



National Health Issues Survey Results: European-Style Price Controls

Patients Rising – in coordination with Gravis Marketing, a leading market research and polling firm – conducted a national survey of 1507 registered voters to ask their views on national health issues including patient access and affordability, drug pricing policies, and trust among healthcare stakeholders. The survey was conducted between April 29-May 12, 2021. This report explores responses regarding European-style price controls in healthcare.

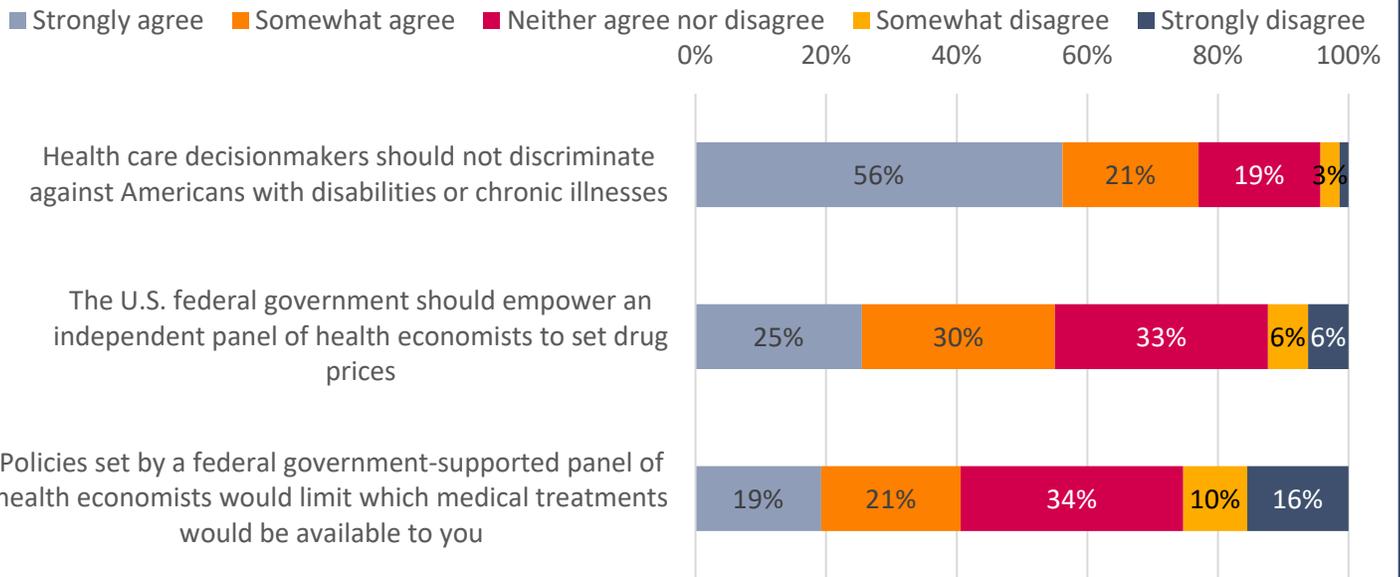
Top Themes

- Americans are wary of using European systems to contain drug costs – like reference pricing and Health Technology Assessment (HTA) – and are concerned the use of these systems could limit patients' access.
- Voters are unclear what role independent entities like the Institute for Clinical and Economic Review (ICER) should play in healthcare decision-making.
- A super majority of voters disagree with the use discriminatory tactics like the use of the Quality-Adjusted Life Year (QALY) to make healthcare decisions for Americans with disabilities, rare diseases, and chronic conditions.

Key Survey Results

- 77% agree healthcare decision-makers should not discriminate against Americans with disabilities or chronic diseases.
- Many voters are uncertain on what the role of non-government experts should be in the U.S. health system.
 - 55% agree that the federal government should empower an independent panel of health economists to set drug prices. 33% neither agree nor disagree.
 - However, 40% also agree that policies set by a federal government-supported panel of health economists would limit which medical treatments would be available to them. 34% neither agree nor disagree.

How much do you agree or disagree with these statements about healthcare decision-makers?



- There is significant opposition to policies that limit access, particularly from unaccountable groups.
 - 37% oppose using recommendations from an unaccountable panel of “experts” to price prescription drugs.
 - 39% oppose using recommendations from an unregulated and unelected panel of private citizens to price prescription drugs.
 - 46% oppose adopting policies from foreign countries that limit access to life-saving medicines to reduce healthcare costs.
- Differences by political party affiliation on these issues are relatively small.
 - The only gap on the total agree metric between Democrats and Republicans higher than 13% was on empowering an independent panel to set drug prices which where the gap is 20%.

<i>Showing Agree/Disagree</i>	Nat'l	Rep	Dem	Ind
Health care decisionmakers should not discriminate against Americans with disabilities or chronic illnesses	77/4	76/3	81/4	73/6
The U.S. federal government should empower an independent panel of health economists to set drug prices	55/12	48/15	68/7	46/16
Health care systems in other countries freeload off of American science and medical innovation	46/18	55/11	43/24	39/18
Foreign countries should pay more for drugs to reward and incentivize advances in medicine to cure disease like Alzheimer's or cancer	42/18	47/15	43/19	36/19
Policies set by a federal government-supported panel of health economists would limit which medical treatments would be available to you	41/25	42/27	46/23	32/26

Policy Recommendations

- **Encourage a patient-centric culture at FDA.**
 - Grant the patient a real voice in reimbursement decision-making.
 - Conduct a regulatory audit of all barriers to reimbursement and access to medicines.
 - CMS should encourage innovative patient support models that allow patients, not insurance companies, to benefit from savings.
 - CMS must support the use of value-based coverage recommendations driven by the clinical value of the treatments, patient input, and real-world evidence.
 - Maintain a ban on the use of the discriminatory QALY in Medicare budgeting and coverage decision-making.

- **Reject European-style health systems that have led to limited patient choice, delayed access to cutting-edge medicine, and prioritized low cost over patient care.**
 - Eliminate the adoption of reference pricing, such as the Most Favored Nations rule.

- Oppose a new centralized and bureaucratic system to purchase or set formulary policy for drugs, which adds further complexity to the health system and further removes the patient from decision-making.
- Prohibit academics and health economists from using a flawed algorithm and discriminatory ICER-style model for evaluating and pricing drugs as part of a national drug pricing system.
- Seek price parity on drugs by demanding European and other wealthy countries pay their fair share for advances in innovative medicine.
- Ensure that doctors, nurses, and other healthcare providers are able to make decisions independently to provide optimal patient care.