July 9, 2019

Representative Doug Collins
15 Independence Avenue, SE
Longworth House Office Building
Room 1504
Washington, DC 20515-1009

Representative Jerry Nadler
50 Independence Avenue, SW
Rayburn House Office Building,
Room 2132
Washington, DC 20515-3210

Dear Representative Collins and Chairman Nadler:

On behalf of the American College of Rheumatology (ACR), representing over 9,500 rheumatologists and rheumatology interprofessional team members, I write to offer our strong support for H.R. 2376, the Prescription Pricing for the People Act. This important and timely legislation would require the Federal Trade Commission to conduct a comprehensive report on the state of competition in the prescription drug supply chain. Because of the impacts of pharmacy benefit manager practices on the prices patients pay for treatments, this study is a goal shared by our members and the rheumatology community. It is in line with our positions on drug pricing as outlined below:

1. It is the ACR’s position that all patients should have safe, convenient and affordable access to rheumatology treatments that control disease activity and prevent permanent joint and organ damage, thereby limiting disability and early death.

2. The ACR supports rational policies that mitigate rapid escalations in pricing of rheumatologic drugs.

3. Transparency should be encouraged in the policies used by pharmaceutical manufacturers, pharmacy benefit managers and health insurance companies to determine prescription drug prices.

4. The ACR believes that a safe and efficient biosimilar approval pathway and marketplace will improve access to treatment by lowering costs.

5. Any comprehensive proposal to deal with rising drug prices must simultaneously address these primary concerns: cost to the healthcare system, continuity of care, and out of pocket affordability to patients.

6. The ACR support preserving patient access to physician-administered drugs by recognizing the rheumatologists’ role in providing specialized, continuous care.
Due to rigorous scientific study, the optimal medication, dosing, and timing of treatment are better understood than at any time in history. Many diseases that once led to high levels of morbidity are now better controlled with significant reductions in disability and pain and improvements in overall health. Unfortunately, these improvements have been associated with higher costs, with subsequent limitations in access for some.

The dramatic increases in the cost of essential medication, lack of competition for the most expensive medications and changes in the private insurance landscape across the United States have left many patients struggling to afford the necessary treatment for their disease. We hope that future changes in policy will need to give consideration to the multitude of factors that affect the cost of care. Thoughtful policy change will help ensure that all patients receive safe, convenient and affordable access to rheumatology treatments.

Again we thank you for your important steps to achieve these goals. Please contact Lennie Shewmaker, JD, Sr. Manager of Federal Affairs for the ACR, at lshewmaker@rheumatology.org or (404) 633-3777 if we can be of assistance to you.

Sincerely,

Angus B. Worthing, MD
Chair, Government Affairs Committee
American College of Rheumatology