STATEMENT

PhRMA
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In Opposition to Oregon SB 1528-2

February 6, 2026

Position: PhRMA remains opposed to SB 1528-2 – a bill which would require manufacturers to report additional data on patient assistance programs, which exacerbates our existing concerns around adequate protection of manufacturers' confidential and proprietary information**. The expansion of reporting requirements fails to address most patients' barriers to accessing care and does not help to lower the costs they pay at the pharmacy counter.**

Expanding patient assistance program reporting would exacerbate existing legal concerns.

Requiring manufacturers to submit additional confidential and proprietary information, such as data on patient assistance programs that a manufacturer has offered or funded for any drug, exacerbates existing legal concerns with the Oregon transparency law.[1] The transparency law requires manufacturers to disclose confidential and proprietary information in violation of their rights against compelled speech under the First Amendment to the U.S. Constitution and the prohibition against the uncompensated takings of private property under the Fifth Amendment to the U.S. Constitution. In March 2024, a federal district court found that requirements placed on manufacturers under that law were unconstitutional on First and Fifth Amendment grounds.[2] The U.S. Court of Appeals for the Ninth Circuit disagreed, and litigation is ongoing.

Oregon should also require PBMs and Insurers to report on copay accumulators and maximizers.

SB 1528-2 focuses only on manufacturer PAPs and ignores the companion recommendation from the Drug Price Transparency Program that the legislature "[i]mplement mandatory reporting on copay accumulator programs to ensure equitable access to essential medications and prioritize transparency."[3] PhRMA shares Oregon's concerns with the lack of transparency for copay accumulator programs and recognizes this effort to gather additional information.[4] These programs can unfairly increase patient cost-sharing burdens by not counting assistance towards a patient's cost-sharing requirements. Accumulator programs, which are determined by plans and PBMs, contribute to the inability of people in Oregon to afford their health care and medications.

SB 1528-2 expands current transparency reporting without clear benefit to the State.

While the Drug Price Transparency Program has recommended expanded patient assistance program reporting requirements based on arguments commonly made by insurance carriers,[5] such arguments do not withstand

[1] 2018 Or. L. Ch. 7 (HB 4005, as amended in 2019 by HB 2658).
[2] See PhRMA v. Stolfi, 724 F. Supp. 3d 1174 (D. Or. 2024), *rev'd and remanded*, 153 F.4th 795 (9th Cir. 2025), *reh'g denied*, No. 24-1570 (9th Cir. Oct. 23, 2025), *application for extension to file petition for cert.* , No. __ (filed Jan. 8, 2026), https://www.supremecourt.gov/DocketPDF/25/25A806/391172/20260108165227737_PhRMA%20Stolfi--Application%20XT%2001-08-26%20rtf.pdf.
[3] "Prescription Drug Price Transparency Program results and recommendations – 2025." DCBS, November 25, 2025. https://dfr.oregon.gov/drugtransparency/Documents/20251204-dpt-hearing/Prescription-Drug-Price-Transparency-Annual-Report-2025.pdf
[4] Accumulator adjustment programs (also referred to as "copay accumulators") block manufacturer cost-sharing assistance from counting towards cost-sharing requirements, including deductibles and maximum out-of-pocket limits. This means patients could be paying more at the pharmacy than they should be.

[5] "Prescription Drug Price Transparency Program results and recommendations – 2025." DCBS, November 25, 2025. https://dfr.oregon.gov/drugtransparency/Documents/20251204-dpt-hearing/Prescription-Drug-Price-Transparency-Annual-Report-2025.pdf

scrutiny. Insurers have propagated the idea that cost-sharing assistance (also known as "coupons") push patients to brand medicines when generic medicines are available. But the data show that less than 1% of coupons are used on products for which a generic is available.[6] For this small percentage of the market, a patient may use cost-sharing assistance for brand medicines rather than the generic version because their healthcare provider prescribed that brand medicine based on their specific needs.

The manufacturer reporting requirements of the transparency law capture only drugs with price increases or launch prices above a carefully crafted threshold. The proposed additional reporting for patient assistance programs would provide information for which the Department has no other information or context. It is not clear how this additional reporting requirement, which will a create significant administrative burden for the state, would provide useable information to the Board or how it will be consistent with the policy goals of the transparency law HB 4005.

The changes in SB 1528-2 would significantly broaden the existing transparency requirements that are the subject of PhRMA's ongoing lawsuit and would put more confidential information at risk of disclosure. Any changes to the manufacturer reporting requirements of ORS 646A.689 would be premature until PhRMA's pending lawsuit has been resolved.

SB 1528-2 fails to address most patients' barriers to accessing care, particularly the costs patients pay at the pharmacy counter.

This legislation does not address health insurance benefit designs that continue to push more cost-sharing onto patients and which determine how much patients pay out-of-pocket for their drugs. Patients that currently have deductibles will still be required to meet those deductibles if no changes are made to benefit designs. PhRMA is increasingly concerned that the substantial rebates and discounts paid by pharmaceutical manufacturers to plans and PBMs, approximately $356 billion in 2024,[7] do not make their way to offsetting patient costs at the pharmacy counter. Yet, despite manufacturers' rebates, discounts, and other price concessions negotiated by health insurers and PBMs that have kept net price increases below inflation for the last five years, nearly half of commercially insured patients' out-of-pocket spending for brand medicines is based on the medicine's undiscounted list price.[8]

PhRMA recognizes the serious access challenges faced by patients in Oregon. Patients need concrete reforms that will help lower the price they pay for medicines at the pharmacy, such as making monthly costs more predictable and sharing negotiated savings on medicines directly with patients. However, **this legislation fails to address patient access and affordability and will only serve to create barriers to innovation.** PhRMA stands ready to work with the legislature to develop solutions that help patients better access and afford their medicines at the pharmacy counter.

PhRMA opposes SB 1528-2 for the above stated reasons.

About PhRMA

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading innovative biopharmaceutical research companies, which are focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat and cure disease. PhRMA member companies have invested more than $850 billion in the search for new treatments and cures over the last decade, supporting nearly five million jobs in the United States.

[6] IQVIA, An Evaluation of Co-Pay Card Utilization in Brands After Generic Competitor Launch (2018) https://www.iqvia.com/locations/united-states/library/fact-sheets/evaluation-of-co-pay-card-utilization.

[7] Fein, A. (2025). The 2025 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers. Drug Channels Institute. March 2025..

[8] IQVIA, "Use of Medicines in the U.S. 2024: Spending and Usage Trends and Outlook to 2028," April 2024