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September 14, 2025

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

RE: Ongoing Review Developments

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.

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.

Continued Focus on Quality Analysis is Encouraging

The extension for the final selection of drugs deemed as causing affordability challenges is encouraging. It is an example of words translating into action regarding the desire to do what is in the best interests of Oregonians. We also understand that the new domain charts and scoring rubrics are not the sole tools to be used in making decisions, but are frameworks being developed to guide how decisions are made. However, the domains and associated key questions are very relevant points of inquiry, and we encourage you to delve into those areas as you develop the chart and rubric further. Additionally, as you do that, we hope that your discourse will provide clarity on how the information is being used to make determinations.

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Policy Recommendations For the Legislature

The 2025 policy concepts listed for discussion contain many practical ideas. Several were notable. Instituting one PBM for all Medicaid and managed care patients in Oregon would not only be administratively efficient, but it would facilitate focused negotiation of operations as well as effective monitoring/oversight. Additionally, the suggestions of eliminating spread pricing in favor of fixed administrative fees, combined with the delinking of PBM fees from the list price of a drug or other fees/rebates, are worthwhile policy objectives to pursue. Reducing PBM incentives to artificially raise prices, as well as adversely manipulating formulary tiering, would positively affect patient access.

Banning PBMs from contractually requiring pharmacies to dispense medications below cost, in addition to requiring payers to provide a pharmacy dispensing fee equal to or greater than the dispensing fee used in Oregon's medical assistance programs, are also vital suggestions. Protecting pharmacies' ability to operate in a fiscally sound manner increases patient access to medications as well as other community services that many patients depend on, without having to venture far away from the communities in which they live.

Any policy suggestions that reduce some of the opacity in the system, increase access for patients regarding cost and services, and strengthen pharmacies and their access to plan networks in relation to plan network access are areas in which we encourage the development of policy recommendations.

We applaud your continued thoughtful deliberations.

Respectfully submitted,



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

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