



The Partnership to Fight Chronic Disease opposes the Trump administration's **"Most Favored Nation"** drug pricing proposal because it would import international price controls that threaten patient access, adopt discriminatory metrics of value, pose ethical concerns and stifle U.S. medical innovation.

Leading voices from patient, provider, and other stakeholder communities are raising serious concerns about the impact of the "Most Favored Nation" pricing proposal on patient access in America:

Alliance for Aging Research

"Just as worrisome, international reference pricing policies effectively endorse the use of discriminatory cost-effectiveness standards often used by other governments. Many countries likely to be referenced, such as the United Kingdom and Canada, make drug reimbursement and coverage decisions based on cost-effectiveness assessments that are measured by the quality-adjusted life-year (QALY). These assessments assign a financial value to the patients for whom a given treatment is intended. The Affordable Care Act banned the use of QALYs for coverage and reimbursement decision-making in the Medicare program."

*"QALYs originated in the 1960s and have been used by the British government to ration health care for its National Health Service. **If we embrace an MFN-type reference pricing policy, it means embracing health care rationing as well. This type of rationing in many European countries has not only resulted in access issues but has also translated into higher mortality rates for chronic diseases, such as cancer.**"*

American Society of Clinical Oncology

*"High drug prices in the United States must be addressed, but MFN would impose a nationwide, mandatory experiment on people with cancer and their providers that could **significantly restrict patients' access to care—without any evidence that it will actually cut care costs.**"*

Asthma and Allergy Foundation of America

*"The U.S. health care system is complex, and pushing on one lever to reduce costs may unintentionally increase costs to patients by other mechanisms. Without addressing all of the root causes, **policies like MFN risk reducing availability or shifting costs elsewhere in the system, which could delay access or limit options for patients.**"*

"...we are deeply concerned that the proposed Most-Favored-Nation (MFN) pricing framework—while well-intentioned—fails to address the underlying complexities of the U.S. drug pricing ecosystem and risks creating unintended consequences that could restrict access for patients who rely on life-saving medications."

Caregiver Action Network

*“People on Medicaid already have broad access to medicines at little to no cost-sharing. **The MFN model could lead to cuts in Medicaid and reduced access to lifesaving treatments for vulnerable populations.**”*

Coalition of State Rheumatology Organizations

*“CMS also acknowledged that ‘beneficiaries may experience access to care impacts,’ including **difficulty finding providers and extended traveling to seek care. These are alarming forecasts** about the future impact of these proposals if applied to Medicaid, which we believe should sufficiently deter members of Congress from advancing this proposal.”*

Council for Affordable Health Coverage

*“Entering critical steps to enact budget reconciliation, Congress should focus on dismantling the drug price control regime that already exists in the U.S. health care system, such as those enacted by the Biden administration in the Inflation Reduction Act — not reinforce it with a European model. **European price controls are controversial because they restrict access to treatment, promoting worse health outcomes that cost more.** Replacing efforts to control fraud in Medicaid with controversial price controls will hold up progress on the budget bill and should be rejected by Congress.”*

Healthy Men

*“Time and time again, across numerous market sectors, artificially setting prices using foreign reference pricing has been unsuccessful. And when applied to pharmaceuticals, **it could ultimately harm patients and undermine the administration’s important goal of ‘Making America Healthy Again’.**”*

Let My Doctors Decide

*“MFN may appear to lower costs on the surface, but in reality, **it imports price controls that could restrict access to life-saving therapies. Countries whose pricing models would be adopted under this proposal routinely deny or delay access to innovative treatments—** this includes patients battling cancer and other chronic, complex conditions that need access to new and existing ground-breaking treatments.”*

National Minority Quality Forum

“The MFN model would encourage a standardization of treatment options, moving away from personalized medicine toward a more limited formulary of options that satisfy price constraints. This is especially concerning for a nation as diverse as the United States, which serves populations with widely varying health needs and often complex, co-occurring conditions”

“While making medications more affordable is an admirable goal, applying this price control strategy may unintentionally harm the very patients it aims to help—not just the 77 million Americans on Medicaid, but potentially all Americans if expanded throughout our healthcare system.”



Part B Access for Seniors and Physicians (ASP) Coalition



*“Linking U.S. health care policy to other countries, that artificially suppress prices through access restrictions and subjective controls, would tie the hands of providers in the United States by narrowing and delaying access to available treatments due to market forces outside of their control. Moving forward with this MFN... **would irrevocably change health care in the country by disrupting provider’s ability to deliver patient-centric care** and upending the future development of innovative medicines.”*

RetireSafe

*“By giving other nations the power to effectively control Medicare prices, MFN will decrease access to treatments seniors rely upon. Furthermore, altering the Medicare market could have unintended or unforeseen side effects on senior treatments more broadly, as well as premium costs, and mirroring smaller socialized healthcare markets **would only upend a working program and cause larger cost issues in the long term.**”*

Former Congressman Michael Burgess, MD in Dallas News

*“Those countries’ socialized health care systems achieve their lower prices, in large part, by negotiating prices which results in routinely delaying or denying access to new therapies. **Older adults, people with disabilities, and patients with complex or rare conditions often lack access to lifesaving medicines in those systems. Adopting other countries’ prices would mean far fewer medical advances, and ultimately lead to the same access restrictions that patients face abroad.**”*

Former Congressman Larry Bucshon, MD in Indy Star

*“If it takes effect, companies will simply stop investing in most new drug research. It's simple economics — kill the potential return, and you kill the risk-taking too. **That'd come at a massive human cost.** New drugs have been responsible for more than a third of the decline in cardiovascular deaths since 1990. They've turned certain cancers from imminent death sentences into manageable, even curable, conditions. Now we're seeing promising treatments for obesity, ALS, and rare genetic disorders. **Imagine telling families that future breakthroughs won't be coming — because we chose to import foreign price controls.**”*

