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(HEAL) Group
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National ADAP Working Group (NAWG)

March 17, 2025

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

RE: Ongoing Affordability Review Development

Dear Honorable Members of the Oregon Prescription Drug Affordability Board,

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization that focuses on public policy issues related 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.

Today, we write with commentary and support of the affordability review efforts.

Exclusion of ARVs and Vaccines is Prudent

We support the Board's affordability review approach of removing vaccines and HIV medications from review consideration. This move acknowledges the Board's understanding of CANN's concerns regarding continuous access and the dangers of needlessly exposing patients and entities to potential adverse effects of rate setting when evidence shows these medications do not pose affordability issues to patients.

Changes to RFI Drafts

We support the confidentiality update made to the RFI Draft for patients, caregivers, or advocacy groups. Explicitly stating that patient contact information will remain private and not public will make patients more amenable to participating in the survey, which will garner more meaningful responses in terms of both the number and quality of feedback.

We would also suggest not soliciting feedback for medications with utilization of less than 100 patients and removing those medications from the dashboard to support the need for patient confidentiality. The Colorado PDAB recognized this issue. Therein, Colorado decided not to consider drugs with very low utilization in soliciting comments via surveys because it could risk patient confidentiality.

Community Access National Network (CANN)
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We also applaud the inclusion of safety-net providers in the RFIs. Understanding how rate-setting mechanisms can affect and harm these entities is pertinent to any decision-making. We urge the Board to seek out a diversity of safety-net provider types for the survey responses. Hospitals, such as DSHs, do not operate in the same manner or serve the same populations as FQHCs, rural critical access hospitals, and community health centers.

We thank you for all your ongoing hard work to help patients. We appreciate and recognize your careful deliberations and efforts to seek meaningful data to make evidence-based decisions.

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