



February 11, 2026

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

TO: Members of Oregon Prescription Drug Affordability Board

I am a pediatrician and pediatric rheumatologist and spent my career caring for young people with chronic or disabling conditions. My primary focus is always ensuring the well-being of my patients, but I continue to fear that the Board's analyses and decisions may not have the same results.

The Board's openness to receiving input, information, and opinions from stakeholders so it may better address drug affordability challenges has been exemplary. However, I remain troubled as you remain focused on addressing drug list prices rather than patients' total costs, which is the real-world definition of affordability. Limiting your reviews and decisions to the past list prices risks reducing access to essential medications while potentially creating longer term negative health outcomes. For example, creating a price cap on antidiabetic medications may require patients requiring less effective or multiple drugs, resulting in less control of this chronic disease. Your policies must consider options for personalized exceptions if medically required. Patients require guaranteed access and meaningful savings for their medically necessary prescribed therapies; UPLs of list prices achieves neither.

The Board's receptiveness to public input in concert with its ongoing review of other states' PDAB policies is commendable. Your consideration of future improvements, such as broadening the scope of categories under review or adopting an extended review timeline reflects an approach that values careful analysis over expedited decision-making. This willingness to listen and adapt is exceptional.

As we begin 2026 and reflect on the past year, there remain many opportunities to reduce patient costs and improve care for Oregonians. Further increasing the transparency of your methodological and analytical frameworks would promote less uncertainty and greater confidence in the Board's decisions. Adjusting and expanding your focus from drug list prices to include out-of-pocket and/or total patient drug costs could prevent decreased access to patient preferred therapies or forcing patients into less effective alternatives. As the Board also considers candidates to fill an upcoming vacant position, this is an opportunity to add the patient-clinician

knowledge and perspective; I believe doing so will provide valuable insight and more confidence to your work.

Everyone shares your goal to lower prescription drug costs, and I applaud your efforts to achieve this difficult objective. However, I still remain deeply concerned that the current process's narrow focus on drug list prices, rather than the total cost to patients, risks limiting access to essential medications while creating longer-term negative health outcomes. Thank you for your attention to this critical issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Harry L. Gewanter". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Harry L. Gewanter, MD, FAAP, MACR
Board Member, Let My Doctors Decide Action Network