [these sessions appear focused more on educating patients about why the Board believes affordability challenges exist, rather than learning directly from Oregonians about why they are struggling to afford their medications](#). All patient-facing engagement opportunities must prioritize gathering meaningful, patient-driven insights that should inform solutions grounded in their lived experiences and needs.

To achieve this, we recommend:

- Revising advertising materials to clearly emphasize that listening sessions are intended for patients to share why they struggle to afford their medications, rather than to learn the Board's perspective on affordability challenges.
- Adoption of the coalition's validated patient affordability data collection question tool, developed through more than 18 months of rigorous, iterative research and designed specifically to capture meaningful patient-reported insights that can guide effective, patient-centered solutions.
- Working with the PIC portion of our coalition, led by patients and where opinions about pharmaceutical companies, insurance companies, PDABs, and price capping solutions are not part of engagement. The PIC is focused on using our skills as patients, some with backgrounds in research, to help all patient-facing data collection efforts so information collected is robust and meaningful.

Updated patient research clarifies the nature of affordability hardship

Since our January correspondence, EACH/PIC has completed an updated patient-reported prescription drug affordability study involving more than 500 patients. Findings show that:

- **Insurance barriers drive patient-reported affordability challenges.** Patients described cumulative exposure to deductibles, co-insurance, specialty tier placement, accumulator programs, prior authorization delays, and mid-year coverage changes as central sources of financial strain.
- **Affordability hardships are frequently driven by insurance design and insurance-driven cost shifting.** Consistent with the pilot, the findings showed that no

single drug emerged as creating affordability hardships. **However, in this broader study, the analysis further showed that no individual drug can be isolated as the source of patient hardship. Here's why:**

- 41% (221 of 537) of respondents reported they paid different out-of-pocket (OOP) costs *for the same drug* at different times (“OOP cost shifting”).
- Of those, 51% (112 of 221) - *almost one-quarter of all respondents* - shifted between reporting their drug as affordable or unaffordable as OOP costs shifted (“Affordability shifting”).
- 55% (62 of 112) reported OOP cost shifting between three or more ranges (i.e., \$0-10, \$11-26, \$26-\$50, etc.) and 15% reported ranges between \$0-10 and \$1001+ *for the same drug over time*.
- Of those who provided more context regarding *why* OOP cost shifting and affordability shifting happened, 90% (83 of 92) cited insurance barriers - particularly deductibles, OOP costs, and coverage denials—with financial assistance instability, income, and evolving life circumstances amplifying that volatility.
- Many stated the new OOP costs resulted in losing access to the drug (“Access shifting”).

Results clearly show that even when list prices remained constant or out-of-pocket costs were initially manageable, insurer shifting cost-sharing structures created affordability instability and, in several cases, led to losing access.

Other important findings include:

- **Hardships were not directly linked to the affordability of one prescription drug.** Patients reported hardships (affording groceries, housing) at every income level. 56% of people who reported hardships still reported their drugs as affordable, and 47% linked hardship to cumulative OOP drug costs.
- **Efforts to improve health equity must focus on patient-reported hardships.** Patients of color were far more likely to report on brand or generic drugs and experienced affordability challenges at a higher rate than their white counterparts for specialty and generic drugs and at a similar rate for brand-name drugs.
- **Patients reporting drugs as unaffordable described insurance barriers, not simply cost.**
 - 95% of patients who stopped taking their medication cited insurance-related challenges, not cost, as the primary cause.
 - 72% who never started taking their medication cited insurance-related challenges, including denial of coverage and high OOP costs even with insurance.
- **Delayed or denied financial assistance leads to affordability challenges.** Patients reported the inability to apply financial assistance to offset drug costs due to insurance



rules as a contributor to unaffordability. In contrast, 71% of patients stated financial assistance was the reason why their medication was affordable.

- **Non-medical switching caused patient harm.** Patients reported disease recurrence, side effects, worsened health outcomes, and adverse events when required to switch medications due to insurance plan design. *This scenario is likely to occur to patients on therapeutic alternatives to a drug with a UPL.*

Conclusion

We understand the Board is faced with identifying potential affordability challenges for the state, healthcare system (including insurers), and Oregonians. However, these findings show solutions that cap costs for states and the broader healthcare system will not address patient-reported hardships. If the Board wants to protect patients from affordability hardship, then patient-defined experience, insurance design dynamics, and longitudinal cost exposure must be explicitly integrated into affordability standards and determinations.

We share the board's goal of improving prescription drug affordability for Oregonians. Our coalition remains committed to supporting a thoughtful, patient-centered approach and stands 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 cursive script that reads "Vanessa Lathan".

Vanessa Lathan

vanessa@aiarthritis.org

Patient Inclusion Council (PIC) Coalition Lead