



May 20, 2026

Dear Senator:

On behalf of the Chronic Care Policy Alliance (CCPA), we write to express strong opposition to proposals to implement or codify a Most Favored Nation (MFN) pricing model in the United States. While we share the goal of improving affordability for patients, MFN is not a patient-centered solution and risks undermining access to care for those living with chronic and serious conditions.

MFN Prioritizes Government Savings, Not Patient Affordability

MFN proposals are designed to reduce federal spending by tying U.S. drug prices to those set in other countries. However, reductions in program spending do not necessarily translate into lower costs or improved affordability for patients.

As CCPA has consistently emphasized, affordability reforms should be evaluated based on whether they reduce out-of-pocket costs and improve financial predictability for patients, not solely on whether they achieve savings for the government. By this standard, MFN falls short. These proposals risk shifting costs within the system rather than meaningfully improving patient access or affordability.

Importing International Pricing Risks Importing QALY-Based Access Restrictions

MFN relies on prices established in countries that use cost-effectiveness frameworks, including quality-adjusted life years (QALYs), to determine coverage and access. These approaches have been widely criticized because they can assign lower value to the lives of older adults, people with disabilities, and individuals living with chronic conditions.

Tying U.S. policy to these international benchmarks risks importing the same value judgments into our healthcare system, approaches that prioritize cost containment over patient-centered care. These frameworks are also associated with delayed access to new therapies and more limited treatment options, raising serious concerns for patients who depend on timely access to innovation.

A One-Size-Fits-All Approach That Fails Patients

MFN represents a one-size-fits-all pricing framework that does not reflect the complexity of the U.S. healthcare system or the factors that shape patient access. Similar approaches

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have been rejected in the past by courts, stakeholders, and patient communities because they fail to deliver sustainable savings while introducing new risks to access and care delivery.

Rather than addressing the underlying drivers of patient costs, MFN risks repeating these same shortcomings, without delivering meaningful improvements for the patients it is intended to help.

A Better Path Forward

If Congress seeks to improve affordability for patients, it should prioritize policies that directly address the factors that shape patient costs and access. This includes ensuring that negotiated discounts and rebates are passed through to patients, establishing meaningful out-of-pocket protections, and addressing misaligned incentives within the prescription drug supply chain.

CCPA has long supported efforts to increase transparency and accountability among intermediaries, including Pharmacy Benefit Managers, whose practices can contribute to higher patient costs without improving care.

Conclusion

For these reasons, we respectfully urge Congress to reject advancing MFN proposals, to refrain from codifying MFN-based approaches into statute, and to instead pursue patient-focused reforms that lower costs while preserving access to needed treatments.

Patients living with chronic and serious conditions depend on policies that support stable access to care, not blunt pricing mechanisms that risk limiting treatment options and delaying care.

We appreciate your leadership on these issues and stand ready to work with you to advance solutions that truly put patients first.

Sincerely,



Elizabeth Helms, CEO
Chronic Care Policy Alliance (CCPA)