

# HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-24-28

## AFFORDABLE PRESCRIPTION DRUGS AND HEALTH DISPARITIES

WHEREAS, the Centers for Disease Control and Prevention define health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations”;

WHEREAS, health and health care disparities are a persistent challenge in the United States;

WHEREAS, across the country, racial and ethnic minority populations experience higher rates of poor health and disease in a range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts;

WHEREAS, Black Americans have the highest mortality rate for all cancers combined compared with other racial and ethnic groups according to the U.S. Department of Health and Human Services;

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), Black Americans are most affected by HIV, accounting for 40 percent of all new HIV diagnoses in 2021 despite only representing 12 percent of the U.S. population, while Hispanic people accounted for 29 percent of all new HIV diagnoses while only representing nineteen percent of the population;

WHEREAS, the COVID-19 pandemic further highlighted health disparities in the U.S., with Black American, Hispanic, American Indian and Alaska Native populations experiencing higher rates of hospitalization and death compared to White populations, according to the CDC;

WHEREAS, a large proportion of Black Americans experience poor environmental quality in Black communities and receive less advanced care from health care providers, both of which contribute to health inequity;

WHEREAS, Black Americans see less access to quality medical care where they live as the top reason that they have worse health outcomes than other adults;

WHEREAS, the number of uninsured Black and Hispanic Americans has dropped significantly over the past decade, decreasing from 20 to 11 percent for Black Americans and from 33 percent to 21 percent for Hispanic Americans, according to the Kaiser Family Foundation;

WHEREAS, although access to insurance has increased over the last decade, out-of-pocket costs for patients continues to increase, creating access barriers for patients;

WHEREAS, insurance cost-sharing for prescription drugs in the form of higher deductibles and coinsurance, has placed a particularly high burden on patients that need the most innovative therapies such as cancer, arthritis, multiple sclerosis, and cystic fibrosis, among others;

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WHEREAS, state legislators are seeking policy solutions to lower costs for patients, including establishing quasi-governmental bodies called Prescription Drug Affordability Boards (PDABs);

WHEREAS, PDABs are tasked with lowering the cost of prescription drugs that cause “affordability challenges” to the health care system or patients;

WHEREAS, some PDAB laws empowered the PDAB to lower the price that insurers and pharmacy benefit managers pay for certain drugs through “upper payment limits”;

WHEREAS, the prescription drug supply chain operates through national wholesalers and, often, national chain pharmacies whose operations extend well beyond a single state’s borders;

WHEREAS, an upper price limit set by a PDAB may limit the ability of pharmacies and doctors in that state to access the drug, thereby threatening patient access to the medicine;

WHEREAS, the types and classes of drugs targeted for upper payment limits vary by state, PDABs have focused on the most innovative medicines that treat chronic, debilitating, and rare diseases, including conditions with higher prevalence or worse treatment outcomes among Black and Hispanic Americans; and

WHEREAS, lowering patient cost is a critical goal for reducing health and health care disparities and ensuring all communities benefit from the latest health care innovations, PDAB may worsen health disparities by reducing access to innovative therapies.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognizes the continued challenges of health and healthcare disparities and acknowledges that Prescription Drug Affordability Boards should work to ensure that medications remain available to patients to not create greater health and health care disparities in the United States; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

**Resolution ID: HHS-24-28**

**Sponsored by: Rep. Ajay Pittman (OK)**

**Policy Committee: Health and Human Services (HHS)**