



“MOST FAVORED NATION”

A Series of Promises That Cannot be Kept

The Administration’s commitment to tackling high health care costs is both necessary and commendable. Adopting international price controls from foreign countries, however, is not the solution.

MFN misses the mark on three fronts:

- Undermines the U.S. innovation ecosystem.
- Fails to address the intermediaries in our uniquely American healthcare system that cause structural inefficiencies and drive up patient costs.
- Limits patient access to new therapies by importing the inefficiencies of a European system into America.

The Administration promised to reduce drug costs, yet the MFN approach would almost certainly undermine its ability to keep that promise.

WHAT THEY SAID: MFN will lower prescription drug costs for patients.

WHAT IT REALLY MEANS FOR YOU: Patients will not pay less for medicines under MFN proposals. In fact, the government’s own estimates show **Medicare Part D beneficiaries will pay more**. That’s true even if MFN reduced what the government spends on drugs because those so-called savings will not make their way to patients. The policies change drug reimbursement formulas but do not address the main drivers of patient out-of-pocket costs, such as insurance design or pharmacy benefit manager (PBM) practices.

“High drug prices in the United States must be addressed, but **MFN would impose a nationwide, mandatory experiment on people with cancer** and their providers that could significantly restrict patients’ access to care — without any evidence that it will actually cut care costs.”

[American Society of Clinical Oncology](#)
May 12, 2025

“By giving other nations the power to effectively control Medicare prices, MFN will **decrease access to treatments**

seniors rely upon. Furthermore, altering the Medicare market could have unintended or unforeseen side effects on senior treatments more broadly, as well as premium costs, and mirroring smaller socialized healthcare markets would only upend a working program and cause larger cost issues in the long term.”

[Retiresafe](#)
December 10, 2025

“We all want cheaper and faster cures and treatments. But that isn’t going to be achieved by governments setting prices. What we need are reforms to ensure our pharmaceutical sector is competitive and unencumbered by regulations that don’t enhance safety or efficacy. Ensuring that new drugs — and their competitors — can come to market as quickly as possible is the best way to ensure we keep drug prices affordable. Unfortunately, price controls look good in the short-term to myopic politicians eyeing their next election. But **these short-term political calculations will lead to massive harm** in the form of fewer cures and therapies as manufacturers aim to satisfy bureaucrats rather than patients.”

[Paragon Health Institute](#)
August 19, 2024

WHAT THEY SAID: We can adopt foreign-level prices while still maintaining Americans' strong access to medications and the high level of biopharmaceutical innovation they've always benefited from.

WHAT IT REALLY MEANS FOR YOU: Foreign countries used as benchmarks for MFN pricing generally have slower and more limited access to new medicines than the United States. As a result, they experience **lower survival rates for cancers and other serious diseases** and often rely on cost-containment policies that ration care and set drug prices in ways that disadvantage older adults, people with disabilities, and individuals with chronic conditions.

"Quality adjusted life years (QALY) originated in the 1960s and have been used by the British government to ration health care for its National Health Service. If we embrace an MFN-type reference pricing policy, it means embracing health care rationing as well. This type of rationing in many European countries has not only resulted in access issues but has also translated into **higher mortality rates for chronic diseases**, such as cancer."

[Alliance for Aging Research](#)
May 5, 2025

"The Chamber's research reveals that in countries with price controls, **patients face significantly reduced access to new treatments**, with delays of up to 500 days in some cases. Additionally, our research highlights that such policies could lead to a 75% decline in U.S. clinical trial activity, jeopardizing innovation in critical areas like cancer, obesity, and rare and chronic diseases."

[U.S. Chamber of Commerce](#)
August 1, 2025

WHAT THEY SAID: MFN will not affect biopharmaceutical production lines or current dispensing levels of needed medications.

WHAT IT REALLY MEANS FOR YOU: MFN policies disrupt the supply chain for prescription drugs. Reimbursement shifts could make certain drugs financially unstable for smaller or independent pharmacies and providers to offer, leading some areas — including rural and underserved communities — to experience **reduced access and shortages**. Communities with limited health care infrastructure will feel these effects quickly, contributing to what some describe as pharmacy deserts.

"Cancer patients and survivors in Medicare rely on drug therapies for lifesaving treatments. Therefore, it is paramount that any new Medicare payment model that seeks to reduce spending on prescription drugs not impede beneficiary access to lifesaving treatments. Unfortunately, we believe that the MFN Model could actually **make it harder for cancer patients to access the drugs they need**."

[American Cancer Society Cancer Action Network](#)
January 19, 2021

"People on Medicaid already have broad access to medicines at little to no cost-sharing. The MFN model could lead to **cuts in Medicaid and reduced access** to lifesaving treatments for vulnerable populations."

[Caregiver Action Network](#)
May 9, 2025

"Those countries' socialized health care systems achieve their lower prices, in large part, by negotiating prices which results in **routinely delaying or denying access to new therapies**. Older adults, people with disabilities, and patients with complex or rare conditions often lack access to lifesaving medicines in those systems. Adopting other countries' prices would mean far fewer medical advances, and ultimately lead to the same access restrictions that patients face abroad."

[Former Congressman Michael Burgess, MD](#)
May 29, 2025

WHAT THEY SAID: Providers will remain able to prescribe the same medications to their patients, ensuring uninterrupted care for conditions ranging from cancer and rare diseases to complex chronic illnesses.

WHAT IT REALLY MEANS FOR YOU: Providers will face mismatches between acquisition costs and reimbursement levels, impacting their availability to stock certain medicines. This is a particular concern for community oncology clinics, rural providers and smaller practices with thin operating margins.

"CMS also acknowledged that 'beneficiaries may experience access to care impacts,' including **difficulty finding providers** and **extended traveling to seek care**. These are alarming forecasts about the future impact of these proposals if applied to Medicaid, which we believe should sufficiently deter members of Congress from advancing this proposal."

[Coalition of State Rheumatology Organizations](#)
May 16, 2025

"For Americans who depend on prescription medications — whether through Medicaid, Medicare, private insurance, or direct purchase — **the MFN Model offers a false promise**. What matters to patients isn't just the price on paper — it's whether they can access the best modern therapies when their bodies need them."

[National Minority Quality Forum](#)
May 14, 2025

"The new Most-Favored-Nation (MFN) model threatens that system by imposing mandatory pricing changes that could **disrupt access to essential infusion therapies** for patients with complex, chronic, and rare conditions."

[National Infusion Centers Association](#)
January 2026



WHAT THEY SAID: American jobs and local economies will continue to flourish thanks to the ongoing investment commitments made by biopharmaceutical companies in the states.

WHAT IT REALLY MEANS FOR YOU: If MFN is codified, **investment in R&D and domestic manufacturing facilities will inevitably decline.** With the biopharmaceutical industry supporting nearly 5 million jobs and generating more than \$71.6 billion in vendor spending, the economic impact would be felt quickly and acutely across local communities.

“...American medical innovation has delivered \$167 trillion in societal value based on their analysis of a 30-year horizon across four major medical diseases. These moments are made possible by a system that rewards innovation and delivers hope to millions of Americans. **But our nation’s leadership in life sciences is at risk.** Policies like [MFN] price controls on medicines threaten to derail the innovation engine that has delivered so much for patients, families, and our economy.”

U.S. Chamber of Commerce
March 20, 2026

“We would expect to see the following impacts between 2025 – 2034: A **loss of 1.98 to 2.22 million jobs**, representing 40% of current U.S. jobs in the biopharmaceutical industry, with 472,000 being employed directly and 1.7 million being employed indirectly; The largest job losses would occur in California, Florida, Texas, and New York; A loss of \$600 billion in federal tax revenue and over \$450 billion state tax revenue; A loss of up to \$2.4 trillion in earnings generated by the biopharma sector.”

Vital Transformation
September 30, 2025

“There are better ways forward that protect American jobs and global leadership while assuring Americans have access to new and existing therapies and lower costs of care. We urge the Administration to work with Congress on market-based reforms that reduce out-of-pocket costs and improve access for seniors, stop foreign freeloading, and address the real drivers of market distortion in the system.”

Dan Leonard, Executive Director of We Work For Health
February 25, 2026

WHAT THEY SAID: The U.S. will remain the global leader in medical innovation even with foreign price controls.

WHAT IT REALLY MEANS FOR YOU: MFN policy will **deteriorate America’s biomedical ecosystem** and the investment commitments in America. China will continue to ramp up its efforts and could quickly become the global leader in the life sciences, overtaking the U.S. Since 2025, over \$582 billion has been invested to bolster U.S. research and development, expand manufacturing, and create jobs across the country. That will quickly be dismantled under MFN.

“At a time when the U.S. must strengthen its preparedness for future health threats and secure its medical supply chain, **policies that weaken our research environment put patients and our competitiveness at risk.** The question isn’t whether innovation will continue — it is whether it will continue here in the U.S.”

Richard Bagger, Board Member, Center for Medicine in the Public Interest
Former New Jersey State Legislator
and Chief of Staff to Gov. Chris Christie
February 12, 2026

“In practice, [MFN] would import the same government overreach that has crippled Europe’s economy for decades, and would effectively **cause America to surrender its leadership in biotechnology.**”

Bob Dees, Major General (Ret.), United States Army
Former Consultant to the President’s Commission on Critical Infrastructure Protection;
Expert in Military Airspace Command and Control
February 4, 2026

“Codifying MFN means U.S. law would increasingly take foreign administrative outcomes as a given and treat them as a normatively ‘correct’ price signal. That’s not a new price; it’s outsourcing U.S. price formation to foreign governments controlling for their own fiscal constraints.”

Michael Baker, Director of Health Care Policy, American Action Forum
February 20, 2026