

## FOR IMMEDIATE RELEASE

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## Part B Access for Seniors and Physicians (ASP) Coalition Reveals Dangers of "Most Favored Nation" Policies Through International Physician Surveys

The Part B Access for Seniors and Physicians (ASP) Coalition strongly opposes implementing the dangerous "most-favored-nation" (MFN) drug pricing. We have long raised concerns about such proposals. In a 2018 letter to lawmakers signed by 339 patient and provider organizations, the ASP Coalition warned about the Trump administration's original International Pricing Index (IPI) Model, "The danger of this approach is demonstrated by the experience of patients in countries CMS would use to set Medicare reimbursement. CMS plans to use reference pricing from countries with health care models where government bureaucrats, not physicians, make medical decisions. There is evidence that patients in these countries do not have access to state-of-the-art medical innovation and is not a model the U.S. should emulate on any level."

The proposed MFN Model bases calculations on 22 OECD countries. We have recently surveyed physicians in four of these countries (the <u>U.K.</u>, <u>Germany</u>, <u>Australia</u>, and <u>France</u>) who treat complex conditions like cancer, HIV, rheumatoid arthritis, and diabetes. All agree that such payment structures put patients at risk. Our findings show just how harmful MFN policies would be to patients. For example, our results show that 75% of German physicians have been unable to prescribe the treatment they thought was the best clinical option within the last year. In the U.K., 79% of physicians say the government has equal or greater influence over health care decisions compared to providers and patients.

Further, we recognize the need to address drug costs but worry about the timing of disrupting payment systems in the middle of a global pandemic when physician practices are currently in disarray. Due to COVID-19, patients are already having extreme difficultly seeing their providers, all while being treated for some of the most serious diseases. Adding additional hurdles to an already exacerbated situation will result in significant issues for patients and providers.

We cannot allow this dangerous system to be implemented in the United States. Our Coalition is once again calling on the administration to abandon the most-favored-nation policy and focus on patient-centered reforms to protect provider-patient relationships and the high-quality care that our country has consistently been able to offer.