



March 15, 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

As a board-certified pediatrician who has spent my career caring for young people with chronic or disabling conditions and has closely followed your work, I applaud the evolution of your analyses and, hopefully, decision-making. I am especially encouraged that you are now exploring ways to make medications more affordable for Oregonians by considering options that address patient drug costs and not only list prices.

I also find encouraging your increasing efforts at obtaining patient and prescriber input. As you have learned, medication list prices have little direct effect on patient costs and even various patient assistance programs are not always helpful in making medications more affordable. Further, as made clear by the recently revised EACH/PIC Patient Experience Survey, actual prices may not be the real world metric patients use to decide if a medication is affordable or not.

I would recommend the Board seriously consider focusing on the patient's total drug costs (premium + out-of-pocket + deductible) and include within its deliberations the impacts that would occur if a medication's price cap results in a non-medical treatment change for the patient. Considering the medical consequences (and associated costs) of changing a successful treatment regimen is a more holistic and realistic approach to clinical - and therefore, economic - decisions. While the medical costs are not directly included within your purview, they are relevant since you place great emphasis on how much Oregon and Oregonians spend on these drugs. It is, therefore, just as relevant to consider how much Oregon and Oregonians spend on their total medical care, of which drugs are just one component. It is all connected.

The complexity of the drug pricing and delivery ecosystem makes it essentially impossible to make some changes without creating multiple consequences. For patients with chronic conditions finding a successful treatment regimen is often difficult as every patient is a unique chemical experiment involving that person's disease, genetics, other medications and multiple other factors. Just as a well-balanced mobile will whipsaw for quite a while when any arm changes, so will a patient whose regimen is altered for non-medical reasons.

Spending time and modeling the variations of your proposed policy concepts is a wonderful first step. Capping a patient's out-of-pocket costs rather than capping a drug's list price is a far more realistic method of making Oregonians' drugs more affordable. Similarly, as has been shown in West Virginia, having the rebates passed through to the patient at the point of sale would leverage the current system to become closer to our medical insurance practices. If one has a

medical procedure, coinsurances are based on net negotiated price, not list price as is the case with medications. An even better consideration would be passing through all the price concessions (rebates + fees + administrative costs) while also creating a flat administrative fee for the managers of the medication benefits.

Everyone shares your goal to lower prescription drug costs, and I applaud your continuing efforts in listening to stakeholders and giving thoughtful consideration to the letters and input you receive. I am greatly encouraged by your willingness to look beyond capping drug list prices and your exploration of other ways to make medications more affordable for Oregonians. There remains no proof that capping a drug's list price will actually make the medication more affordable for the patient. The current 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 for many of your most vulnerable citizens.

Thank you for your attention to this critical issue.

Sincerely,

A handwritten signature in blue ink, appearing to read "Harry L. Gewanter". The signature is fluid and cursive, with the first name "Harry" being the most prominent.

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