



Oregon Prescription Drug
Affordability Board

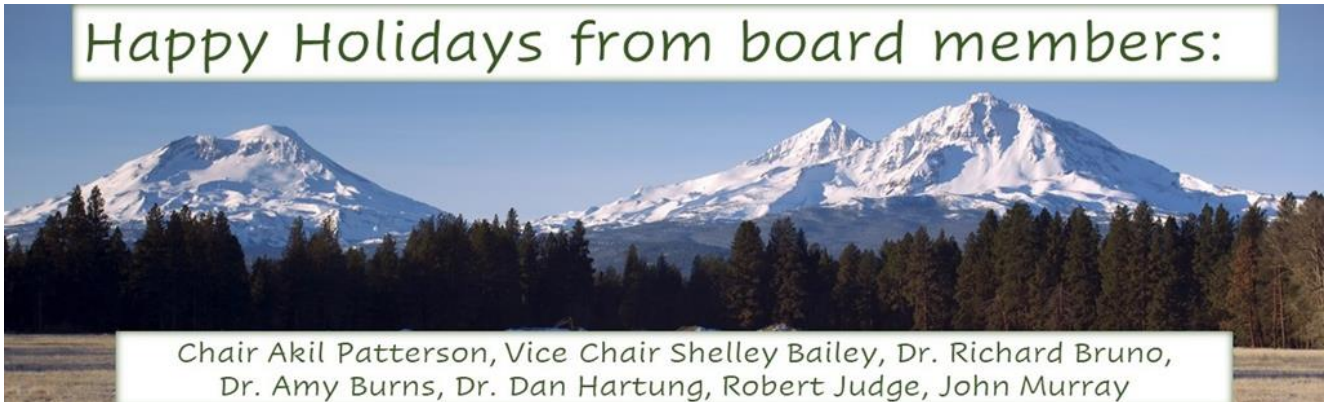
THE QUARTERLY

PDAB year in review: 2023 accomplishments

The Prescription Drug Affordability Board (PDAB) had a productive and effective year. Since it was created by the Oregon Legislature in 2021, the board has laid the foundation to accomplish its mission of making prescription drugs more affordable for Oregonians. Here are some highlights of the board's work in 2023:

- ✓ The board approved its [2023 policy recommendations](#) and submitted them to the Oregon Legislature this week. The recommendations include: lowering insulin co-pay limit to \$35 and/or decouple from inflation index; changing Oregon's statute language regarding substitution requirements for biological products and biosimilars; and expanding pharmacy benefit managers (PBMs) reporting requirements for more transparency.
- ✓ All the board's [2022 recommendations](#) were accepted by the Oregon Legislature. Although not all the recommendations were passed into law, most of them helped support making prescription drugs more affordable for Oregonians.
- ✓ The passing of SB 192 provides the board with the opportunity to develop a plan for establishing upper payment limits (UPLs) and provide a report to the Oregon Legislature in 2024. SB 192 also directs the state to begin collecting transparency requirements for pharmacy benefit managers (PBMs), groups that provide services to health insurance companies and pharmacies.
- ✓ In October, alternate board members became full, voting members.
- ✓ Completed the rulemaking process to establish criteria for the affordability review process. The board approved [OAR 925-200-0010](#) and [OAR 925-200-0020](#).
- ✓ Began affordability reviews, a role the Legislature assigned the board when it was created in 2021. The goal of the affordability review is for the board to select nine drugs and at least one insulin product that may create affordability challenges for health care systems or high, out-of-pocket costs for Oregonians. The selection process is taking place over many months and following criteria set forth in OAR 925-200-0010 and OAR 925-200-0020. The board will present this list to the Oregon Legislature in 2024.
- ✓ Prepared a [generic drug report](#) and presented it to the Legislature in June.
- ✓ Began posting [meeting videos](#) on its website in September. The videos have time stamps so viewers can select any portion of the agenda to watch.

Happy Holidays from board members:



Chair Akil Patterson, Vice Chair Shelley Bailey, Dr. Richard Bruno,
Dr. Amy Burns, Dr. Dan Hartung, Robert Judge, John Murray



PDAB member profile: Shelley Bailey



Shelley Bailey with her children, ages 2 and 4.

You come from a family of pharmacists and growing up, you worked in your grandparents' pharmacy. How did this influence your life direction?

Growing up, my grandparents' pharmacy in the Mt. Tabor area of Portland wasn't just a business – it was a community hub. My grandfather, a dedicated pharmacist, instilled in me the values of care and service from a young age. I remember being fascinated by the diverse range of people who came into the store, each with their own stories and healthcare needs.

I recall vividly, a decade before Medicare Part D, elderly customers would

count their coins at the register, asking my grandfather how many pills they could afford. This was a time when the choice between food and medicine was a daily reality for many (I recognize this is still the case) – I heard these stories firsthand from our customers who frequented the adjacent Kienow's grocery store. My grandparent's kindness and commitment to making sure everyone left with the medications they needed, despite the lack of formal assistance programs at the time, left a lasting impression on me.

Though my initial dream was to become a pediatrician, working in the pharmacy nudged me toward a path where health care and entrepreneurship intersect. This unique perspective was invaluable during my business school years, giving me a clear focus and an industry to channel my passion into – something many students grapple with. The experience I gained working in my grandparents' pharmacy not only shaped my career but also my approach to health care, emphasizing accessibility, affordability, and empathy – principles I carry into my role as vice chair of the Oregon Prescription Drug Affordability Board.

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Shelley Bailey, MBA, was appointed to the Prescription Drug Affordability Board in June 2022 and elected as vice-chair. She is CEO and founder of Famlee, the nation's first and only 50-state virtual fertility care and treatment option combining at-home labs with fertility telehealth and Rx delivery. Previously she was CEO and co-owner of Central Drugs pharmacy, the largest contractor for the state's AIDS Drug Assistance Program (ADAP), serving Oregonians living with HIV and Hepatitis C. Shelley attended Portland State University and Babson College in Boston, where she earned an MBA. She has experience with specialty pharmacies, wholesaler price negotiations, manufacturer negotiations, PBM contract negotiations, and 340B arrangements. Shelley served on the Oregon 2012 Pharmacy Benefit Manager Legislative Committee (HB 4122), the McKesson National Independent Advisory Board and on state and national pharmacy advocacy committees.

Vice Chair Shelley Bailey profile continued from Page 2

Tell us more about the pharmacy you co-owned and operated in the Portland area, what you specialized in, and how many employees you had?

At Central Drugs, a staple in downtown Portland since 1903, we prided ourselves on being more than just a pharmacy. Until its sale in 2018, our team of 11 dedicated employees and I worked tirelessly to serve a diverse community with a variety of health needs. Our pharmacy was known for its strong focus on behavioral health, providing essential support to individuals and clinics catering to individuals struggling with behavioral health challenges. We often likened Central Drugs to the “Cheers” of pharmacies in Portland – a place where everyone knew your name. This was possible because our staff, who had been with us for years, operated like a close-knit family. They worked diligently, not just to fill prescriptions, but to create a sense of community and belonging for everyone who walked through our doors.

Beyond our walk-in service, we also specialized in supporting individuals living with HIV/AIDS and Hepatitis C, ensuring they had access to necessary medications and care. This multifaceted approach was central to our ethos: to provide compassionate and comprehensive care that went beyond just dispensing medications. It's this spirit of service and community care that I bring to my current role, always looking to make a meaningful impact in the healthcare field.

After you sold the pharmacy, you started the business Famlee Health. What inspired you to start it?

Famlee’s mission is deeply personal to me, stemming from my own journey with infertility. After doctors told me that IVF was my only option to conceive, I embarked on a quest to explore all possibilities before resorting to more costly interventions. This experience highlighted a significant gap in the fertility care landscape and led me to establish Famlee Health. What distinguishes Famlee from other fertility companies is our commitment to addressing the root causes impacting fertility. While many in the industry focus on facilitating access to IVF and creating networks of specialty providers, we at Famlee take a different approach. Our model is grounded in step-therapy fertility care, delivered right in the comfort and privacy of one's home. We integrate comprehensive lab services, telehealth consultations, and prescribe low-cost generic medications. This holistic and patient-centric approach not only supports individuals in their journey to conceive but does so in a way that is both accessible and affordable. In creating Famlee, I aim to offer an alternative path in fertility treatment – one that empowers individuals with knowledge, choice, and affordable treatment solutions.

At age 16 and an accomplished bassoonist, you were offered a full ride music scholarship to a state university. Why did you choose an MBA instead of a music or pharmacy degree and how did an MBA equip you for your career?

Deciding between that music scholarship and pursuing an MBA was like choosing between two very different life paths. Deep down, I knew my skills as a bassoonist were more about hard work and less about natural talent. I wasn’t the kind of musician who could just pick up an instrument and mesmerize a room. It took hours of practice every day, and realistically, I knew a career in music would be tough to crack. *Continued on Page 4*



Shelley Bailey has been featured on podcasts talking about time spent in her grandparents’ pharmacy, co-owning a Portland pharmacy, and eventually starting a new company. Here are podcast links:

- [Future of Fertility podcast](#) (Hosted by Abby Mercado of Rescripted)
- [The Business of Pharmacy](#) (Hosted by Mike Koelzer)

Vice Chair Shelley Bailey profile continued from Page 3

Then there was pharmacy school – it seemed like the obvious choice, considering my family's background. But, to be honest, I was never really a whiz at math and science, and the thought of pharmacy school was a bit overwhelming. So, I opted for an MBA. It felt right. It was a way to stick with my health care roots but also dive into the world of business. The MBA journey was fantastic – it was all about mixing health care with entrepreneurship, and it really clicked for me. It's been a huge part of my journey, from Central Drugs to starting Famlee. It's helped me think outside the box and connect the dots between health care needs and business strategy.

Tell us about your passion for helping Oregonians have affordable prescriptions and why you serve on the Oregon Prescription Drug Affordability Board?

My passion for ensuring affordable prescriptions for Oregonians is deeply rooted in my experiences, both personal and professional. These early memories at my grandparent's pharmacy have stayed with me, underscoring the real impact of prescription costs on everyday lives. Throughout my career, including my time at Central Drugs and now with Famlee, I've continued to witness the challenges people face when it comes to accessing affordable medications. It's more than a policy issue for me; it's about real people, real struggles. This is why I serve on the Oregon Prescription Drug Affordability Board. I'm committed to shedding light on the factors driving high medication costs and to actively contributing to suggesting solutions. My goal is to bring practical and impactful recommendations to the Legislature and the governor to help make medications more affordable for all Oregonians. It's about making a tangible difference, leveraging my experience and insights to influence positive change in our healthcare system.

What do you enjoy doing when you are not working?

Balancing life as the founder of a startup and being a mom to two amazing little girls, ages 4 and 2, doesn't leave a lot of room for traditional hobbies or downtime. But honestly, I wouldn't have it any other way. Every moment I'm not working at Famlee, I'm fully immersed in the world of my daughters. It's incredible to watch them grow, learn, and explore the world around them. Their curiosity and joy in discovering new things every day is not just heartwarming, it's incredibly inspiring. It's these simple, precious moments with my family that recharge me and bring a whole new perspective to my work and life.



Rx Classroom



Board members heard a presentation about insulin during the Nov. 15, 2023, board meeting. The presentation was by Yan Emily Yuan, MD, MSc, who is a physician with the division of endocrinology, diabetes, and hypertension, in the department of medicine, at Brigham and Women's Hospital in Boston, Mass. She spoke about insulin and glycemic control. She compared the types of insulin, delivery systems and approaches to treatment, along with differences in long acting, short acting and rapid insulin. In summary, she said:

- Insulin is medically-necessary for treatment of insulin-resistant and insulin-deficient types of diabetes mellitus.
- Insulin can be categorized according to the onset and duration of action.
- Approaches to treatment include basal/bolus insulin dosing (generally better glycemic control, easier to titrate or use of pre-mixed insulin).
- There may be individual-level risks/benefits for use of specific types of insulin.
- [Watch Dr. Yan's talk to the board during the Nov. 15 meeting at minute 00:05:37.](#)
- [View Dr. Yan's slide presentation.](#)

Board Member Richard Bruno named Multnomah County Public Health Officer

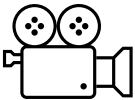


Board member Dr. Richard Bruno, a family and preventive medicine physician at Central City Concern in Portland, has been named Multnomah County Public Health Officer. As a result of his new appointment, Dr. Bruno has resigned from the PDAB board effective in January. He was appointed by the governor to serve on the PDAB board beginning with its first meeting in June 2022.

“I am so grateful to all of you on the board and the staff for your incredible work in this space, carving out this new path of a PDAB here in Oregon,” Dr. Bruno said when he announced his resignation during the Nov. 15 board meeting. “It’s been a wonderful experience being able to help craft this pathway with you all and I will miss it very much. But I know that this work is in great hands. I will continue to support the work that you do, just not in an official capacity on the board.”

Board Chair Akil Patterson thanked Dr. Bruno for his time and work on the board and thanked him for the work he will do while serving the people of Multnomah County. “We look forward to continuing our interactions on a different level with you but still around this very important work,” the chair said.

Meeting videos now being posted on Prescription Drug Affordability Board website



PDAB is now posting meeting videos on its website. The September, October, November, and December meetings are available online for viewing. The videos are uploaded to YouTube with timestamps so viewers can watch specific portions of the agenda if they choose. The video covers are photos of Oregon landscapes including North

Falls at Silver Falls State Park, Pilot Rock near Ashland, the Three Sisters peaks near Bend, and larch trees in the snow near Mount Hood. To view the videos, open the [board calendar and materials page](#). Scroll down to September, October, November, or December and click on video. Here are the video links:

- [September](#)
- [October](#)
- [November](#)
- [December](#)

Prescription drug reviews begin in January

How to submit public comment to the board during affordability reviews

PDAB will begin affordability reviews during the first five board meetings in 2024. In January, the board will review insulin products. In February, March, April, and May, the board will review three prescription drugs per meeting. [The board’s review drug list and schedule is posted online](#). A report for each of drug will be posted on the web page one week before the board meeting.

The board invites the manufacturers, the medical community, payers, consumers, and others to provide comments about the drugs under review. Manufacturer and other drug-specific public comments submitted to the board by the deadlines will be included in the drug reports.



To provide comments, complete and submit [the public comment form](#) located on the PDAB website by the deadlines listed in the table on the web page. Remember to include attachments.

Pacific Northwest history

Oregon's first pharmacist arrived by covered wagon in 1843

Oregon's first pharmacist may have been Dr. Frederick Prigg, who brought medicine across the Oregon Trail in 1843. He opened a drug store in Oregon City also selling wool clothes, English pocket watches, and household items, according to Fred Grill, Oregon history representative with the American Pharmaceutical Association. His talk to the Clackamas County Historical Society was summarized in the North Clackamas News published Oct. 20, 1965. Oregon's first pharmacist, Dr. Prigg, was named secretary of state in the provisional government, before Oregon's statehood, serving from 1846 to 1848.

He wasn't the first pharmacist in the Pacific Northwest. Dr. John McLoughlin and other doctors with the Hudson's Bay Company practiced medicine at Apothecaries Hall at Fort Vancouver on the other side of the Columbia River in Washington. They dispensed drugs such as opium, strychnine, camphor, quinine, and laxatives to treat fever, malaria, accidents, wounds, and other ailments, according to historian Gill. The Rev. Jason Lee, founder of the Methodist Mission near Wheatland and Willamette University in Salem, also dispensed drugs.

"It's interesting to note the similarity between the drugs brought to Dr. McLoughlin from England and the ones carried by Lewis and Clark on their expedition," according to Grill. Dr. Prigg advertised in the Oregon Spectator newspaper that he had a stock of drugs and chemicals for sale, Gill wrote in the article "The Present Has a Past," published in the Oregon Pharmacist, December 1969.

Eight years after Dr. Prigg arrived in the Oregon territory, Dr. Charles Story opened the first wholesale drug house in Portland called Hooper, Snell & Company. "For a short time in the 1850s, the wholesale drug business was the only specialized enterprise in the field. The other wholesalers were dealing in general merchandise," Fred Gill writes in the Oregon Pharmacist.



The Powell Street Pharmacy in Portland in 1916. Photo from Oregon Historical Society.

In 1888, H.D. Dietrich came to Portland from Omaha, Neb. and founded the first drug journal west of the Missouri River, according to "History of Pharmacy in Oregon 1889-1939," by Dean Adolph Ziefle, Oregon State College School of Pharmacy. The next year, he started a pharmaceutical association with members from Yaquina City (near present-day Newport), The Dalles, Corvallis, Albany, La Grande, Pendleton, Albina, McMinnville, Salem, Baker City, Oregon City, Helix, and Portland.

People around the state were practicing pharmacy without training or experience and physicians were complaining that "their prescriptions were not being properly compounded," Ziefle writes. The Oregon State Pharmaceutical Association proposed the creation of a State Board of Pharmacy, which the Oregon Legislature approved. The first meeting of the Oregon State Board of Pharmacy was held June 2, 1891. In 1908, the board required non-licensed druggists to qualify for registration or discontinue the practice of pharmacy.

Thanks to Scott Daniels of the Oregon Historical Society and Janelle Youngblood of the State Library of Oregon for providing articles from historical files for this column.



2024 Calendar

[Register for Zoomgov meetings](#)

Meeting 1	Wednesday, Jan. 17	9:30 a.m. – 12:00 p.m.
Meeting 2	Wednesday, Feb. 21	9:30 a.m. – 12:00 p.m.
Meeting 3	Wednesday, March 20	9:30 a.m. – 12:00 p.m.
Meeting 4	Wednesday, April 17	9:30 a.m. – 12:00 p.m.
Meeting 5	Wednesday, May 15	9:30 a.m. – 12:00 p.m.
Meeting 6	Wednesday June 26	9:30 a.m. – 12:00 p.m.
Meeting 7	Wednesday July 24	9:30 a.m. – 12:00 p.m.
Meeting 8	Wednesday, Aug. 21	9:30 a.m. – 12:00 p.m.
Meeting 9	Wednesday, Sept. 18	9:30 a.m. – 12:00 p.m.
Meeting 10	Wednesday, Oct. 16	9:30 a.m. – 12:00 p.m.
Meeting 11	Wednesday, Nov. 20	9:30 a.m. – 12:00 p.m.
Meeting 12	Wednesday, Dec. 18	9:30 a.m. – 12:00 p.m.