

May 13, 2021

**Re: Oregon Senate Bill 844**

Dear Honorable Members of the Oregon Joint Ways & Means Committee:

The American Autoimmune Related Diseases Association (AARDA) writes to you regarding the vital work being done in Oregon to address policy issues of importance to individuals regarding prescription drug affordability. We want to express our deep interest in working together on solutions to best advance policies that represent the needs of autoimmune patients to ensure access to safe and affordable health care and treatment. We write to you because we are concerned with certain policies that have been introduced to address the affordability of drugs and access to these treatments in SB 844.

AARDA is dedicated to the eradication of autoimmune diseases and the alleviation of suffering and the socioeconomic impact of autoimmunity. AARDA is the only national nonprofit organization dedicated to bringing a national focus to autoimmune diseases, which are a major cause of serious and chronic health conditions for millions of individuals. AARDA is also the founder and facilitator of the National Coalition of Autoimmune Patient Groups (NCAPG), a coalition of over 50 organizations representing numerous autoimmune diseases.

The COVID-19 pandemic has brought to light health inequities across Oregon, the country, and world, and individuals living with autoimmune disease have experienced significant challenges. Serious illness, job loss, financial difficulties, obstacles to accessing health care, and, too often- death, has affected individuals and families living with autoimmune disease. As we work to build back from the pandemic, we welcome an opportunity to collaborate on public policy solutions that bring savings to individuals at the pharmacy counter and protect critical access to treatment. We are concerned that SB 844 could exacerbate these access issues even further by establishing a Prescription Drug Affordability Board that would set an Upper Payment Limit (UPL) for drugs.

Access to treatment is a delicate balance that can often be disrupted when addressing only one part of the healthcare delivery system. In SB 844, we are concerned that setting an upper payment limit on drugs would disrupt the current availability of treatment options- making some life-saving treatments completely inaccessible to those who need it the most. We are also concerned it would hurt provider groups that care for the most vulnerable patients living with autoimmune disease in Oregon.

The availability of treatment options are inextricably connected to the availability of providers. By addressing only how providers are reimbursed for drugs, the system becomes disrupted. Unfortunately, when this complex economy is disrupted, we are concerned that patients will end up bearing the brunt of this disruption, along with licensed Oregon medical providers who would not be able to effectively carry out their job to care for their patients, many of whom depend upon life-saving treatment delivered in their community setting. Though well-intended, this bill would cut reimbursement rates to providers leading to community clinic closures, delaying access to life-savings treatments, and ultimately forcing patients into higher cost settings.

AARDA is opposed to any policy that would impact the provider/patient relationship and that would limit accessibility for life saving treatment to individuals living with autoimmune disease. AARDA has long worked for solutions that address affordability for patients by addressing policy issues that bring the many savings we see in the system directly to patients at the pharmacy counter. Policies that cap out-of-pockets costs or ensure that copay assistance can count toward patient deductibles are just a number of policies that could immediately address prescription drug affordability for patients.

AARDA thanks you for the valuable work you are doing to address prescription drug affordability in Oregon, but we encourage you to reconsider the policy implications that SB 844 could have on autoimmune patients, providers, and their access to care. Let's work together to bring savings directly to patients, not potentially harm them and their providers by addressing only one aspect of the supply chain. Thank you again for your work on addressing affordability for patients and we hope you'll consider this as you consider the many options on the table that address patient affordability.

Sincerely,

A handwritten signature in black ink that reads "Brett McReynolds". The signature is written in a cursive, flowing style.

Brett M. McReynolds  
Vice President, Policy  
American Autoimmune Related Diseases Association (AARDA)