



September 24, 2025

Shelley Bailey, Chair
Oregon Prescription Drug Affordability Board
350 Winter St. NE
Salem, OR

Via Electronic Correspondence

RE: Drug Affordability Review Process

Dear Chair Bailey:

Aimed Alliance is a not-for-profit health policy organization that seeks to protect and enhance the rights of healthcare consumers and providers. We appreciate the Oregon Prescription Drug Affordability Board's ("PDAB" or "Board") previous recognition that meaningful drug affordability reforms require careful development and thoughtful implementation, as demonstrated in its decisions last year to temporarily pause its affordability reviews to refine its criteria and methodologies.

As the Board moves forward, we strongly urge it to maintain this same level of care and ensure that patient and stakeholder feedback is meaningfully prioritized, incorporated, and reconciled throughout the process.

I. Ensure the Drug Review Timeline Allows for Meaningful Data Review and Discussion

Aimed Alliance acknowledges the inherent challenges and complexity of conducting affordability reviews. As such, we are concerned by the Board's accelerated timeline and the experimental nature of its current process.

The volume of material being considered in the review packs, with six drugs reviewed in each meeting, makes meaningful deliberation difficult. Rushing through these reviews risks undermining both the quality of the Board's decisions and public confidence in its work. Our concern was further emphasized during the July meeting in which one board member stated, ***"I'm super concerned about process and the volume of drugs here."*** Similarly, another board member asked whether there would be an additional meeting to ensure enough time to ***"actually... have a good conversation about each one of them"***.¹ Aimed Alliance recognizes that board members have unique insights into the Board's process and decision-making. Thus,

¹ Oregon Division of Financial Regulation, *Oregon PDAB Meeting of July 16, 2025*, <https://www.youtube.com/watch?v=wAllu10eAM4>.

Aimed Alliance finds these comments particularly concerning and indicative of the need to adopt a slower review process to ensure comprehensive review and consideration of each selected drug.

The difficulties associated with prescription drug reviews are not exclusive to Oregon. For example, in the April 2025 meeting of the Colorado PDAB, board members acknowledged that data submitted by a pharmacy benefit manager (PBM) had been mischaracterized, creating confusion between Medicare and commercial data sets. Although the Colorado Board stated this error would not affect its affordability reviews, it remained unclear to advocates and consumers how this mischaracterized data would not negatively influence the review processes.

Aimed Alliance does not intend for a slower process to halt, change, or alter the intent of the Oregon Board to develop upper payment limits for selected prescription drugs. However, considering the approach adopted and implemented by the Board for these six drugs will be replicated by the Board in future reviews, and potentially by other state PDABs, we urge the Board to develop a timeline and process that reflects the complexity and intricacies of these reviews, ultimately ensuring a credible, meaningful, replicable, and sustainable process that promotes public trust and engagement.

II. Prioritize the Patient Voice During the Affordability Review Process

Aimed Alliance appreciates the Board's commitment to incorporating the patient voice into the cost review process. Patients are the individuals most directly impacted by affordability determinations, yet their perspectives are too often underrepresented in healthcare decision-making.

For example, a recent patient-led study found that prescription drug affordability was complex and varied between individuals.² Importantly, the survey also found that access and affordability are often conflated, with 75% of respondents stating they skipped or stretched doses at least once due to insurance delays, not price. While less than 15% reported skipping or missing doses solely due to price.³ As such, Aimed Alliance urges the Board to not only engage with patients through information surveys and public comment periods, but to also meaningfully integrate and reconcile patient-reported feedback and data with its final affordability determinations. Reconciling decisions with feedback informs consumers on how their information was helpful and encourages consumers to continually engage with these processes.

Moreover, reconciliation of feedback and decision-making can provide greater clarity to regulators, policymakers, and legislators on the types of supplemental reforms that may be necessary to better and more directly address consumer affordability. For example, if a primary reason consumers report a drug as unaffordable is out-of-pocket costs resulting from delays in prior authorization, rather than the actual price of the drug, it is important to reconcile why the Board would pursue a UPL for a drug whose unaffordability is not driven by its cost. However, insights like this may not be adequately derived from survey questions that are not designed with

² EACH/PIC Coalition, *EACH/PIC Releases Results from Patient-Led Survey on Drug Affordability* (Aug. 4, 2025).

³ *Id.*

patients, caregivers, and healthcare consumers in mind. Therefore, Aimerd Alliance urges the Board to center patient-experience throughout its affordability reviews to adequately understand the factors that make a prescription drug “unaffordable.”

III. Conclusion

In conclusion, Aimerd Alliance urges the Board to maintain a thoughtful, evidence-based approach to drug affordability reviews that centers on patient experience and utilizes robust patient data. Aimerd Alliance looks forward to continuing to engage with the Board as it conducts its affordability reviews. If you have any questions, please contact us at policy@aimerdalliance.org.

Sincerely,

Olivia Backhaus
Staff Attorney