April 12, 2026

Oregon Prescription Drug Affordability Board
Attn: Sarah Young, Executive Director
350 Winter Street NE
Salem, OR 97304

Re: 2026 Prescription Drug Affordability Board recommendations

Members of the Board:

On behalf of the Pharmaceutical Care Management Association ("PCMA"), the trade association representing America's pharmacy benefit managers, thank you for the opportunity to submit our comments on the two drug policy proposals being offered by the Oregon Prescription Drug Affordability Board (PDAB) for inclusion in your 2026 PDAB Annual Report for the Oregon state legislature. It is our understanding that the Board will include patient out-of-pocket cost caps and point-of-sale (POS) rebate sharing as part of your recommendations for the legislature to contemplate as a strategy to protect Oregonians from the high costs of prescription drugs.

PCMA urges the Board to consider that copayment caps and point-of-sale rebate-sharing mandates would increase costs for patients, unions, governments, and businesses, without addressing the root cause of high drug prices. Although these policies may lower some patients' costs at the pharmacy counter, they would largely shift expenses to premiums, deductibles, and other cost-sharing.

PBMs are hired by employers, unions, government programs, and others to drive down prescription drug costs and administer prescription drug plans for more than 289 million Americans. There are three things to know about PBMs:

- The primary role of the PBMs is to lower prescription drug costs. PBMs operating in Oregon deliver an average of $1,154 in drug cost savings per person per year.

- PBMs are extremely effective at reducing prescription drug costs for employers and patients, which is why some industries that profit from high drug prices oppose them.

- Hiring a PBM is optional. Employers, unions, government programs, and others choose to use PBMs because they help lower drug costs and manage prescription benefits more efficiently. PBMs negotiate lower drug prices, process claims, and perform safety checks.

The board has proposed two policy options for the legislature to consider: a patient copayment cap or maximum and a point-of-sale rebate pass-through model.

With respect to capping patients' out-of-pocket costs, legislators and PBMs share a common goal: improving affordability. However, because drug manufacturers set drug list prices in isolation, copayment or cost-sharing caps do not curb price increases and can weaken

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consumer market pressure. Instead, they shift costs to plans and employers, contributing to higher premiums and payroll deductions. Like squeezing a balloon, capping what a patient pays at the pharmacy counter may reduce costs in one place, but simply pushes those costs elsewhere into higher premiums, deductibles, and employer plan expenses without reducing the drug's underlying price set by the manufacturer. An unintended consequence of this policy may be further increases in drug prices that are already unaffordable.

Policy option two proposes applying manufacturer rebates at the point of sale (POS). In practice, rebates are available only for a small subset of drugs—generally high-cost brand-name medicines—so this approach would benefit only a limited number of insured Oregonians. For most enrollees, applying rebates at the POS would increase premium costs. Plan sponsors today can apply estimated rebate amounts at POS, but most do not because patients are highly sensitive to premium increases, and POS rebates are correlated with higher premiums. Most rebated drugs already have lower cost-sharing because they are preferred drugs under a patient's prescription drug benefit plan design.

PCMA and its members welcome the opportunity to work with the Board to find meaningful ways to make prescription drugs more affordable. While we share the PDAB's goal of addressing the high cost of prescription drugs for Oregonians, we respectfully disagree that these two policy concepts would achieve that objective.

Sincerely,

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