April 15, 2026

Re: Continued Opposition to Most Favored Nation Policies

Dear Members of the California Congressional Delegation,

We applaud your continued focus on addressing health care affordability, particularly with this year's adoption of landmark PBM reforms. This legislation will bring more transparency and affordability to the drug pricing system. While more work must be done on PBM reform, including addressing the use of group purchasing organizations (GPOs) and the impact of vertical integration on health care costs, it is another policy that threatens drug accessibility that compels us to write to you.

Our diverse group of patient rights organizations representing countless California patients and their families must express our continued concern with the "Most Favored Nation" (MFN) policy proposal. Not only will the approach not have the desired effect of reduced prescription prices for patients, but it will also jeopardize investment in the treatments and cures of the future.

Overall, it costs billions of dollars to bring a single drug to market, and the US invests more money, time, and scientific breakthroughs into drug development than other countries. [1] As a result, Americans are far less likely to die from cancer than Europeans. [2]

By essentially codifying "international reference pricing," MFN will tie the price of medications in other countries to prices in the United States. This well-intentioned but misguided policy would de-incentivize pharmaceutical companies from using base academic research to invest in the development of lifesaving drugs – when they do, patients benefit from low-cost and generic drugs. [3] However, without this incentive, current prices will rise, and research and development into new cures will be stifled; ultimately, patients pay the price.

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[1] Journal of the Academy of Public Health: Other Countries Are Not Paying Their Fair Share of the Cost of Biopharmaceutical Innovation – What Can the United States Do to Change That? May 15, 2025.
[2] POLITICO: Why you're more likely to die of cancer in Europe than America. April 10, 2019.
[3] National Library of Medicine: Public research funding and pharmaceutical prices: do Americans pay twice for drugs? July 15, 2020.

Additionally, implementing MFN will ultimately lead to reduced access for patients to innovative cures and treatments, worsening health outcomes for those fighting chronic diseases. According to the US Chamber, "The use of government price controls in other countries illustrates the impact such policies have on patient access. For example, while 87% of new medicines are available within three months in the U.S., only 63% are available in Germany and 59% in the U.K., with 10- and 11-month delays in access respectively. At worst, an MFN proposal could lead the U.S. down the path of New Zealand and Korea, where only 20% and 35% of new medicines are available, and patients suffer access delays between 28 to 30 months."[4]

This point is further illustrated by the Partnership to Fight Chronic Disease's analysis that found "Across Europe and Canada, patients routinely face delayed and constrained access to medicines due to government price-setting practices. In Canada, a 2021 Fraser Institute analysis found newly approved therapies often arrive over a year later than their U.S. equivalents, shrinking treatment windows for people with chronic disease. In the U.K., rare disease patients are frequently denied access to transformative treatments when the National Institute for Health and Care Excellence deems them not to be "cost-effective". [5]

In other developed nations, patients face barriers to equal access to health care due to their use of Quality-Adjusted Life Years (QALYs) and rationing of care, as recognized by previous administrations and the National Council on Disability. In fact, QALY metrics used outside the U.S. rate some states of disability as of lower value than death, reflecting starkly different cultural values in these nations compared to the U.S. [6]

The concerns about importing QALY-based pricing schemes into our health system are real. Medicare Today, a coalition of the Health Leadership Council, found in its annual Senior Satisfaction Survey [7]:

- Four-in-five seniors with Medicare are concerned about the way foreign drug prices are set and the impact they could have.
- 89% of seniors are concerned that the use of QALYs will conflict with doctors' and patients' choice.
- 87% of seniors are concerned that if the U.S. were to use the QALY formula to determine the value of lives, it would be used as a tool to determine who should receive treatment, and how much they should pay.

If we are serious about reducing the price patients pay at the pharmacy counter – while protecting their access to innovative therapies – we must follow the money. PBMs, health insurance plans, hospitals, and every other entity between a manufacturer and a patient make a profit – up to 50% of every dollar spent on medicines. By holding PBMs and other middlemen accountable for the roles they play in driving up costs, we can help ensure patients can access

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[4] U.S. Chamber of Commerce: Reference Pricing: The Wrong Prescription for Patients. May 3, 2025
[5] Partnership to Fight Chronic Disease: Why PBM Reform, not MFN, is a Viable Path to Affordable Drug Access. December 4, 2025
[6] Partnership to Improve Patient Care: Devaluing Disabled Lives, International Laws Fall Short of Protecting Equal Access to Health Care for People with Disabilities as Compared to the U.S. February 24, 2026
[7] Medicare Today: 2025 Senior Satisfaction Survey. October 2025

and afford the medications their doctors prescribe.

The Director of the Center for Medicare at CMS spoke at an event in March about MFN and how these "deals" aim to raise prices in other countries to match U.S. prices, not the other way around. Our lives are not a negotiation tactic. Instead of bolstering damaging policies like MFN that failed twice already and will do nothing to lower costs for Americans, we need more solutions like the EPIC Act (HR 1492) that protect and improve small-molecule drug innovation. Additionally, we need to continue reining in the main culprits behind health care unaffordability: PBMs, vertical consolidation and large hospital conglomerates.

To prevent – or at least – be prepared for the next pandemic, ensure our loved ones living with rare and chronic diseases no longer have to wait for a breakthrough, and help all Americans live longer and better lives, please reject any MFN proposal that comes in front of you.

Thank you for your time and attention to this matter. Please let us know if you have any questions or if we can be a resource to your office.

Sincerely,

Alliance for Patient Access
Alzheimer's San Diego
Axis Advocates
Bleeding Disorders Council of California
California Chronic Care Coalition
California Lupus Foundation
Cheeky Charity
Community Health Action Network
Connecting to Cure Crohn's and Colitis
Familia Unida Living with MS
International Bipolar Foundation
Latino Diabetes Association
Liver Coalition of California
Liver Health Foundation
Lupus and Allied Diseases Association, Inc.
Lupus LA
Mexican American Opportunity Foundation
National Scleroderma Foundation
Neuropathy Action Foundation
Patient Advocates United in San Diego County
Sickle Cell Disease Foundation
The Association of Hidradenitis Suppurativa and Inflammatory Diseases
We Win Foundation