



What Legislators Should Know: PhRMA's Health Equity Work

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America's biopharmaceutical industry is tireless in the pursuit of new treatments and cures.



900+

**New medicines approved
by the FDA since 2000**



8,000+

**Medicines in development
around the globe**

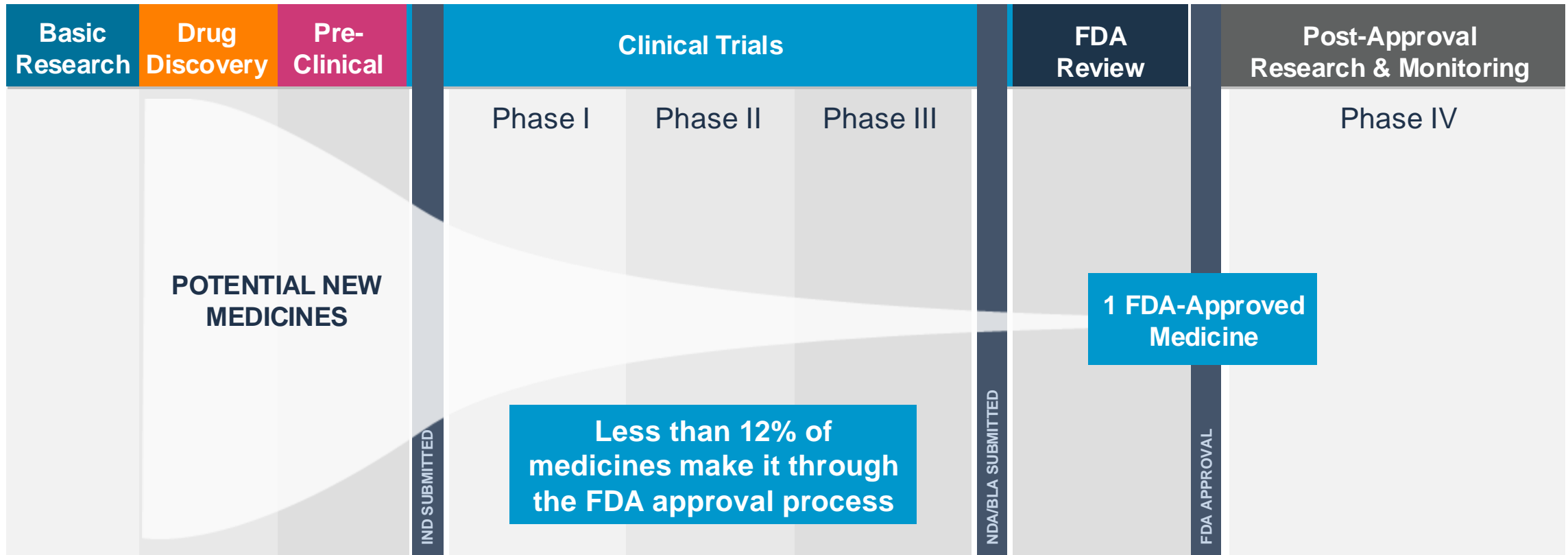


\$1.1T

**Invested in R&D by PhRMA
member companies since 2000**

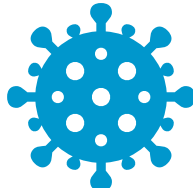



R&D Process Overview: Lengthy, Costly and Uncertain

Developing a new medicine takes 10 to 15 years and costs an average of \$2.6 billion



R&D of Medicines Doesn't Stop at Initial FDA Approval

Post-approval R&D drives important advances for patients

New Uses	New Patient Populations	New Formulations	New Dosage Forms
<p>Increases conditions treated</p> <p>Medicine initially approved in melanoma is approved in other types of cancer</p> 	<p>Increases number of patients treated</p> <p>Shows medicine can treat children or an earlier stage of disease</p> 	<p>Increases convenience and adherence</p> <p>Moves to once daily extended-release tablet vs. three times per day dosing</p> 	<p>Increases convenience and adherence</p> <p>Improves delivery method to self-administered injection vs. IV infusion</p> 

Social Determinants/Drivers of Health: Where we Live, Work, Play



Transportation: Patients with disabilities are 2x more likely to have inadequate access to transportation than patients without disabilities.



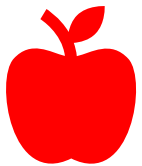
Housing: 28% of LGBTQ+ youth experience homelessness



Rx Access: Over 40% of US counties are pharmacy deserts, where most people must drive **more than 15 minutes** to reach nearby pharmacies.



Environment: 48% of tribal households in Native communities lack access to reliable clean water.³



Nutrition: 21% of Native Hawaiian/Pacific Islander adults face food insecurity.



Income/Education: Americans in the top 10% of earners **make 9 times more than** Americans in the bottom 10% of earners

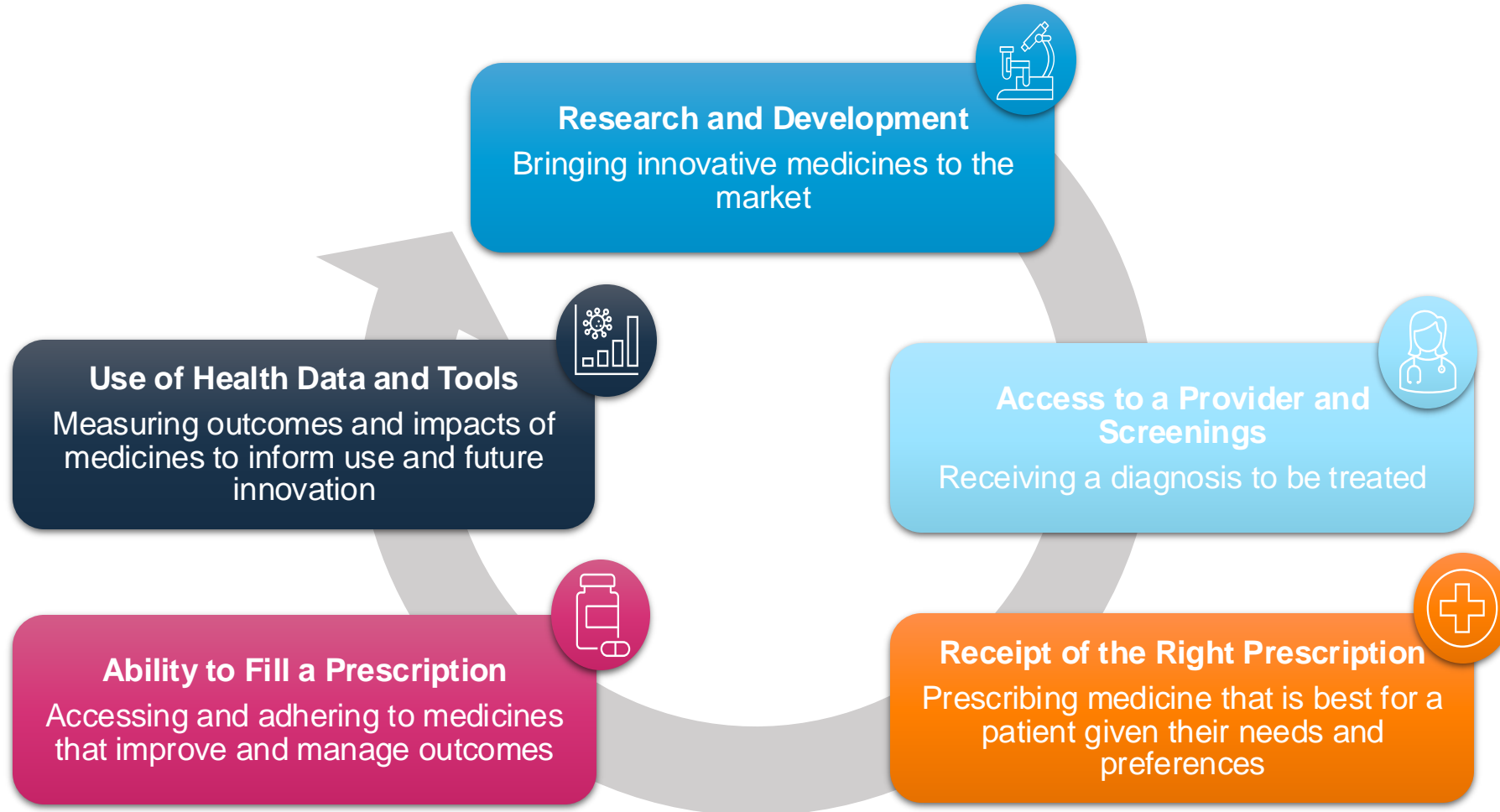


Digital Divide: 28% of adults living in rural areas lack access to broadband internet access.



Structural Racism
Racism and discrimination often underlie these determinants of health and drive inequities in health care.

Health Equity Depends on Removing Social and Health System Barriers to **Medicine Access** Across the Continuum of Care



While Some Progress Towards Reducing Health Inequities . . .

Since publication of the first comprehensive study of racial and ethnic health disparities in the 1985 Heckler Report,¹ there have been steps to close health disparities, including:



. . . There is Still a Long Way to Go.

1. Report of the Secretary's Task Force on Black & Minority Health. U.S. Department of Health and Human Services. 1985. <https://collections.nlm.nih.gov/catalog/nlm:nlmuid-8602912-mvset>
2. The Commonwealth Fund. Affordable Care Act Has Narrowed Racial and Ethnic Gaps in Access to Health Care, But Progress Has Stalled. 2020. <https://www.commonwealthfund.org/press-release/2020/new-report-affordable-care-act-has-narrowed-racial-and-ethnic-gaps-access-health>
3. Semilla AP, Chen F, Dall TM. Reductions in mortality among Medicare beneficiaries following the implementation of Medicare Part D. *Am J Manag Care.* 2015;21(9 Suppl):s165-s171. <https://pubmed.ncbi.nlm.nih.gov/26295437>
4. Medicines in Development for Health Equity 2021 Report. PhRMA. 2021. Available at: <https://phma.org/resource-center/Topics/Medicines-in-Development/Medicines-in-Development-for-Health-Equity-2021-Report>

Progress across PhRMA Equity Initiative-3 Pillars

Health Equity

- CAREs Grants
- Social Determinants of Health Simulation
- Health Equity Tracker



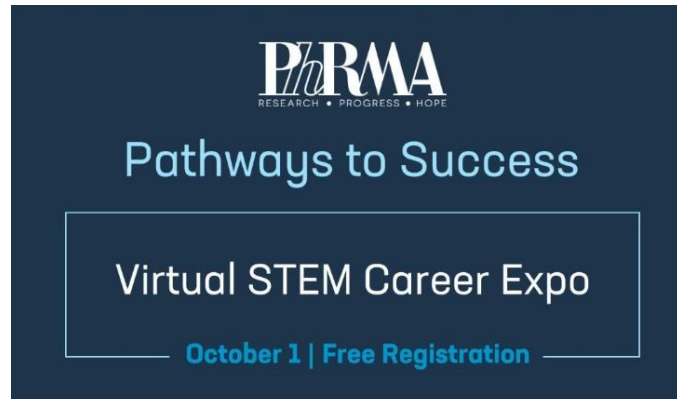
Understanding Medicine Abandonment as a Barrier to **Health Equity**

2022

Talent

Virtual STEM Career Expo

21% of attendees have been hired in industry



Discover potential internships and career opportunities, and learn about pathways to the industry including:



Research & Development



AI Deployment



Engineering



Data Science



Manufacturing



And more!

Clinical Trial Diversity

EQUITABLE BREAKTHROUGHS IN MEDICINE DEVELOPMENT™



1 - Health Equity: Simulations, CARES Grant and Tracker

Social Determinants of Health Simulation

Created a simulation that illuminates inequities within and outside of the health care system to highlight the impact of social determinants of health on medication access



Collaborative Actions to Reach Health Equity Grant

Awarded ~\$750,000 to community-based organizations across a range of health care issues such as:

- Reducing disparities in chronic disease
- Reducing social and economic barriers to health care and medicines

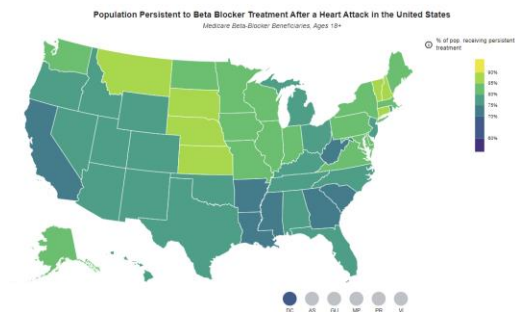


Satcher Health Leadership Institute – Health Equity Tracker

Grant awarded to the Satcher Health Leadership Institute at Morehouse School of Medicine to expand their Health Equity Tracker to include information on medication utilization, adherence, and cancer



Health Equity Tracker



2 - Talent Pipeline Diversification: **Connecting Talent with Companies**

- **In 2024, PhRMA's Pathways to Success STEM Career Expo** attracted over 2,300 undergraduate and graduate students, postdoctoral trainees, faculty, and other community partners to meet and network with the industry's leading biopharmaceutical companies.





3 - Clinical Trial Diversity: Working on Barriers



Patient Mistrust Grounded in Past Wrongs



Ongoing Experiences of Discrimination in Health Care



Economic and Process Burden of Trial Participation



Limited Diverse Investigators and Staff Running Clinical Trials



Limited Awareness and Understanding of Clinical Trials

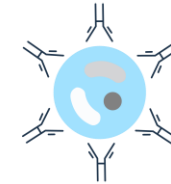
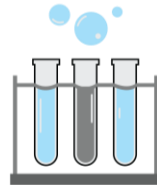


Limited Access to Trial Sites in Underserved Communities



PhRMA Principles:

Clinical Trial Diversity Amplify Industry Commitment



Building Trust and Acknowledging Past Wrongs to Encourage Clinical Trial Participation

Reducing Barriers to Clinical Trial Access

Using **Real-World Data** to Inform Medicine Uses for Diverse Populations Beyond Product Approval

Enhancing Information About Diversity and Inclusion in **Clinical Trial Participation**



Equitable Breakthroughs in Medicine Development is an industry-wide, community-based effort focused on **supporting sites and patients in underrepresented communities** to enhance clinical trial diversity in a sustainable way.

EQUITABLE BREAKTHROUGHS IN MEDICINE DEVELOPMENT™

Led by:



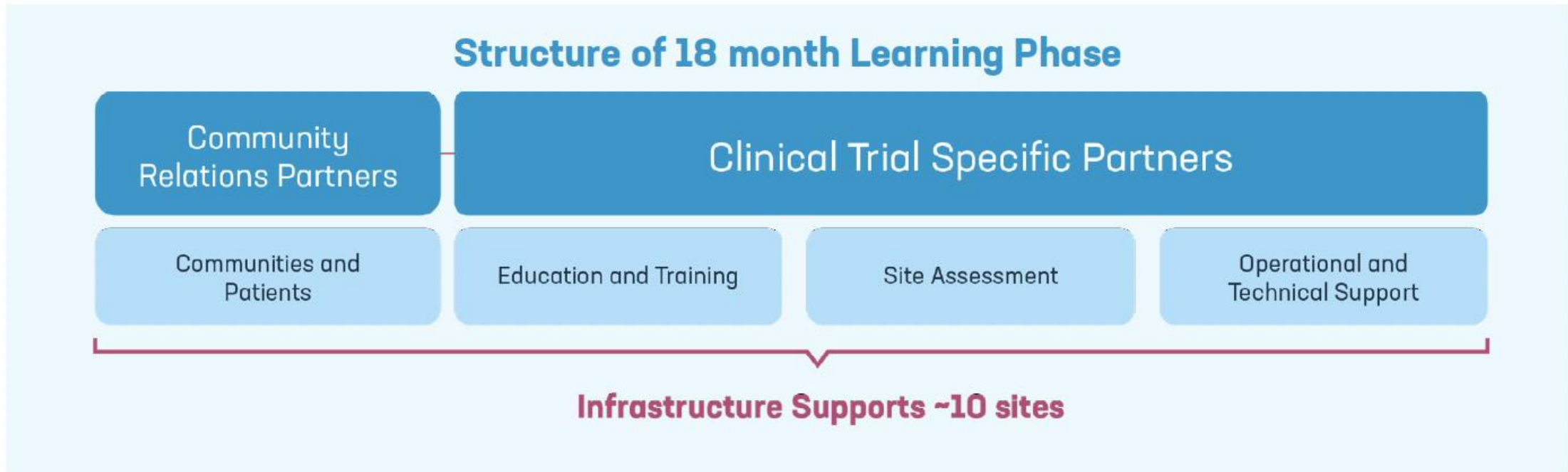
Yale SCHOOL OF MEDICINE



VANDERBILT UNIVERSITY
MEDICAL CENTER

Funded by a grant from PhRMA

Additional partners will support core functions of pilot infrastructure



WHO: Community Organizations, Health Systems, Technical Experts, Academia, Industry

WHERE: Partners from across the United States with an initial trial site focus in the Southeast and Southwest

Infrastructure Partners Gathering Steam

Goal: 10 functional sites over the course of the Learning Phase

Wave 1 Site
(Confirmed)



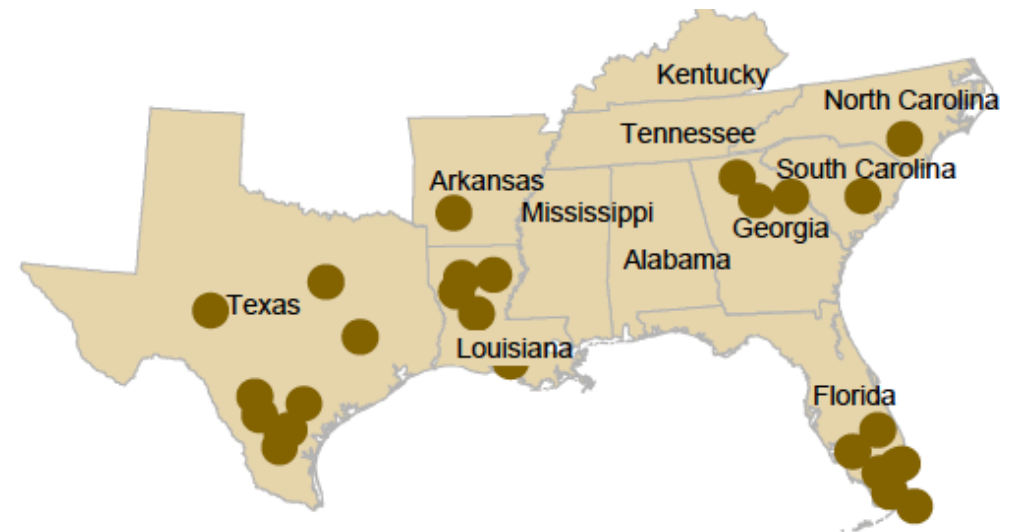
Wave 2 Sites
(Confirmed)



TEXAS SOUTHERN UNIVERSITY



Potential Wave 3 Sites
(Invited)



PhRMA Created the Medicine Assistance Tool, or **MAT**, To Help Patients Navigate Medicine Affordability (www.mat.org)

MAT makes it easier for those struggling to afford their medicines to find and learn more about various programs that can make prescription medicines more affordable.

The Medicine Assistance Tool Includes:

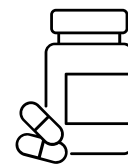
A search engine to connect patients with

900+

assistance programs offered by
biopharmaceutical companies, including
some free or nearly free options



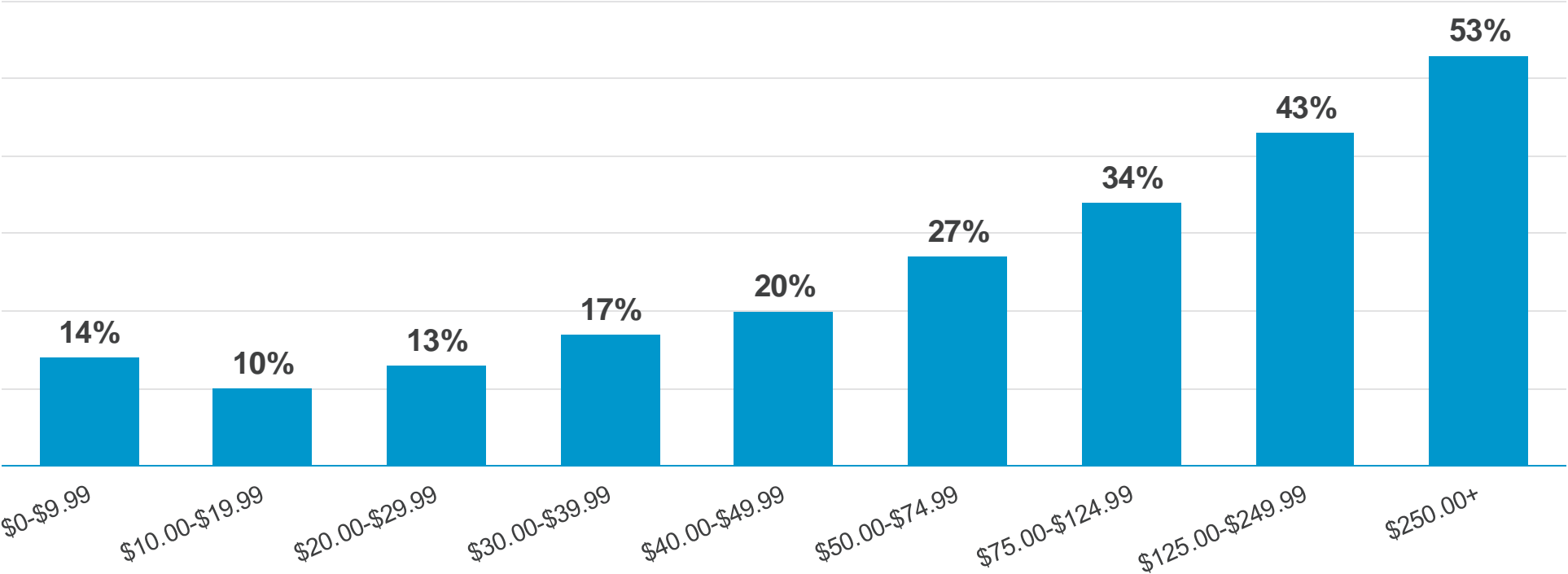
Resources to help patients
navigate their insurance coverage



Links to biopharmaceutical
company websites where
information about the cost of a
prescription medicine is available

Without assistance, patients are more likely to abandon new prescriptions

Rate of Abandonment of Newly Prescribed Medicines by Final Out-of-Pocket Cost, 2022

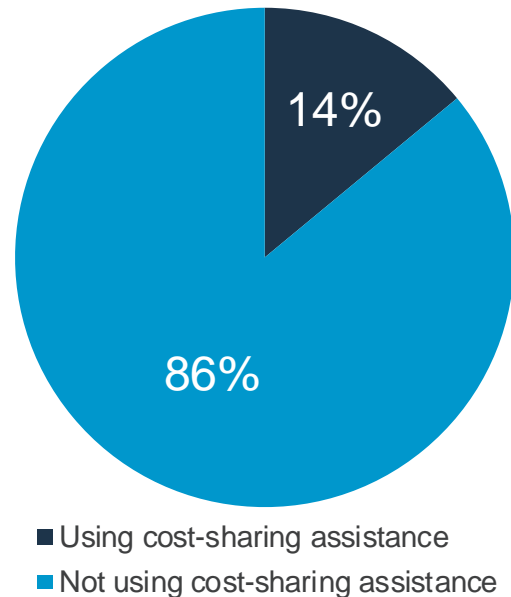


Note: Includes new-to-product medicines filled by all patients across all payers. Newly prescribed medicines are those for which patients have not had a prescription for the specific brand or generic drug within the prior year. Pharmacies in the sample provide information on prescriptions that were prepared for dispensing and whether they were dispensed, with abandonment defined as the prescription in question not being dispensed to the patient within 14 days of the initial fill.

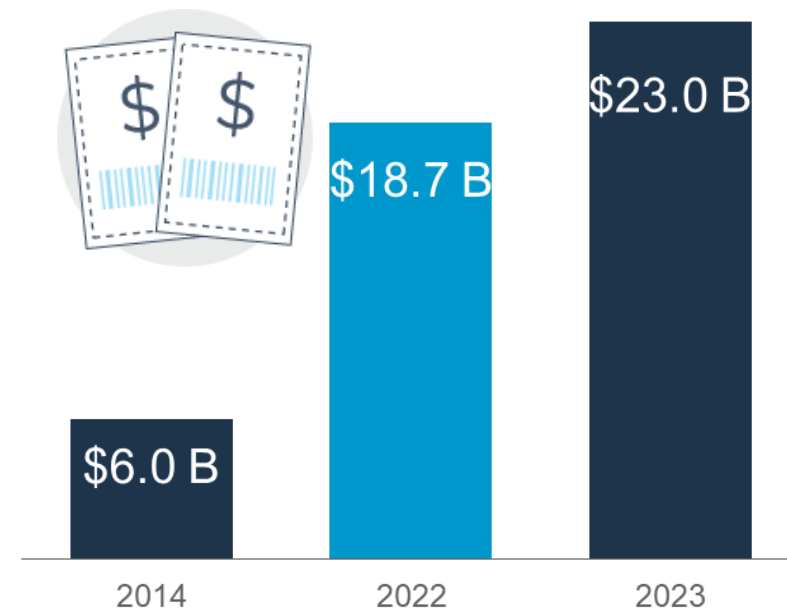
1. IQVIA. The use of medicines in the US. 2023. Usage and spending trends and outlooks to 2027. April 2023. Accessed May 2023. <https://www.iqvia.com/insights/the-iqvia-institute/reports/the-use-of-medicines-in-the-us-2023#:~:text=The%20U.S.%20market%20for%20medicines,25%25%20early%20in%20the%20pandemic>

Manufacturer Cost-Sharing Assistance Is an Important Source of Financial Help for Commercially Insured Patients

Share of Commercially Insured Patients Using Manufacturer Cost-Sharing Assistance for Brand Medicines, 2020¹



Total Manufacturer Cost-Sharing Assistance Has Grown in Recent Years²⁻⁴



1. IQVIA. The use of medicines in the US. Spending and usage trends and outlooks to 2025. May 20, 2021. Accessed May 2022. <https://www.iqvia.com/insights/the-iqvia-institute/reports/the-use-of-medicines-in-the-us>
2. IQVIA. Medicine use and spending in the US. A review of 2018 and outlook to 2023. May 2019. Accessed April 2020. <https://www.iqvia.com/insights/the-iqvia-institute/reports/medicine-use-and-spending-in-the-us-a-review-of-2018-and-outlook-to-2023>
3. IQVIA. The use of medicines in the US. 2023. Usage and spending trends and outlooks to 2027. April 2023. Accessed May 2023. <https://www.iqvia.com/insights/the-iqvia-institute/reports/the-use-of-medicines-in-the-us-2023>
4. 1.IQVIA. The use of medicine in the US. 2024. Usage and spending trends and outlook to 2028. April 2024. Accessed June 2024. <https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/the-use-of-medicines-in-the-us-2024>

Follow Our Progress
on phrma.org/equity

MAT.org

