April 21, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC  20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC  20515

Dear Speaker Pelosi and Minority Leader McCarthy:

We, the undersigned Members of Congress, urge bold and unprecedented legislative action in the next COVID-19 stimulus/disaster relief package to address the affordability of prescription drugs. Present extraordinary circumstances demand that we take action to set immediate price caps, for the duration of this pandemic, on those drugs that treat the medical conditions most adversely affected by COVID-19, including but not limited to, medications to treat heart disease, insulin for diabetes, and inhalers and steroids for asthma and chronic obstructive pulmonary disease (COPD).

As more data becomes available, cardiac experts now believe that COVID-19 can infect the heart muscle, leading to heart failure or death in as many as 1 in 5 patients.¹ With as many as 121.5 million adults in the United States diagnosed with cardiovascular disease as of 2016,² it is troubling to know that drug costs deterred nearly 13% of patients with heart disease from taking medications as prescribed.³

In addition, more than 7,000,000 individuals in the United States take insulin to manage their diabetes, yet insulin prices in the United States continue to be as much as ten times as expensive as they are in Canada. According to the American Diabetes Association, individuals with diabetes have much higher rates of serious complications and death during a pandemic such as this than people living without diabetes. “When sick with a viral infection, people with diabetes…face an increased risk of [diabetic ketoacidosis]” which “can make it challenging to manage fluid intake and electrolyte levels— which is important in managing sepsis,” a severe and emergent medical condition that can be brought on by COVID-19.⁴ The federal government can and should take cues

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³ (See https://healthmetrics.heart.org/drug-costs-prevent-1-in-8-patients-with-heart-disease-from-taking-medication-as-prescribed/).
from states like Colorado, Virginia, and Illinois, which recently capped copays and/or the price of a 30-day supply of insulin, but the federal government should go further and cap the actual price of insulin as well, limiting its price at the moment to make it affordable for everyone who needs insulin during this crisis. Many of the more than 7,000,000 Americans with diabetes do not live in those states and are at increased risk of death should they be unable to afford their insulin.

The 25,000,000 individuals living in the United States with asthma may also be at higher risk of serious complications from COVID-19, a respiratory disease that compounds the symptoms most often associated with asthma.⁵ An albuterol inhaler can cost $500,⁶ and, despite recent news of FDA approval of a generic competitor, there have been confirmed accounts of prices as high as $1,000 (or even higher) during this surge of COVID-19 cases in the United States. Lack of access to inhalers, brought on by increased prices, may result in increased use of nebulizers, which produce mist that may carry the virus and further the spread of COVID-19.⁷

There is much still to learn about COVID-19 and the reasons that some conditions (including some that are not specifically referenced in this letter) are susceptible to worse medical outcomes than others. But what we do know is that the failure to address the prescription drug price issue has carried dire consequences for our constituents even before there was a global pandemic spreading through our communities—consequences like bankruptcy, mortgage foreclosure, the rationing of drugs, medical complications, and death. These life-threatening consequences will only worsen against the backdrop of a grim March jobs report that saw 700,000 lost jobs and which will leave many without health insurance. And this issue will also worsen as this pandemic causes shortages of the in-demand, life-saving drugs mentioned above. In a nation that already has the highest drug prices of any in the developed world, we know that market forces—driven by short supply and high demand—will only lead to increased prices that our constituents already cannot afford.

This moment requires that we set price caps on certain life-saving drugs. Years from now, this pandemic will be a case study about our nation’s resilience in crisis. We have an obligation to the American people to make these lifesaving drugs affordable because outstanding prescription drugs are useless if people cannot afford them.

Sincerely,

Susan Wild
Member of Congress

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⁵ (See https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html).
⁶ (See https://www.whas11.com/article/news/health/fda-approves-generic-albuterol-inhaler/417-e3c7136e-9334-4c24-aa27-933ae6fbd0f4/).
Raúl M. Grijalva  
Member of Congress

Joe Neguse  
Member of Congress

Jahana Hayes  
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Jesús G. "Chuy" García  
Member of Congress

Ann Kirkpatrick  
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