EACH/PIC COALITION

August 17, 2026

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate

RE: Request for Information on Prescription Drug Affordability

Dear Ranking Member Wyden and Members of the Committee:

On behalf of the patient populations we represent, the undersigned organizations appreciate the opportunity to provide input on the Senate Finance Committee's Request for Information regarding policies to improve prescription drug affordability.

EACH/PIC is a coalition of patient organizations, allied stakeholders, patients, and caregivers committed to advancing policies that improve prescription drug affordability while preserving timely access to the therapies patients rely upon. We share the committee's goal of reducing the financial burden of prescription medications and believe successful reforms should ultimately be measured by whether they improve patients' ability to obtain and remain on the therapies prescribed by their clinicians.

Our recommendations are informed by both patient-reported experience and existing policy research. Through the EACH/PIC Patient Experience Survey, patients identified the barriers that most directly affect their ability to access and afford medications. We believe these experiences provide an important patient perspective as Congress evaluates potential reforms.

Medicare Drug Price Negotiation

In response to the committee's questions regarding the Medicare Drug Price Negotiation Program, EACH/PIC encourages Congress to continue evaluating the program's real-world effects before considering additional expansion.

Our recent Patient Experience Survey found that 95 percent of respondents who discontinued treatment because of affordability cited insurance-related barriers, while 72 percent of respondents who never initiated treatment likewise identified insurance-related challenges. These findings suggest that affordability challenges frequently arise from insurance design, coverage policies, and utilization management rather than the negotiated price of a medicine alone.

Accordingly, as implementation of the negotiation program continues, Congress should carefully monitor its effects on patient affordability, formulary design, utilization management, and

continuity of care before expanding the program. Further, we encourage Congress to strengthen safeguards that prevent negotiated prices from resulting in new utilization management requirements, restrictive formulary practices, or policies that encourage non-medical switching for negotiated therapies.

Finally, EACH/PIC supports legislative improvements that strengthen the program while preserving patient access, including the Ensuring Pathways to Innovative Cures (EPIC) Act, which would address disparities in negotiation eligibility between small molecule medicines and biologics, and the Protecting Patient Access to Cancer and Complex Therapies Act, which would help ensure implementation does not inadvertently disrupt care for patients living with serious and complex conditions.

International Reference Pricing and Most Favored Nation Policies

With respect to international reference pricing and Most Favored Nation (MFN) proposals, EACH/PIC respectfully urges the Committee to reject policies that reduce government spending without meaningfully improving patient affordability.

Independent analysis demonstrates why this distinction is important. An Avalere Health assessment of an MFN-style Medicare payment model found that only approximately 0.3 percent of Medicare fee-for-service beneficiaries would experience any change in cost-sharing liability, while more than 99 percent would experience no reduction in out-of-pocket costs because supplemental coverage insulates beneficiaries from changes to Medicare payment benchmarks. These findings highlight a fundamental limitation of international reference pricing proposals: lower program spending does not inherently result in lower patient costs.

Pharmacy Benefit Manager Reform

EACH/PIC believes reforms addressing pharmacy benefit manager (PBM) practices represent one of the greatest opportunities to improve prescription drug affordability for patients.

Congress should continue pursuing reforms that prohibit spread pricing, replace percentage-based PBM compensation with transparent flat-fee service arrangements, require greater transparency regarding rebate agreements, formulary decision-making, and PBM contracting practices, and ensure negotiated rebates and discounts are reflected in lower patient costs whenever possible. These reforms would better align incentives throughout the prescription drug supply chain while improving accountability for how prescription drug dollars are ultimately used.

Patient Cost Sharing and Insurance Design

The committee also requested input regarding policies that directly reduce patient costs. Based on our coalition's work with patients living with chronic and complex conditions, reforms addressing insurance design remain among the greatest opportunities to improve affordability.

Our survey found that 55 percent of patients whose OOP costs changed for the same drug reported their drug as being affordable at one point and unaffordable at a different point. This unpredictability makes it difficult for patients to budget for treatment, contributes to delayed or interrupted care, and undermines long-term treatment adherence.

Accordingly, EACH/PIC encourages Congress to strengthen annual out-of-pocket protections, expand cost-smoothing mechanisms that distribute prescription expenses more evenly throughout the year, and reduce unnecessary financial volatility for patients.

Our survey also demonstrates the importance of ensuring financial support reaches patients. Seventy-one percent of respondents receiving financial assistance reported their medications were affordable. These findings suggest that policies ensuring negotiated savings and financial assistance reach patients can have a meaningful impact on affordability without compromising access to care. Congress should also preserve patient access to manufacturer or charitable copay assistance programs while prohibiting copay accumulator and maximizer programs that prevent this assistance from counting toward a patient's deductible or annual out-of-pocket maximum.

Congress should continue efforts to reduce unnecessary utilization management, improve transparency surrounding coverage determinations, and protect patients from inappropriate non-medical switching or treatment disruptions that can negatively affect health outcomes and long-term healthcare costs.

Conclusion

We appreciate the committee's thoughtful examination of policies to improve prescription drug affordability. Thank you for your consideration, and we look forward to working with the committee to advance patient-centered prescription drug policies.

Sincerely,
EACH/PIC Coalition
AiArthritis Foundation
American Behcet's Disease Association (ABDA)
Biomarker Collaborative
California Chronic Care Coalition
Chronic Care Policy Alliance
Coalition of Skin Diseases

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Exon 20 Group
Global Airways and Allergies Patient Platform
Healthy Men Inc
ICAN, International Cancer Advocacy Network
Infusion Access Foundation
International Association of Hepatitis Task Forces
Lupus and Allied Diseases Association, Inc.
MET Crusaders
National Infusion Center Association
Neuropathy Action Foundation (NAF)
NRG1 Energizers
Partnership to Improve Patient Care
PDL1 Amplifieds
Spondylitis Association of America
The AIP BIPOC Network
US Hereditary Angioedema Association