



February 13, 2026

Senate Committee on Health Care
Oregon State Legislature
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Lilly USA, LLC

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Dear Chair Patterson and Members of the Oregon Senate Health Committee:

Eli Lilly and Company (Lilly) opposes SB 1528-2-2 which would require that pharmaceutical manufacturers report information about their patient assistance programs (PAPs) and manufacturer cost-sharing assistance (i.e., coupons) provided to consumers residing in Oregon. Specifically, SB 1528-2 would require manufacturers to report additional confidential and proprietary data on patient assistance programs, beyond those for drugs that meet the transparency reporting threshold, which exacerbates our existing concerns around adequate protection of manufacturers' confidential and proprietary information. This proposal would provide no benefit to patients, would not address any existing barriers patients face in accessing needed medicines and would require manufacturers to report data to the state that they do not currently collect on patient assistance programs. For these reasons, we request that you oppose SB 1528-2. Lilly remains committed to patient affordability, including through our patient support programs, described in more detail below.

SB 1528-2 Ignores Real Barriers to Patient Access and Provides No Patient Benefit

SB 1528-2 focuses only on manufacturer PAPs and coupons and ignores the additional recommendation from the Drug Price Transparency Program that the legislature "[i]mplement mandatory reporting on copay accumulator programs (also known as accumulator adjustment programs or AAPs) to ensure equitable access to essential medications and prioritize transparency." Lilly shares Oregon's concerns regarding the lack of transparency for copay accumulator programs and supports efforts to collect more information on this issue.¹ When plans and PBMs deploy copay accumulator programs, they

¹ "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>

prevent manufacturer assistance from counting toward patients' deductibles and out-of-pocket maximums, effectively increasing patients' cost-sharing obligations. These accumulator programs exacerbate medication affordability challenges for Oregonians. In fact, multiple peer-reviewed studies evaluating these programs note an association with reduced medication adherence, lower persistence, and higher rates of discontinuation or abandonment, consistent with evidence that abrupt increases in patient OOP costs can disrupt adherence and create financial strain for patients.^{2,3,4}

It has been suggested that cost-sharing assistance drives patients toward brand medicines when generic alternatives are available. However, the data indicate that less than 1% of coupons are used on products for which a generic is available.⁵ In the small number of cases where a patient does use cost-sharing assistance for a brand medicine rather than a generic version, it is typically because their healthcare provider has prescribed that specific brand medicine based on the patient's individual clinical needs.

The manufacturer reporting requirements under the current transparency law are designed to capture drugs with price increases or launch prices above a defined threshold. By contrast, the proposed additional reporting for patient assistance programs would introduce information without context and which manufacturers do not otherwise collect or need. Collecting this additional data in the manner specified by the bill would likely incur a significant cost for manufacturers. It is unclear how this additional reporting requirement — which would create a significant administrative burden for manufacturers and the state —

² Zuckerman, Autumn D., Megan P. Schneider, and Stacie B. Dusetzina. "Health Insurer Strategies to Reduce Specialty Drug Spending—Copoly Adjustment and Alternative Funding Programs." *Health Care Policy and Law* 183, no. 7 (2023): 635-636. Doi:10.1001/jamainternmed.2023.1829.

³ Sherman, Bruce W., Andrew J. Epstein, Brian Meissner, and Manish Mittal. "Impact of a Co-pay Accumulator Adjustment Program on Specialty Drug Adherence." *American Journal of Managed Care* 25, no. 7 (2019): 335-340. <https://www.ajmc.com/view/impact-of-a-copay-accumulator-adjustment-program-on-specialty-drug-adherence>

⁴ Baser, Onur, Katarzyna Rodchenko, Heidi C. Waters, et al. "The Impact of Copay Accumulators and Maximizers on Treatment Patterns, Adherence, and Costs Among Patients with Major Depressive and Bipolar Disorders Treated with Branded Therapies." *Journal of Market Access and Health Policy* 13, no. 4 (2025): 55. Doi:10.3390/jmahp13040055.

⁵ 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>.

would yield actionable information for the Board or align with the policy goals established by the transparency law, HB 4005.

Lilly Patient Support Programs Offer Affordability Solutions.

Throughout our nearly 150-year history, Lilly has worked to address some of the most pressing health challenges facing humanity, including infections, diabetes, depression, cancer and obesity. Today, more than 60 million people are estimated to use Lilly medicines. We know that our commitment to patients and society goes beyond the medicines we make. We are committed to equitable and affordable access to our medicines so that our breakthroughs can transform more people's lives. We're a medicine company turning science into healing to make life better for as many people as possible. We work to improve access to our treatments and increase equity throughout the health care system. We actively advocate for and participate in the process of driving systemic positive changes. We support the realignment of financial incentives for the entire pharmaceutical supply chain so that patients directly benefit from the net pricing we provide. We are also taking important steps within our own control to increase access to Lilly medicines today.

Lilly offers a variety of affordability solutions through patient support programs and copay assistance across the major products in our portfolio. For many of our migraine, immunology, diabetes and obesity medicines, we have copay assistance programs to bring eligible patients' monthly out-of-pocket costs to as little as \$35 or lower. For cancer, the Lilly Oncology Support Center assists eligible patients in identifying affordability options related to their Lilly treatment. The Lilly Diabetes Solution Center is a resource for patients to learn about our different insulin affordability solutions, which are outlined below.

For millions of people with diabetes, insulin is a life-saving medicine. Over the last century, this medicine has improved and extended countless lives around the world. Lilly understands the importance of our role as a leading diabetes company – and that includes supporting affordable access to insulin therapies. While many people in the U.S. have insurance coverage with affordable copays, some have large deductibles they must satisfy before insurance will cover their medicines and others have no insurance at all. And, for many people, insulin is just one of several interventions used to control diabetes, such as blood glucose monitoring devices and other medicines.

Over the past several years, Lilly has introduced multiple insulin affordability solutions, including our Lilly Insulin Value Program. As a result of our efforts, anyone – whether they are uninsured or use commercial insurance – is eligible to buy their monthly prescription of Lilly insulin for \$35 for a 30-day supply. To make it even easier for people to access Lilly insulin, we took additional steps in 2023, including:

- Reducing the list price of our most commonly prescribed insulins by 70%.
- Automating the \$35 out-of-pocket monthly cap for people with commercial insurance at participating retail pharmacies.
- Cutting the price of our non-branded insulin, Insulin Lispro, which is the same molecule as Humalog, to \$25 per vial, making it the lowest list-priced mealtime insulin available.
- Launching a biosimilar basal insulin, Rezvoglar, at a lower list price.

Lilly was a pioneer for \$35 insulin in Part D through a voluntary demonstration with the government, which was later adopted into law, benefitting more than three million Medicare beneficiaries who take insulin.

All of these initiatives have made a real impact, helping 100,000 people save \$20 million each month. Importantly, despite rising insurance deductibles, Lilly was the first company to cap what people pay at \$35 per month for all of our insulins, we cut insulin prices by 70%, and in 2023 the average monthly out-of-pocket cost for Lilly insulin was just \$17.16.

Lilly remains committed to patient assistance via our numerous affordability programs. Because increased reporting on patient assistance programs provides no value to patients and does not address other programs that exacerbate patient affordability issues, we request that you oppose SB 1528-2.

Sincerely,



Sara Kofman

Senior Director, State Government Affairs

Eli Lilly and Company