# The Inflation Reduction Act Is a Threat to Health Equity

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A seemingly minor provision in last year's Inflation Reduction Act could make it harder for marginalized patients to access the medicines their doctors have prescribed. It could also prevent the future development of cutting-edge, convenient treatments for many diseases that disproportionately impact communities of color.

The Inflation Reduction Act allows the government to lower prices for certain medications. But it doesn't treat all drugs equally. For "small-molecule" drugs that usually come in pill form, price caps kick in after 9 years. But a larger molecule class of medicines called "biologics," which often have to be administered as shots in doctor's offices, are exempt from price caps for four additional years.

Don't get caught up on these technical terms. What matters is that Congress passed a bill that picks winners and losers among life-saving medicines that haven't even been created yet. Did policymakers act without fully understanding the consequences for all communities?

Lawmakers' decision to treat oral pills and injectable medicines differently was based on the thinking that drugs in the latter group are somehow more important or "cutting-edge" than their small-molecule counterparts, and thus deserve a longer period of protection from price controls.

But this thinking is egregiously flawed, and the blatant bias against small-molecule drug development is completely inappropriate. There is no good medical or scientific reason for this disparity between two important drug categories. Both oral pills and injections serve important functions, and both come with advantages and disadvantages. Oral pills, for instance, can be critical treatment options for those without access to transportation, including many Black patients. Statistically, Black households are the least likely to have access to a car.

Our policies should strive to increase treatment options and convenience for all patients. Instead, this "small-molecule penalty" will cause drug inventors to shift their money away from medicines that come in pill form. Ultimately, that will mean fewer options for patients down the road.



That's worrying, especially given the ongoing inequities embedded in our healthcare system and the challenges communities of color often face when trying to access care. Minority and low-income Americans on Medicare already report significantly worse health and less access to doctors and preventive care than white and wealthy Americans.

Encouraging drug companies to pursue a class of drugs that often have to be taken as injections over medicines that usually come in pill form will only make these inequities worse, particularly for Black Americans. Black Americans are disproportionately likely to live with certain diseases for which easy-to-take pills are considered the holy grail of care.

Take, for example, diabetes. Over 37 million Americans live with diabetes, but the disease burden is far from equal. Black adults are around twice as likely to develop type 2 diabetes as White adults are.

Or take Alzheiemer's. Elderly Black Americans are twice as likely as elderly Whites to have Alzheimer's or another dementia, according to research from the nonprofit Alzheimer's Association.

Most of us know someone with Alzheimer's or diabetes, whether it's a parent, sibling, aunt, or neighbor. We've seen how time consuming it can be to manage these conditions. Many people with diabetes or Alzheimer's end up needing full-time caretakers.

But cutting-edge pills to treat or cure Alzheimer's disease, type 2 diabetes, and other debilitating illnesses are on the losing end of the IRA's ill-considered policies. I fear that as investors who fund research into new medicines direct their dollars elsewhere, people of color will end up suffering the most in the long-term.

Medications that have to be taken as shots or IV-style infusions are certainly crucial options for many patients, but they still come with downsides. The most important downside from the perspective of health equity is that they can be harder for patients to access and take.

Medicines taken as injections often need to be given by medical professionals in a clinical setting, thus adding to the costs and hardship for patients. Discouraging the development of medicines that come in convenient pill form is unfair for those who don't have the ability to drive long distances to clinics for regular injections.

It has long been recognized that communities of color are far more likely to face transportation inequities than White communities are. It is only natural that reducing how many medicines can be taken as pills in the comfort of one's home will magnify the effects of transportation-related structural racism.

The solution here is simple. Congress needs to stop discriminating against one category of drugs over another. The last thing we should be doing is making it less convenient for members of underserved communities to access the care they need.

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