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(HEAL) Group
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National ADAP Working Group (NAWG)

November 15, 2025

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

RE: Policy Recommendations 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.

UPL Recommendation is Not Logical

Near the end of the October 2025 meeting, a board member suggested recommending that the legislature authorize the Board to set Upper Payment Limits. While the Board's deliberations make it clear there is a desire to effect positive change, it is also evident that there is frustration about how to bring that to fruition. Reconsidering UPLs as a potential recommendation is illogical and contradicts previous Board discussions. Several Board members have already opposed UPLs based on findings that UPLs do **not** achieve the intended policy outcomes, as detailed below.

Regarding logic, early on in the Board's work, the independent Stauffer-Meyer report commissioned by the Board, through evidence-based modeling, indicated that any meager potential savings from a UPL would not be worth the expenditure required for implementation. Most importantly, while the findings did not reveal any actual savings for patients, they *did* reveal potential adverse fiscal outcomes for the system, such as the Medicaid program.

We urge the Board to focus on what is best for Oregonians, regardless of the deeply problematic federal Most Favored Nation (MFN) proposals or Colorado's recent decision to set a UPL for Enbrel. Moreover, Colorado's recent UPL setting is not only a year away from going into effect, but it was not developed in good faith.

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The Colorado Board and Staff neglected meaningful debate and expertise, dismissed patient concerns, and is now struggling to meaningfully discuss implementation, all while forging a path toward predictable litigation. Despite intensive discussion and the evidence-based need for scientific methods, no monitoring baseline or metrics have been established, and the manner in which the figure was set, without proper interaction with the manufacturer, is questionable and will inevitably result in challenges.

Challenges lead to more delays and legal expenses. The Oregon PDAB already discussed the length of time this process has taken. It would be more effective to focus on recommendations with less potential for delay and for which the Oregon Board already has significant support.

The Board desires to do what is best for Oregonians. Thus, it is unwise to waste resources and political capital to recommend UPL authority to the legislature for something that is grossly unproven and potentially damaging to patients and the system. UPLs only address one part of a complex system without regard for ripple effects and ignore plan-design issues, especially in commercial markets. Recommending the patient-centered options the Board has already discussed would better achieve beneficial outcomes for Oregonians.

Furthermore, because UPLs are the ideation of particular non-governmental actors, the Board would be wise to investigate why this issue has again risen, despite a lack of support in terms of debate or research as to efficacy in achieving greater “affordability” for Oregon or its residents.

Other Recommendations Being Considered

We support the recommendation to delink PBM compensation from drug prices and to discourage other fee/rebate mechanisms that enhance PBM profits but increase costs for the system and patients. Removing incentives that favor higher-priced drugs would be a systematic way to work against inflated drug list prices. Additionally, we support the suggestion of recommending legislative action that eliminates PBM pharmacy steering, which would increase patient access and even the playing field for independent pharmacies, as well as rebate pass-through.

We also support the recommendation to enable the use of NADAC cost basis for affordability evaluations. This information is voluntarily submitted and is already used by state Medicaid programs to determine drug reimbursement. This would increase data quality by adding transparency into the real-world, evidence-based acquisition costs from independent and chain pharmacies.

You also make a strong case for the policy recommendation on 340B funds reporting. Examining the flow of funds would clarify how some hospitals receive significantly more 340B revenue than safety-net providers and other covered entities that align with the program's original intent. That is a directly patient-focused endeavor that would positively impact patient affordability. Additionally, reporting would examine the state-specific interaction between 340B and Medicaid rebates.

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Clarity in Ongoing Drug Reviews

As the Board continues the drug review process, we encourage the development of 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.

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 ongoing efforts. Your candid, transparent approach to difficult discussions is acknowledged and appreciated.

Respectfully submitted,



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

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