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**National Groups:**

Hepatitis Education, Advocacy & Leadership  
(HEAL) Group  
Industry Advisory Group (IAG)  
National ADAP Working Group (NAWG)

December 12, 2025

Oregon Prescription Drug Affordability Board  
Department of Consumer and Business Services  
350 Winter Street NE  
Salem, OR 97309-0405

**RE: Policy Proposals and Drug Reviews**

Dear Honorable Members of the Oregon Prescription Drug Affordability Board,

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

**Patient Experience Policy Proposals Whose Motions Passed are Encouraging**

The results of the voting process on the potential policy recommendations for inclusion in the 2025 annual legislative report are encouraging. While not the result of a unanimous vote, it is encouraging that recommending the implementation of upper payment limit (UPL) authority is not being included. This decision aligns with the Board's renewed and evolving focus on evidence-based, patient-centered initiatives to improve patient affordability and healthcare access. It is not in the state's fiscal best interests to recommend pursuing expensive, unproven, and poorly conceived actions such as UPLs. State expenditures are already strained, and future federal legislation and other factors threaten state budgets further. Additionally, in states where the UPL process is further along, its development is problematic on multiple fronts, and the start of implementation is still far in the future. Oregonians deserve more thoughtful and timely solutions.

We are encouraged by the inclusion of policy recommendation "1a" concerning PBM reform and pricing transparency, as it aims to engage in PBM reform at the state level, independent of waiting for federal reforms to be formulated and executed. Suggesting the elimination of spread pricing in all state health care market plans is a forceful modification to the status quo of Oregon law, which just requires PBMs licensed in the state to report "monies received through spread

**RE: Policy Proposals and Drug Reviews**  
**December 12, 2025**  
**Page Two**

pricing” (along with other payments/fees) to the state’s Drug Price Transparency Program. Additionally, the recommendation of PBM delinking and the utilization of data such as Average Actual Acquisition Cost and National Average Drug Acquisition Cost (NADAC) for reimbursement benchmarking will help address Oregon-specific pharmacy needs.

Passing recommendation “2a” will improve patient access and pharmacy fiscal solvency. Adopting an “any-willing-provider” standard would prohibit pharmacy steering and give patients options to use pharmacies that are geographically accessible to communities in need. For pharmacies, passing recommendation “4b” is an additional fiscal remedy. Point-of-sale rebate models also hold potential to directly benefit patients, rather than relying on optimistic hopes of effective passive pass-through.

The passage of recommendations “3a” and “3b” positively affects patient access and strengthens state bargaining power and contract negotiation with PBMs.

The passage of policy recommendations “7a” and “7b” also directly addresses the Board’s desire to explore means of effective, evidence-based change. Expanding the PDAB’s authority to allow broader review of Oregon’s prescription drug delivery system opens avenues for investigating solutions that are not entirely possible under the present statutory language. The suggestion to bar media from the discussion of trade secret or proprietary information in executive session will protect confidential data and strengthen the relationship between the Board and other entities, such as manufacturers. Quality data enables beneficial outcomes. The free flow of some necessary data cannot occur if media is present.

**Ongoing Drug Reviews**

As we mentioned previously, we encourage clear explanations of how the scoring rubric and domains are used in final determinations. Without a transparent methodology of how determinations are decided, public trust is at risk and would weaken the legislature’s ability to confidently support actions based on your findings.

**HIV Medications are listed on the Draft 2026 Drug Review Preliminary List**

We are concerned that multiple medications used for the treatment and prevention of HIV are listed on the 2026 draft of the preliminary drug list: Biktarvy, Descovy, and Emtricitabine-Tenofovir. Extensive board discussions in the past resulted in not including HIV medications in cost reviews for questions of affordability due to their public-health benefit status and proven status of not posing affordability challenges for patients. In particular, Biktarvy and Descovy are also highly-utilized first-line therapies.

To date, all other state PDABs have removed consideration of antiretroviral medications for affordability review or imposition of an upper payment after affordability review because of the unique nature of HIV as a health condition and because of the robust public health programs ensuring both fiscal responsibility of program entities (including state budgets) and patient access and affordability. Thus, again, we encourage you to remove these HIV antiviral medications from the 2026 preliminary review list.

**RE: Policy Proposals and Drug Reviews**  
**December 12, 2025**  
**Page Three**

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

We thank you for all of your thoughtful and deliberate work and discourse this year.

**Respectfully submitted,**



**Ranier Simons**  
**Director of State Policy, PDABs**  
**Community Access National Network (CANN)**

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**On behalf of**  
**Jen Laws**  
**President & CEO**  
**Community Access National Network**