



Statement from PIE Executive Director Brady J. Buckner on H.R. 3

We at PIE are encouraged by Congress's willingness to address the drug pricing issue in the U.S aggressively. However, H.R. 3, which would set drug prices by pegging Medicare payments to the average price in six other developed countries, may be problematic. In these countries, pricing decisions are made using cost-benefit analyses, called "quality-adjusted life-years (QALYs)." These analyses have been described as discriminatory, especially against those living with disabilities or chronic diseases, as they put a dollar figure on "perfect" health. So even when a treatment works exactly as it's supposed to — and brings a patient back to his or her full life, those with underlying health conditions, like Lupus, are deemed to never be worth as much. Such analyses have a disproportionately negative effect on minority and underserved patients.

According to Brady J. Buckner, Co-Founder of PIE, "We hope Congress will be mindful of the pitfalls that could materialize if the wrong approach is taken. For instance, in the United Kingdom's National Health Service, medicines that cost more than \$42,000 annually generally aren't covered. For minority patients with illnesses like Lupus or Diabetes, this analysis could be a death knell."
– 4/28 ([Link](#))