

**FOR IMMEDIATE RELEASE November 20, 2020**

**Statement on Behalf of People with Disabilities and Serious Chronic Conditions**

Today, the Administration released an Interim Final Rule that would allow for the government to reference prescription drug prices established internationally, regardless of the metrics used by those countries or implications for access to care in those countries, for drugs covered under Part B of Medicare. The Partnership to Improve Patient Care and several other organizations expressed strong opposition to this concept when it was originally proposed in 2018.

PIPC Chairman Tony Coelho reiterated his own concerns. He stated, “This is a regrettable legacy for this administration to leave people with disabilities and chronic conditions as well as older adults that are already fighting discrimination in access to health care during the pandemic. Just when they need real relief, they are getting more barriers to care. The White House was well educated about the concerns we share about the discriminatory implications of quality-adjusted life years (QALYs) and similar average metrics. We are all in to fight against policies referencing QALYS - whether U.S. entities that call QALYs the gold standard such as the Institute for Clinical and Economic Review (ICER) - or their explicit importation from foreign countries. I am relieved the President-elect has made it clear he opposes QALYs and look forward to working with him on real solutions as we clean up this mess left behind.”

Maria Town, President and CEO of the American Association of People with Disabilities and a member of PIPC’s Steering Committee, stated, “It is frustrating when policymakers ignore experts and develop policy without consideration of how their actions impact people with disabilities. The United States has consistently taken a stand against the use of metrics such as quality-adjusted life years (QALY) in our public health programs due to their implications for discrimination and restricted access to care for people with disabilities. Even the National Council on Disability, an independent federal agency, has studied this issue and given counsel to the administration to refrain from pursuing means of reducing Medicare and Medicaid prescription drug costs by modeling U.S. pricing after the pricing in other countries, which is often based on QALYs. Why would we want to value care like other countries if we know it leads to restricted access, especially during a pandemic?”

Patricia Goldsmith, Chief Executive Officer of CancerCare and a PIPC member, stated, “Health outcomes for cancer patients are substantially worse in other countries because their health systems use standards that discriminate to value treatments. The result is restricted and delayed access to cancer treatment. Yet, the White House is proposing to import those standards to the United States in the middle of a pandemic.”

For additional information about the NCD report on QALYs, please visit [www.ncd.gov](http://www.ncd.gov). PIPC resources are available at [www.pipcpatients.org](http://www.pipcpatients.org). Additionally, organizations supporting Value Our Health have resources available at [www.valueourhealth.org](http://www.valueourhealth.org).