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National ADAP Working Group (NAWG)

October 10, 2025

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

RE: Determinations and Recommendations

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.

Moving Towards Determinations

We appreciate the ongoing updates to the scoring rubrics and definitions. It would be helpful to ensure that Board deliberation is explanatory of how the domain charts and rubrics factor into affordability determinations. While the drug lists contain products of a wide variety, providing clarity on the application of the frameworks developed will bolster stakeholder confidence, lessening the concern that any decisions made are arbitrary. Given this body's data sufficiency and application of policy history being problematic (ie. selection of review of medications which have not fit selection criteria), uniform application of criteria is required to ensure even the perception of bias is eliminated.

Continuing Discussion on Legislative Policy Recommendations

We continue to encourage solutions that reduce 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.

Community Access National Network (CANN)
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Eliminating spread pricing in Medicaid and managed care programs is a worthwhile suggestion for system and patient costs. Spread pricing makes it difficult to ascertain the actual costs of drugs and the profit obtained by PBMs as a result. Charging insurers more than pharmacies are reimbursed increases the cost burden on insurers, which can ultimately increase premiums for patients. It also obscures and steals potential savings from patients and adversely affects pharmacies with lower reimbursement rates. The legislature must understand the importance of this.

We also continue to support instituting one PBM for all Medicaid and managed care patients in Oregon. Fragmentation leads to inconsistency in care and creates an environment that makes it hard to monitor and rein in abusive PBM activity. Additionally, utilizing one PBM would enable the state to focus its energies on contracting to achieve all its desired goals that are in the best interests of patients and the system. Outlawing the PBM requirement that pharmacies must contractually dispense medications below their cost to dispense is another notable suggestion. This would prevent pharmacies from procuring medicines at a loss. One concern is that this could potentially reduce patient access if pharmacies stop stocking certain medications as a result. However, conversely, it could force PBMs to reimburse appropriately to ensure that medications are purchased and utilized.

340B and Public Health Services Impact Need Monitoring

Given the potential for cost reduction actions to adversely affect 340B covered entities, we also encourage pursuing the policy suggestion of surveying covered entities regarding any revenue reductions or offered service impacts. Focused, well-structured inquiry would provide detailed insight that current reporting does not reveal. Understanding the total economic impact on eligible entities would reveal the level of fiscal dependence for their operations and show where 340B funds are being misused. Additionally, reporting would highlight any losses of Medicaid rebate dollars, potentially facilitating additional budget allocation.

Lastly, we encourage the Board to continue thinking outside the box of current statutory limitations to develop effective expansions of authority to request from the legislature. It is essential to ensure that patients and the system benefit from change, rather than creating change that only leaves entities such as PBMs whole.

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