Oregon Prescription Drug Affordability Board

Year-round feedback for the Oregon Prescription Drug Affordability Board

The Oregon Prescription Drug Affordability Board wants to hear from Oregonians about your experiences with prescription drug costs and access. Your feedback helps us understand real-life challenges and can inform our future work.

Participation is voluntary. We may share information from this feedback publicly in our reports or through public records requests.

Important: Please do not include personal information you do not want shared publicly, such as names, contact details, medical record numbers, or other information that could identify you or another person.

This form does not replace formal public comment at board meetings. Sharing feedback does not guarantee that a particular drug or issue will be selected for review.

To submit testimony for a board meeting, please see our public comment instructions. If you have other questions about the board, please contact us.

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Note for reviewers: The purpose of this feedback form is to provide an easy-to-use way for consumers to share input with the board on an ongoing basis. It won't be as precise or detailed as the specific drug feedback forms. This feedback form should be short and easy for consumers to fill out. The form will be set up with branching logic, based on Q2, so users see one of four question sets depending on the type of feedback they want to share.

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Introduction questions for everyone

About you

Q1) [required] What best describes your role or point of view? Select all that apply:

- Patient or consumer
- Family member or caregiver
- Health care professional
- Member of an advocacy group
- Representative of a drug manufacturer or industry association
- Representative of a health insurance company, employer, or other organization that pays for health care
- Other: [text entry box]

Q2) [required] What would you like to tell us about today? Select one:

1. A personal experience with prescription drug costs or access
2. A prescription drug you think the board should review
3. Feedback on the board's current or past work
4. Other: [text entry box]

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Branching logic – if #1 selected show the following set:

You are sharing a personal experience with prescription drug costs or access

If you are a caregiver sharing someone else's experience, please answer from the patient's perspective.

Q3) What is the name of the drug?

[text entry box]

Q4) What condition do you use the drug to treat?

[text entry box]

Q5) How often do you refill your prescription for the drug or receive a treatment?

If you get the drug through an infusion or another way, describe how you get the treatment and how often you need it.
[text entry box]

Q6) How much do you pay each time you refill your prescription or receive a treatment?

Include any cost sharing you pay yourself such as copays or coinsurance. Do not include costs paid by someone else such as your health insurance or a patient assistance program.
[text entry box]

Q7) Do you use a patient assistance or discount program to help pay for the drug?

- Yes
- No
- Not sure

[show if yes, will be skipped if no/unknown]
Q8) How much does the program pay each time?

[text entry box]

Q9) What cost or access problems have you experienced? Select all that apply:

- High copay or coinsurance
- High deductible
- The price increased
- Insurance did not cover the drug
- The drug was not available
- Other: [text entry box]

Q10) Please describe your experience.

[long text entry box]

Q11) In the last 12 months, have you stopped taking this medication or taken less of it because you could not afford it?

- Yes
- No
- Not sure

Q12) Has your health insurance changed in the last 12 months?

- Yes
- No
- Not sure

[show if yes, skip if no]

Q13) What changed about your health insurance?

[text entry box]

Q14) Do you currently have health insurance?

- Yes
- No
- Not sure

[show if yes, will be skipped if no/unknown]

Q15) What type of health insurance do you have? Select all that apply:

- Coverage through a job
- Coverage through the Oregon Health Insurance Marketplace (also called OregonHealthCare.gov)
- Coverage you or someone purchases directly (not through the Oregon Health Insurance Marketplace)
- Medicare
- Oregon Health Plan (also called OHP or Medicaid)
- Military, Veterans, TRICARE, or CHAMPVA
- Indian Health Services
- None
- Prefer not to answer
- Other: [text entry box]

[go to final questions]

Branching logic – If #2 selected, show the following set:

You are suggesting a prescription drug you think the board should review

Q16) What is the name of the drug you want to suggest?

Providing a drug's name does not guarantee that it will be selected for affordability review.
[text entry box]

Q17) Why should the board consider reviewing this drug?

Describe the cost or access problems. Explain who is affected. Include anything else you would like the board to consider.
[long text entry box]

[go to final questions]

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Branching logic – if #3 selected show the following set:

You are sharing feedback on the Prescription Drug Affordability Board's current or past work

Q18) What PDAB work or decision are you commenting on?

Please be specific.
[long text entry box]

Q19) What would you like the board to know?

Explain what you did or did not like about the board's work or decision making.
[long text entry box]

Q20) Do you have suggestions for what we could do differently?

The board may or may not choose to act on suggestions provided through this feedback form.
[long text entry box]

[go to final questions]

Branching logic – if #4 selected show the following set:

You are sharing other feedback with the Prescription Drug Affordability Board

Q21) What would you like to share with the board?

[long text entry box]

[go to final questions]

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Final questions – show all respondents the following:

These final questions will help us understand you better.

Q22) [required] Do you live in Oregon?

This question is required.

- Yes
- No
- Other [text entry box]

[the following three questions are optional]

Q23) **City or town you live in**: [text entry box]

Q24) **Your ZIP code:** [text entry box]

Q25) **What is your age?** [Drop-down box with five categories]

- Under 18
- 18 – 25
- 26 – 64
- 65 or older
- Prefer not to answer

Thank you for sharing your feedback.

Click here to sign up for updates from the board.