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**Name:** Virginia Organizing

**Contact Information:** Rosemary Gould, [rosemary@virginia-organizing.org](mailto:rosemary@virginia-organizing.org), 434-962-7261

***Rx Reform in Congress Must Include Rx Price Negotiations to Make Medicines Affordable for More Veterans and Their Families***

[Richmond, Virginia]: [Virginia Organizing](https://www.virginiaorganizing.org/), a statewide grassroots membership organization, is calling on Congress this Independence Day to lower drug prices through price negotiations that will make prescription medicines more affordable and accessible for everyone, including millions of veterans struggling with service related health conditions. Veterans often have complex health care needs that require treatment with prescription medicines, but the high price of prescription drugs limits access for veterans and their families particularly for veterans struggling with PTSD (post-traumatic stress syndrome), an all too common consequence of military service.

There are currently approximately 19 million U.S. veterans, according to the [Department of Veterans Affairs](https://www.va.gov/), including [730,215](https://www.va.gov/) in Virginia. Gulf War-era veterans make up the [largest share](https://www.va.gov/) of the national total, surpassing Vietnam-era veterans based on the VA's 2018 [population model estimates](https://www.va.gov/). A third of veterans in a [recent study](https://www.va.gov/) say they had trouble paying their bills in their first few years after leaving the military. Among veterans who report PTSD, six-in-ten (61%) say they had trouble paying their bills and four-in-ten (42%) say they had trouble getting medical care for themselves or their families.

***Veterans Commonly Have Service-Related Health Conditions***

Veterans often have complex health care needs and conditions related to their military service including [higher rates](https://www.va.gov/) of traumatic brain injury, mental illnesses like depression and PTSD ([Post-Traumatic Stress Disorder](https://www.va.gov/)). Research shows that [one in five U.S. veterans](https://www.va.gov/) of Iraq and Afghanistan experience depression or PTSD. Climbing [suicide rates](https://www.va.gov/) among younger veterans attest to the real and lasting impact of military service on mental health and the need for accessible treatment.

Veterans also face occupational hazards like exposure to hazardous chemicals and environmental conditions that impact their health. Many face service-connected [hearing loss](https://www.va.gov/). A 2015 report showed that 16% to 26% of male veterans and 7% to 13% of female veterans from the Iraq and

Afghanistan Wars were diagnosed with hearing problems. Veterans are also more likely to experience [musculoskeletal injuries](#) because of the physical nature of the work that includes marching, running and carrying heavy equipment. Veterans have twice the incidence of osteoarthritis as their civilian counterparts, for instance, because of physical demands, traumatic injuries, and repetitive physical activities. There is a [documented link](#) between chronic pain from physical impacts of occupation or injury and mental health conditions like PTSD and depression.

### ***Veterans Get Health Coverage From a Variety of Sources and Face Gaps in Care***

Veterans receive health coverage from a variety of sources including the [Veterans Health Administration](#) (VHA), Tricare, Medicaid, Medicare and through private insurance. About [6% of veterans](#) still remain uninsured despite [broad gains](#) for veterans under the Affordable Care Act between 2013 and 2015. Coverage gains for veterans were more pronounced in states that expanded Medicaid as part of ACA implementation. The [two states](#) with the highest number of uninsured veterans, Texas and Florida, have not implemented Medicaid expansion.

The (VHA) is the [largest integrated health care system](#) in the United States, providing care at 1,293 health care facilities, including 171 VA Medical Centers and 1,112 outpatient locations. Over 60% veterans are [eligible](#) for healthcare through the VHA but fewer than half enroll. One reason is that many veterans have [other sources](#) of coverage including private insurance. Veterans who depend on private insurance or Medicare Part D coverage are subject to the same problems with prescription drug affordability as the rest of us even though their health care needs may be greater than those of the general population. About [40% of people](#) with private insurance still can't afford prescriptions, including millions of veterans who need treatment for common service related health issues described above.

The [price of prescription medicines](#) is increasing faster than any other medical good or service, largely because drug corporations have monopoly power to set and keep prices high. Drug corporations charge patients in the United States [three times](#) as much as people in other countries for the same drugs. Already in 2021, drug corporations have [raised prices](#) on over 830 drugs by an average of 4.5%. More price increases are expected in July since drug corporations typically increase prices twice a year. Congressional action to lower drug prices would benefit taxpayers, businesses, families and veterans, who largely get their health care from the same sources as the rest of us.

### ***Congress Must Lower Drug Prices to Make Medicines More Affordable and Improve Health***

Nearly [9 out of 10](#) voters named lowering prescription drug prices as a top health care issue leading into the 2020 election. Current federal programs like the VHA and Medicaid provide guidance on how Congress can lower prescription drug prices for everyone and increase accessibility to affordable medicines, particularly by adopting price negotiations that exist in these programs but are prohibited in Medicare Part D.

- A comparison by the nonpartisan [Congressional Budget Office \(CBO\)](#) of prices for brand-name drugs in government programs and agencies including Veterans, Department of Defense, Medicaid, and Medicare Part D found that Medicare Part D's prices were

significantly higher than the other programs where direct purchasing and negotiations were used.

- A recent [Government Accountability Office \(GAO\)](#) report found that the Department of Veterans Affairs (VA) paid, on average, 54 percent less per unit for a sample of 399 brand-name and generic prescription drugs in 2017 as did Medicare Part D, even after accounting for applicable rebates and price concessions in the Part D program.

[Experts](#) affirm that being able to afford prescriptions is a key reason why people skip doses or forgo medicine rather than comply with doctors' orders to take it. [Research](#) shows for instance, that one in four diabetics skip insulin doses because they can't afford the medicine. There are dangerous [health risks](#) to skipping medicines and [negative impacts](#) on health outcomes that can even include death as we've seen in several cases of [insulin rationing](#). But for people who can't afford medicines, there is no choice until Congress takes action to ensure increased affordability and access.

A 2020 study in [Health Affairs](#) shows that veterans who get their health care through the VHA, including low-cost prescription medicines, are more likely to take their medicines as directed because of the improved access. Researchers concluded that although veterans with VHA health coverage were older and in worse health and had lower incomes than those with other kinds of coverage, VHA patients had lower rates of cost-related medication nonadherence: 6.1 percent versus 10.9 percent for non-VHA patients.

"In 2017, the VHA helped me to recover from a stroke. Thanks to those services, I was able to focus on getting better instead of worrying about how I was going to afford the treatment while paying the rest of my bills too. Today, I take several prescription medicines that are free through the VHA. Just like with my stroke, I am thankful that I don't have to worry about the price of these prescriptions going up or being able to afford them. Instead, I can take them just as they are prescribed," said Troy Jackson, a veterans in Chesapeake, VA, who receives care at a VHA facility.

### ***Congress Should Implement Negotiations in Medicare and Extend Discounted Prices to Everyone***

[H.R. 3, the Lower Drug Costs Now Act](#), and the newly-released [Senate Finance Committee principles](#) for prescription drug reform both include proposals for Medicare negotiations that would lower prices and then extend those discounts beyond Part D enrollees so that people with private insurance or no insurance can also benefit from more affordable medicines. Representative Abigail Spanberger voted for HR 3 in the 116th Congress and is a co-sponsor of HR 3 in the 117th Congress. Representative Elaine Luria voted for HR 3 in the 116th Congress, but so far in the 117th Congress has not co-sponsored HR 3.

Negotiating drug prices in Medicare is a popular and [bipartisan](#) proposal that would save patients and taxpayers money and increase access to medicines that people need, including many veterans. Senator Tim Kaine and Senator Mark Warner have previously [supported](#) price negotiations in Medicare.

A new study by [West Health](#) shows that Under H.R. 3, employers could save \$195 billion on health care spending, while employees would save \$61 billion in lower premiums and out-of-pocket costs). Costs in the ACA market could fall by \$58 billion, including \$34 billion in premiums and patient cost-

sharing. Overall, the CBO predicts that the bill would save taxpayers nearly half a trillion dollars that could be invested to improve benefits and services in other areas of Medicare.

Although the pharmaceutical industry is objecting to these proposals with false claims about dangers to innovation, a [June survey](#) shows that 8 in 10 Americans still prefer major government action to lower prices notwithstanding the industry's fear mongering over innovation.

### ***Americans Have Waiting Long Enough for Fair and Affordable Drug Prices--It's Time for Action***

After decades of lip service from both parties, Americans can't wait anymore for Congressional action to lower drug prices and ensure that medicines are affordable for everyone who needs them. There are ample models thanks to the VHA, Department of Defense, and Medicaid to demonstrate that negotiating prices directly with drug corporations and putting in place rules to ensure consumer protections against drug corporations' monopoly pricing of medicines works.

The prescription drug industry has the [highest profit margins](#) of any sector in the nation. Continuing to put those profits ahead of patients' health, particularly the veterans who have sacrificed and contributed in countless ways to protect the security and well-being of the nation, is fundamentally wrong.

"In America, no one should be captive to drug corporation profits that deny us medicines. Congress has the power to lower drug prices now and they should use it to stand up for patients and ensure we all get the health care we need," said Marty Jackson, a veteran and leader in the Danville Chapter of Virginia Organizing.

It's time for Congress to honor the peace, freedom and prosperity that veterans have fought for across generations by taking action to ensure everyone in America has access to affordable healthcare and medicines they need to take care of themselves and their families.

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[Virginia Organizing](#) is a non-partisan statewide grassroots organization that brings people together to create a more just Virginia.

[Health Care for America Now \(HCAN\)](#) is a grassroots coalition of state and national groups that led the fight to pass the landmark Affordable Care Act (ACA). **Healthcare Over Wealthcare** is a campaign of Health Care for America Now that advocates for prioritizing investments in equitable, affordable healthcare for everyone over tax breaks for the rich and corporations. Follow us on Twitter @HCAN.