



March 16, 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 Cost Review Report and 2026 Cost Review

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 appreciate the opportunity to provide comments as the board finalizes its 2025 drug review report and begins its 2026 review process.

Comments on the 2025 Drug Review Report

As the board prepares its final report to the Oregon legislature on the 2025 review process, we urge the board to take the following items into consideration.

First, as we have stated in previous comments, we remain concerned with the board's failure to establish from the outset of the review process clear metrics or thresholds for determining drug affordability. Without a defined methodology, the board's findings across the drugs reviewed appear inconsistent; this in turn makes it difficult for both legislators and stakeholders to interpret. Establishing transparent standards for affordability determinations will be essential to ensuring future reviews produce credible and consistent conclusions.

Second, we are disappointed that the report does not describe or recommend any remedies to address the board's deliberations regarding insulin products during the 2025 review. During the board's January discussions, members initially determined that no insulin product created affordability challenges based on the available evidence. However, due to statutory requirements, the board was required to identify a product as potentially creating affordability challenges and ultimately selected LantusSoloStar, despite not having evidence to support this selection.

At a minimum, the final report should acknowledge this sequence of events so legislators understand how statutory constraints forced the decision-making of the board. Furthermore, if the board's governing statute prevents it from applying a consistent methodology or submitting accurate affordability determinations, those limitations should be clearly communicated to the legislature. It is the board's responsibility to recommend changes to their own statute to prevent the repeat of a similar event in 2026.

Support for Patient-Focused Policy Solutions



While we have concerns with elements of the review process, we commend the board for identifying and potentially including in the report policy recommendations that focus on reducing what patients pay out of pocket for their medications. We endorse the board recommending out-of-pocket caps and rebate pass-through mechanisms to help drive down patient costs. These policies have the potential to deliver more direct financial relief to patients than approaches focused solely on the list price of a drug.

Our recently released [Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0](#) found that patients consistently reported that affordability is shaped primarily by insurance design, cost-sharing structures, and access to financial assistance, not simply the price of a medication. Addressing these patient-reported obstacles should be prioritized, and we encourage the board to review the broader set of patient-centered policy recommendations outlined in our report.

Recommendations for the 2026 Drug Review Process

As demonstrated in our research, affordability challenges do not stem from the price of a single drug. Instead, patients described insurance coverage rules, cost-sharing structures, prior authorization requirements, and disruptions in financial assistance as the primary drivers of affordability challenges.

Patient engagement efforts must prioritize understanding why patients experience affordability challenges, rather than simply asking whether a drug is affordable. Our research relied heavily on open-ended questions that allow patients to explain the context behind their experiences rather than directing respondents toward predetermined conclusions. This structure proved essential in identifying the true drivers of affordability challenges, most often insurance design and coverage restrictions.

Our coalition will soon formally submit the survey framework used in our research for the board's consideration. At a minimum, we encourage the board to review our approach and adopt a similar structure for its own patient engagement efforts for the 2026 review process, both in revising its surveys and also in conducting listening sessions. We would welcome the opportunity for the board to adopt or adapt our questions directly for its ongoing patient engagement.

Conclusion

We share the board's goal of improving prescription drug affordability for Oregonians. Achieving that goal requires a process that is transparent, methodologically consistent, and grounded in how patients actually experience affordability challenges. Our coalition stands ready to work with the board as it begins the 2026 review cycle to ensure that patient-centered evidence and engagement inform the policies ultimately recommended to the legislature.

Sincerely,



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