January 20, 2026

Re: Oregon PDAB Drug Review Preliminary List and Process for Affordability Review Determinations

Honorable Members of the Oregon Prescription Drug Affordability Board,

The Alliance for Health Innovation (Alliance) is a group of cross-sector stakeholders representing patients, providers, caregivers, academia, biopharmaceutical innovators, and business communities. Led by the Global Coalition on Aging (GCOA), the Alliance is committed to establishing the importance of innovation in achieving healthy aging. We advocate for state policy solutions that support a thriving innovation sector, enabling Oregon residents and other communities to live longer and healthier lives.

We thank the Board for the opportunity to comment on the Drug Review Preliminary List and how this will be utilized to conduct affordability reviews of the current list of 137 identified drugs. **We write today to express significant concern about the inclusion of drugs for the treatment of HIV on the preliminary list for review, particularly considering the current federal policy landscape, including cuts to public health infrastructure, and HIV research.** [1,2] These damages to the financial scaffolding of the fight against HIV, many of which have been traumatic for the community of People Living With HIV (PLWH), stand to negatively impact both patient affordability and access. Should the Board proceed with an affordability review of the named drugs, they would be contributing to the uncertainty patients and communities are experiencing during these troubling times, which could further harm patient access and future innovation of life-saving therapeutics.

Furthermore, questions of concern related to the PDAB's data reliability threaten to exacerbate challenges around access to care and deepen disparities. Based on the Oregon Drug Price Transparency (DPT) reports, only about 25% of the residents in Oregon are accounted for in the Board's analysis.[3] When healthcare determinations are built on a foundation of inaccurate or incomplete data, communities and sub-populations that are underrepresented will experience the most harm, further exacerbating inequities and access challenges in the state.

Many diseases that once burdened aging populations have evolved into manageable chronic conditions due to modern, safer, and more effective treatments, allowing many patients to live longer, healthier lives. This is especially true in Oregon, where, by 2034, according to the most recent State Plan on Aging, adults over 65 will be a larger age demographic than those 18 and under. Further, people of color are projected to comprise 45% of the state's older adult population by 2050.[4]

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[1] (April 1, 2025) The Associated Press. Here's where jobs and programs are being cut at the nation's top health agencies. https://apnews.com/article/trump-hhs-cdc-fda-nih-cms-layoffs-5aba829b829d9e1a0167c4a0d968aadb

[2] (March 25, 2025) CNN. 'People will die based on these decisions': Trump administration cuts funding for dozens of HIV studies. https://www.cnn.com/2025/03/25/health/hiv-research-funding-cut/index.html

[3] Oregon Division of Financial Regulation (DFR). Prescription Drug Price Transparency. https://dfr.oregon.gov/drugtransparency/ Pages/insurers.aspx

[4] (October 2023) Oregon State Plan on Aging. Oregon Department of Human Services. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de-9397a_23.pdf

HIV serves as a strong example of the impact that innovation can have to change the course of a disease and how price-setting policies could derail progress for aging populations. Thanks to years of biomedical investment and innovation, PLWH who start treatment soon after diagnosis can expect to live the same lifespan as a person without HIV. By 2030, over 70% of the population of people with HIV in the US will be over the age of 50.[5]

While there have been significant strides to discover new treatments in recent decades, there remains a vast unmet patient need for new solutions to complex, age-related health challenges. As PLWH live longer, these age-related health challenges can become compounded due to the development of comorbidities that affect health-related quality of life. PLWH are more likely to develop additional health issues as they age and tend to develop them earlier than people who do not have HIV. Due to concerns with the complexity of polypharmacy and drug-drug interactions, if not managed appropriately, healthcare costs have the potential to be significant. In Oregon, the prevalence of HIV is highest among those aged 45 and older, a statistic that should give the PDAB pause as to the impact of their decisions across a patient's continuum of living with and managing a chronic condition.[6] Everybody should have the opportunity for a better quality of life and healthier aging.

Continuity of care in HIV is of utmost importance, ensuring viral suppression and reducing the risk of drug resistance. Reducing the risk of transmission is paramount to ending the HIV epidemic in Oregon. The Medicare program has recognized the value of unimpeded patient access to provider-recommended treatments for HIV, including antiretrovirals on a list of six "protected classes" where "all or substantially all" such treatments are required to be covered by Part D plans.[7] Despite this, changes to funding at the federal level have strongly impacted HIV surveillance and research, leaving PLWH even more at risk from decisions made at the state level.[8] Current proposed federal budget allocation for FY 2026 from the House of Representatives would eliminate most preventative efforts, funds for community health, and dramatically cut minority HIV support[9]. Proposed cuts from the White House mirror this Congressional proposal, slashing $794 million from CDC control and prevention initiatives[10]. Moreover, cuts to federal DEI programs and those supporting care for transgender individuals could further complicate treatment access for PLWH.

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[5] (2017) Transactions of the American Clinical and Climatological Association vol. 128 "The Aging Population with HIV Infection." https://pmc.ncbi.nlm.nih.gov/articles/PMC5525433/

[6] Oregon Public Health Division – HIV, STD & TB Section. (2024) The Oregon HIV Epidemic. https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/HIVinOregon/HomePage

[7] Centers for Medicare and Medicaid Services. Medicare Prescription Drug Benefit Manual. Chapter 6 – Part D Drugs and Formulary Requirements. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf

[8] (April 8, 2025) Kaiser Family Foundation. What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response? https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/

[9] Vance, D. (2025, December 8). *Newly Proposed Cuts to Federal HIV Funding are a Step Backwards for the Country and CAP — CAP.* CAP. https://www.capnw.org/news/2025/cuts-to-hiv-funding

[10] Dawson, L. (2025, August 9). *Domestic HIV funding in the White House FY2026 budget request*. KFF. https://www.kff.org/hiv-aids/domestic-hiv-funding-in-the-white-house-fy2026-budget-request/

To date, there have been zero dollars' worth of patient savings as a result of PDAB activities across states.[11] If PDAB actions lead to lower reimbursement rates for programs and clinics that provide safety-net services, they threaten access to critical HIV treatments for patients and the ability of providers to keep their doors open at the very time patients should be most protected. This especially impacts individuals with chronic or complex conditions who rely on specific treatments to manage their health effectively. Such restrictions can lead to delayed access to treatments or the necessity to resort to less effective or alternative therapies, ultimately compromising short- and long-term patient health outcomes.

PDABs are already costly for states to establish and manage. With the uncertainty surrounding HIV programs at the federal level, the Oregon PDAB likely would have to invest additional time and resources to meaningfully engage with patient concerns around the implications of selecting a treatment for HIV for an affordability review.

The concerns detailed in this letter present overwhelming challenges for individuals impacted by and aging with HIV in Oregon. As such, we urge the Oregon PDAB to exclude HIV treatments from the Board's cost review process. Care delivery ecosystems are intricate and interconnected, making it impossible to evaluate them in isolation.

While controlling healthcare costs is a critical objective that we support, the Board must recognize the potential consequences to Oregon's fragile safety-net services that connect patients to critical treatments and explore alternative approaches that balance cost control with the need to ensure patient access to essential treatments and foster ongoing medical advancements, including in HIV. The Oregon PDAB must consider these consequences in the context of the current health policy landscape, including decisions at the federal level that may impact pricing and access.

Thank you for allowing us to share our concerns and for your commitment to finding solutions to the affordability challenges that Oregon patients face. We would be happy to discuss these concerns further or answer any questions.

Sincerely,

Michiel Peters

Michiel Peters

Head of Advocacy Initiatives, Global Coalition on Aging

[11] (December 2025) Global Coalition on Aging. Policy Brief: The Risks of Drug Pricing Policies and the Importance of Innovation for Healthy Aging and Patient Access. https://globalcoalitiononaging.com/wp-content/uploads/2025/12/12.5.2025-GCOA-AHI-State-and-Federal-Drug-Pricing-Policy-Brief-.pdf