## 1 – Orphan Drugs

#### Orphan drug legislation is specifically key to stimulate research into rare diseases

Horgan et. al 20 D, Moss B, Boccia S, Genuardi M, Gajewski M, Capurso G, Fenaux P, Gulbis B, Pellegrini M, Mañú Pereira M, M, Gutiérrez Valle V, Gutiérrez Ibarluzea I, Kent A, Cattaneo I, Jagielska B, Belina I, Tumiene B, Ward A, Papaluca M: Time for Change? The Why, What and How of Promoting Innovation to Tackle Rare Diseases – Is It Time to Update the EU’s Orphan Regulation? And if so, What Should be Changed? Biomed Hub 2020;5:1-11. doi: 10.1159/000509272 [https://www.karger.com/Article/Fulltext/509272#](https://www.karger.com/Article/Fulltext/509272) //sid

The European Union’s (EU) Regulation (EC) No. 141/2000 on orphan medicinal products (OMPs) (referred to as “the regulation” in this paper) states that “patients suffering from rare conditions should be entitled to the same quality of treatment as other patients,” and concludes that “it is therefore necessary to stimulate the research, development and bringing to the market of appropriate medications by the pharmaceutical industry” [[1](https://www.karger.com/Article/Fulltext/509272#ref1)]. Rare diseases had already been identified as a priority area for Community action within the framework for action in the field of public health [[2](https://www.karger.com/Article/Fulltext/509272#ref2)], and the regulation’s stated aim is – “to provide incentives for the research, development and placing on the market of designated orphan medicinal products.” It set up a mechanism to ensure that “orphan medicinal products eligible for incentives should be easily and unequivocally identified,” with the condition that “objective criteria for designation should be established” [[3](https://www.karger.com/Article/Fulltext/509272#ref3)]. The core incentive of the regulation is the granting of 10 years (+2 years for paediatric orphan medicines) of marketing exclusivity and a range of financial and scientific provisions granted via the European Medicines Agency to support product development and application for Marketing Authorisation. Nearly two decades later, the success of the measure has been demonstrated. Investment both from public research funders and from companies of all sizes in rare disease research has resulted in the approval of more than 150 orphan drugs – compared with just eight therapies for rare diseases available before the adoption of the regulation. That translates into a lot of patient benefit. With clinical research stimulated by the legislation, the EU sees some 2,000 clinical trials providing still more innovation or hope for treatments in the current R&D pipeline [[4](https://www.karger.com/Article/Fulltext/509272#ref4)]. But over the intervening years, the limitations in the functioning of the legislation have become apparent too, and these merit attention if the beneficial effects for patients and caregivers are to be maximised [[5](https://www.karger.com/Article/Fulltext/509272#ref5)]. This paper explores the successes and limitation of both the regulation and its implementation mechanisms in the current regulatory context, and suggests some improvements that could maximise its benefits and boost rare disease research even further. The discussion needs to be precise if it is to be effective. Review of the functioning of the regulation may coincide with a period of more intense scrutiny and concerns over containing the rise of expenditure to ensure sustainability of healthcare systems, with a particular focus on expensive innovation which are often developed within the orphan conditions. While there is undoubted importance in the wider but distinct debate over healthcare costs, it does not bear directly on reviewing the orphan medicines regulation [[6](https://www.karger.com/Article/Fulltext/509272#ref6)]. At the same time, economic questions do, however, have relevance to the debate on orphans, since patients’ access to the medicines that become available is conditioned by the national arrangements for reimbursement or listing of products: there is an increasing tension between the potential access to agents that can modify or even cure rare diseases, and the models for reimbursement available to European payers. Part of this hesitancy can be ascribed to the novelty of the challenges presented by many innovative treatments, which by their nature present unknowns to payers. Clearly, there is also a need to deal with uncertainty with regard to value demonstration, especially when value or values are perceived not to be sufficiently demonstrated. The risk is that such powerful economic reservations can have a cumulative negative impact on the motivation for pursuing research into rare disease treatments – thus running counter to the guiding principle of the legislation itself [[7](https://www.karger.com/Article/Fulltext/509272#ref7)]. Current value assessment rules across Europe for orphan drugs remain largely inadequate and can become a real fourth hurdle to effective patient access to those treatments [[8](https://www.karger.com/Article/Fulltext/509272#ref8)]. The regulation’s stimulation of new product development has also helped promote the development of EU biotech companies. The last two decades have witnessed the emergence of more than 150 small and medium enterprises (SMEs) focusing on rare diseases. No wonder that one of the prominent Members of the European Parliament over this period, Francoise Grossetête, emphasised the importance of the regulation in addressing “real medical needs” and generating “therapeutic breakthroughs” [[9](https://www.karger.com/Article/Fulltext/509272#ref9)]. The underlying strength of the concept of providing incentives for R&D in areas of unmet need is confirmed by the fact that Germany and other Member States are now exploring whether OMP-type incentives could contribute to solving the major risks of antimicrobial resistance (AMR), through promoting development of new anti-bacterials even where simple market economics do not provide sufficient motivation for investment [[10](https://www.karger.com/Article/Fulltext/509272#ref10)]. Thanks to increased investments and the associated efforts thus made possible, some rare diseases now benefit from effective treatments. There are leading examples in the area of haemophilia, paroxysmal nocturnal haemoglobinuria (PNH), and some lysosomal storage diseases such as Gaucher. The full list of conditions for which “orphans medicines” have been launched in Europe is too extensive to reproduce here, but by way of illustration it ranges from rare cancers to rare variants of common diseases (pulmonary hypertension, neonatal diabetes) and to rare congenital, mostly childhood-onset disorders (Gaucher, cystinosis, inherited hyperammonaemias) [[11](https://www.karger.com/Article/Fulltext/509272#ref11)]. However, these tales of success should not lead to any delusions that the process has been – or is becoming – easy. Successes in developing innovative treatments are hard-won. Without consistent and determined effort, innovation does not happen – and innovation in rare diseases is all the more challenging. The key elements of the innovation process are well documented, but the nature of the challenges is perhaps not always fully appreciated by those outside the healthcare sector, being seen as costs and not as investments. Rare diseases are categorized as “orphan diseases” because their occurrence in a small number of patients means that, despite apparent high unmet medical need, there is limited scientific understanding, making it difficult to justify the development risk and investment to develop new treatments. The OMP regulation was developed explicitly to support efforts in this field of innovation [[12](https://www.karger.com/Article/Fulltext/509272#ref12)].

#### Orphan diseases require time intensive care and affect millions.

**Lancet 19** [Lancet, 2-1-2019, accessed on 9-6-2021, The Lancet Diabetes & Endocrinology, "Spotlight on rare diseases", https://www.thelancet.com/journals/landia/article/PIIS2213-8587(19)30006-3/fulltext]//sid

Feb 28 is Rare Disease Day, the theme of which this year is “bridging health and social care”. This 12th annual [Rare Disease Day](https://www.rarediseaseday.org/page/news/theme-2019)highlights the need for better coordination of medical, social, and support services to lessen the burden that rare diseases—often complex, chronic, and disabling—have on the everyday lives of patients, their families, and carers. As a recent [Europe-wide survey](http://download2.eurordis.org.s3.amazonaws.com/rbv/2017_05_09_Social%20survey%20leaflet%20final.pdf)found that 80% of patients and carers had difficulty completing daily tasks, 70% found organising care time-consuming (with 60% finding it hard to manage), and 67% felt that health, social, and local services communicated poorly with each other, the theme of Rare Disease Day 2019 is timely. More than 6000 [rare diseases](https://globalgenes.org/rare-diseases-facts-statistics/) (80% with a genetic component) affect more than 300 million people worldwide. While an individual disease might be classed as rare (defined as affecting less than 1 in 2000 of the general population in the European Union or fewer than 200 000 people in the USA), the sheer number of rare diseases means that the overall numbers quickly stack up: 3·5 million people in the UK, 30 million across Europe, and 30 million in the USA are affected. Whether a single rare disease affects thousands or just one person, the impact on the affected individual and those around them can be devastating: 50% of rare diseases affect children, 30% of whom will die before age 5 years. Rare diseases present myriad challenges for patients, their families, and caregivers, including the time it takes to obtain a correct diagnosis for many patients. In a [survey](https://globalgenes.org/wp-content/uploads/2013/04/ShireReport-1.pdf) of patients and caregivers in the USA and UK, patients reported that it took on average 7·6 years in the USA and 5·6 years in the UK to get a proper diagnosis, during which time patients typically visited eight physicians (four primary care and four specialist) and received two to three misdiagnoses. As there is no approved treatment for 95% of rare diseases, a diagnosis can be a crushing reality check for patients and their families, rather than bringing hope and reassurance. As such, rare diseases impose a considerable emotional toll on patients and their caregivers. Other challenges include a lack of information and resources, the financial cost of care, and difficulty in accessing appropriate medical expertise, which is compounded by a lack of specialist training programmes for medical professionals. In this issue of The Lancet Diabetes & Endocrinology, we publish a call-to-action to address the [unmet need for subspecialty training](http://dx.doi.org/10.1016/S2213-8587(18)30369-3) in adult rare (inherited metabolic) diseases, which is crucial given that 50% of rare diseases present in adulthood and children surviving rare diseases eventually transition to adult care.

#### Rare diseases disproportionately affect people of color

**RDDC, No Date** (RDDC, No Date, accessed on 9-6-2021, Rare Disease Diversity Coalition, "Charting thePath Forwardfor Equity inRare Diseases", <https://3hqwxl1mqiah5r73r2q7zll1-wpengine.netdna-ssl.com/wp-content/uploads/2021/03/RDDC_Path_Forward_Final.pdf>)//sid

While the rare disease community continues to face hurdles generally, people of color face additional hurdles in their quest for care . Barriers to diagnosis and treatment for people of color often have deadly consequences . Flaws across the entire system have a compounding effect on the care that Black, Native American, Hispanic, Asian, and Pacific Islander Americans with rare diseases receive . Americans of color continue to be underrepresented in genome-wide association studies and clinical research trials, leading to a lack of understanding about effective treatments, particularly in diverse populations . Despite making up more than 38 percent of the U .S . population, people of color comprise only 16 percent of research study participants .20 On the patient side, people of color are less likely to have affordable access to health care and rare disease experts .21 To make matters worse, some rare diseases disproportionately impact people of color . For instance, sarcoidosis, sickle cell anemia, thalassemia, and some forms of lupus are known to affect minority populations at higher rates than the general population .22 And implicit bias particularly harms people of color with rare diseases .23

## 2 – Infrastructure

#### Biden’s infrastructure bill will pass through reconciliation but absolute Dem Unity is key.

* Turns Structural Violence

Pramuk and Franck 8-25 Jacob Pramuk and Thomas Franck 8-25-2021 "Here’s what happens next as Democrats try to pass Biden’s multitrillion-dollar economic plans" <https://www.cnbc.com/2021/08/25/what-happens-next-with-biden-infrastructure-budget-bills-in-congress.html> (Staff Reporter at CNBC)//Elmer

WASHINGTON — **House Democrats just patched up a party fracture** **to take a critical step forward with a mammoth economic agenda**. But the **path ahead could get trickier** as party leaders try to thread a legislative needle to pass more than $4 trillion in new spending. **In** the **coming weeks**, **Democrats** **aim to approve** a $1 trillion bipartisan **infrastructure** plan and up to $3.5 trillion in investments in social programs. Passing both **will require a heavy lift**, as leaders will need to **satisfy** **competing demands of centrists** wary of spending **and progressives** who want to reimagine government’s role in American households. The House is leaving Washington **until Sept. 20** after taking key steps toward pushing through the sprawling economic plans. The chamber on Tuesday approved a $3.5 trillion budget resolution and advanced the infrastructure bill, as House Speaker Nancy Pelosi, D-Calif., promised centrist Democrats to take up the bipartisan plan by Sept. 27. The Senate already passed the infrastructure legislation, so **a final House vote would send it to Biden’s desk for his** signature. Now that both chambers have passed the budget measure, **Democrats can move without Republicans** to push through their spending plan **via reconciliation**. Party leaders want committees to write their pieces of the bill by Sept. 15 before budget committees package them into one massive measure that can move through Congress. Committees could start marking up legislation in early September. Party leaders **face a challenge** in coming up with a bill that will satisfy centrists who want to trim back the $3.5 trillion price tag and progressives who consider it the minimum Congress should spend. As **one defection in the Senate** — **and four in the House** — **would sink legislation,** **Democrats have to satisfy a diverse range of views** to pass their agenda. “We write a bill with the Senate because it’s no use doing a bill that’s not going to pass the Senate, in the interest of getting things done,” Pelosi told reporters on Wednesday. Given the magnitude of the legislation, passing it quickly could prove difficult. To appease congressional progressives who have prioritized passage of the budget bill, Democrats could move to pass both proposals at about the same time. While Pelosi gave a Sept. 27 target date to approve the infrastructure plan, the commitment is not binding. Still, she noted Wednesday that Congress needs to pass the bill before surface transportation spending authorization expires Sept. 30. “We have long had an eye to having the infrastructure bill on the President’s desk by the October 1, the effective date of the legislation,” she wrote in a separate letter to Democrats on Wednesday. Democrats say the bills combined will provide a jolt to the economy and a lifeline for households. Supporters of the Democratic spending plan, including Pelosi and Senate Budget Committee Chair Bernie Sanders, I-Vt., have cast it as the biggest expansion of the U.S. social safety net in decades. “This is a truly historic opportunity to pass the **most transformative** and consequential **legislation for families** in a century, and will stand alongside the New Deal and Great Society as pillars of **economic security**,” Pelosi wrote to colleagues Wednesday. The plan would **expand Medicare**, **paid leave** and child care, extend enhanced household tax credits and encourage **green energy adoption**, **while hiking taxes on corporations and the wealthy**. Democrats hope to sell a wave of new support for families as they campaign to keep control of Congress in next year’s midterms. Those elections, though, have helped to generate staunch opposition on the other side of the aisle. The GOP has cited the trillions in new spending and the proposed reversal of some of its 2017 tax cuts in trying to take down the Democratic budget bill. Republicans and some Democrats have in recent weeks said that another $4.5 trillion in fiscal stimulus could not only boost economic growth but have the adverse effect of fueling inflation.

#### Pharma backlashes to the Plan – they’re aggressive lobbyists and will do anything to preserve patent rights.

* Turns Case – Waters down the Plan due to lobbying
* Optional Card – still thinking on if its necessary [note from Elmer]

Huetteman 19 Emmarie Huetteman 2-26-2019 “Senators Who Led Pharma-Friendly Patent Reform Also Prime Targets For Pharma Cash” <https://khn.org/news/senators-who-led-pharma-friendly-patent-reform-also-prime-targets-for-pharma-cash/> (former NYT Congressional correspondent with an MA in public affairs reporting from Northwestern University’s Medill School)//Elmer

Early last year, as lawmakers vowed to curb rising drug prices, Sen. Thom Tillis was named chairman of the Senate Judiciary Committee’s subcommittee on intellectual property rights, a committee that had not met since 2007. As the new gatekeeper for laws and oversight of the nation’s patent system, the North Carolina Republican signaled he was determined to make it easier for American businesses to benefit from it — a welcome message to the drugmakers who already leverage patents to block competitors and keep prices high. Less than three weeks after introducing a bill that would make it harder for generic drugmakers to compete with patent-holding drugmakers, Tillis opened the subcommittee’s first meeting on Feb. 26, 2019, with his own vow. “From the United States Patent and Trademark Office to the State Department’s Office of Intellectual Property Enforcement, no department or bureau is too big or too small for this subcommittee to take interest,” he said. “And we will.” In the months that followed, tens of thousands of dollars flowed from pharmaceutical companies toward his campaign, as well as to the campaigns of other subcommittee members — including some who promised to stop drugmakers from playing money-making games with the patent system, like Sen. John Cornyn (R-Texas). Tillis received more than $156,000 from political action committees tied to drug manufacturers in 2019, more than any other member of Congress, a new analysis of KHN’s Pharma Cash to Congress database shows. Sen. Chris Coons (D-Del.), the top Democrat on the subcommittee who worked side by side with Tillis, received more than $124,000 in drugmaker contributions last year, making him the No. 3 recipient in Congress. No. 2 was Sen. Mitch McConnell (R-Ky.), who took in about $139,000. As the Senate majority leader, he controls what legislation gets voted on by the Senate. Neither Tillis nor Coons sits on the Senate committees that introduced legislation last year to lower drug prices through methods like capping price increases to the rate of inflation. Of the four senators who drafted those bills, none received more than $76,000 from drug manufacturers in 2019. Tillis and Coons spent much of last year working on significant legislation that would expand the range of items eligible to be patented — a change that some experts say would make it easier for companies developing medical tests and treatments to own things that aren’t traditionally inventions, like genetic code. They have not yet officially introduced a bill. As obscure as patents might seem in an era of public **outrage** **over** drug prices, the fact that **drugmakers** gave most **to** the **lawmakers working to change the patent system** belies how important securing **the exclusive right to market a drug, and keep competitors at bay, is to their bottom line**. “**Pharma will fight to the death to preserve patent rights**,” said Robin Feldman, a professor at the UC Hastings College of the Law in San Francisco who is an expert in intellectual property rights and drug pricing. “Strong patent rights are central to the games drug companies play to extend their monopolies and keep prices high.” Campaign contributions, closely tracked by the Federal Election Commission, are among the few windows into how much money flows from the political groups of drugmakers and other companies to the lawmakers and their campaigns. Private companies generally give money to members of Congress to encourage them to listen to the companies, typically through lobbyists, whose activities are difficult to track. They may also communicate through so-called dark money groups, which are not required to report who gives them money. Over the past 10 years, the **pharmaceutical industry** has **spent** about $**233 million per year on lobbying**, according to a new study published in JAMA Internal Medicine. That is more than any other industry, including the oil and gas industry. Why Patents Matter Developing and testing a new drug, and gaining approval from the Food and Drug Administration, can take years and cost hundreds of millions of dollars. Drugmakers are generally granted a six- or seven-year exclusivity period to recoup their investments. But drugmakers have found ways to extend that period of exclusivity, sometimes accumulating hundreds of patents on the same drug and blocking competition for decades. One method is to patent many inventions beyond a drug’s active ingredient, such as patenting the injection device that administers the drug. Keeping that arrangement intact, or expanding what can be patented, is where lawmakers come in. Lawmakers Dig In Tillis’ home state of North Carolina is also home to three major research universities and, not coincidentally, multiple drugmakers’ headquarters, factories and other facilities. From his swearing-in in 2015 to the end of 2018, Tillis received about $160,000 from drugmakers based there or beyond. He almost matched that four-year total in 2019 alone, in the midst of a difficult reelection campaign to be decided this fall. He has raised nearly $10 million for his campaign, with lobbyists among his biggest contributors, according to OpenSecrets. Daniel Keylin, a spokesperson for Tillis, said Tillis and Coons, the subcommittee’s top Democrat, are working to overhaul the country’s “antiquated intellectual property laws.” Keylin said the bipartisan effort protects the development and access to affordable, lifesaving medication for patients,” adding: “No contribution has any impact on how [Tillis] votes or legislates.” Tillis signaled his openness to the drug industry early on. The day before being named chairman, he reintroduced a bill that would limit the options generic drugmakers have to challenge allegedly invalid patents, effectively helping brand-name drugmakers protect their monopolies. Former Sen. Orrin Hatch (R-Utah), whose warm relationship with the drug industry was well-known, had introduced the legislation, the Hatch-Waxman Integrity Act, just days before his retirement in 2018. At his subcommittee’s first hearing, Tillis said the members would rely on testimony from private businesses to guide them. He promised to hold hearings on patent eligibility standards and “reforms to the Patent Trial and Appeal Board.” In practice, the Hatch-Waxman Integrity Act would require generics makers challenging another drugmaker’s patent to either take their claim to the Patent Trial and Appeal Board, which acts as a sort of cheaper, faster quality check to catch bad patents, or file a lawsuit. A study released last year found that, since Congress created the Patent Trial and Appeal Board in 2011, it has narrowed or overturned about 51% of the drugmaker patents that generics makers have challenged. Feldman said the drug industry “went berserk” over the number of patents the board changed and has been eager to limit use of the board as much as possible. Patent reviewers are often stretched thin and sometimes make mistakes, said Aaron Kesselheim, a Harvard Medical School professor who is an expert in intellectual property rights and drug development. Limiting the ways to challenge patents, as Tillis’ bill would, does not strengthen the patent system, he said. “You want overlapping oversight for a system that is as important and fundamental as this system is,” he said. As promised, Tillis and Coons also spent much of the year working on so-called Section 101 reform regarding what is eligible to be patented — “a very major change” that “would overturn more than a century of Supreme Court law,” Feldman said. Sean Coit, Coons’ spokesperson, said lowering drug prices is one of the senator’s top priorities and pointed to Coon’s support for legislation the pharmaceutical industry opposes. “One of the reasons Senator Coons is leading efforts in Congress to fix our broken patent system is so that life-saving medicines can actually be developed and produced at affordable prices for every American,” Coit wrote in an email, adding that “his work on Section 101 reform has brought together advocates from across the spectrum, including academics and health experts.” In August, when much of Capitol Hill had emptied for summer recess, Tillis and Coons held closed-door meetings to preview their legislation to stakeholders, including the Pharmaceutical Research and Manufacturers of America, or PhRMA, the brand-name drug industry’s lobbying group. “We regularly engage with members of Congress in both parties to advance practical policy solutions that will lower medicine costs for patients,” said Holly Campbell, a PhRMA spokesperson. Neither proposal has received a public hearing. In the 30 days before Tillis and Coons were named leaders of the revived subcommittee, drug manufacturers gave them $21,000 from their political action committees. In the 30 days following that first hearing, Tillis and Coons received $60,000. Among their donors were PhRMA; the Biotechnology Innovation Organization, the biotech lobbying group; and five of the seven drugmakers whose executives — as Tillis laid out a pharma-friendly agenda for his new subcommittee — were getting chewed out by senators in a different hearing room over patent abuse. Cornyn Goes After Patent Abuse Richard Gonzalez, chief executive of AbbVie Inc., the company known for its top-selling drug, Humira, had spent the morning sitting stone-faced before the Senate Finance Committee as, one after another, senators excoriated him and six other executives of brand-name drug manufacturers over how they price their products. Cornyn brought up AbbVie’s more than 130 patents on Humira. Hadn’t the company blocked its competition? Cornyn asked Gonzalez, who carefully explained how AbbVie’s lawsuit against a generics competitor and subsequent licensing deal was not what he would describe as anti-competitive behavior. “I realize it may not be popular,” Gonzalez said. “But I think it is a reasonable balance.” A minute later, Cornyn turned to Sen. Chuck Grassley (R-Iowa), who, like Cornyn, was also a member of the revived intellectual property subcommittee. This is worth looking into with “our Judiciary Committee authorities as well,” Cornyn said, effectively threatening legislation on patent abuse. The next day, Mylan, one of the largest producers of generic drugs, gave Cornyn $5,000, FEC records show. The company had not donated to Cornyn in years. By midsummer, every drug company that sent an executive to that hearing had given money to Cornyn, including AbbVie. Cornyn, who faces perhaps the most difficult reelection fight of his career this fall, ranks No. 6 among members of Congress in drugmaker PAC contributions last year, KHN’s analysis shows. He received about $104,000. Cornyn has received about $708,500 from drugmakers since 2007, KHN’s database shows. According to OpenSecrets, he has raised more than $17 million for this year’s reelection campaign. Cornyn’s office declined to comment. On May 9, Cornyn and Sen. Richard Blumenthal (D-Conn.) introduced the **Affordable Prescriptions for Patients Act,** which proposed to define two tactics used by drug companies to make it easier for the Federal Trade Commission to **prosecute** them: “**product-hopping**,” when drugmakers withdraw older versions of their drugs from the market to push patients toward newer, more expensive ones, and “**patent-thicketing**,” when drugmakers amass a series of patents to drag out their exclusivity and slow rival generics makers, who must challenge those patents to enter the market once the initial exclusivity ends. **PhRMA opposed the bill.** **The next day, it gave Cornyn $1,000**. Cornyn and Blumenthal’s bill would have been “very tough on the techniques that pharmaceutical companies use to extend patent protections and to keep prices high,” Feldman said. “The **pharmaceutical industry lobbied tooth and nail against it**,” she said. “And **when the bill finally came** out of committee, the strongest provisions — the **patent-thicketing provisions — had been stripped**.” In the months after the bill cleared committee and waited to be taken up by the Senate, Cornyn blamed Senate Democrats for blocking the bill while trying to secure votes on legislation with more direct controls on drug prices. The Senate has not voted on the bill.

#### They choose Infrastructure as backlash – they bill costs Pharma millions – lobbyists can derail the Agenda.

Brennan 8-2 Zachary Brennan 8-2-2021 "How the biopharma industry is helping to pay for the bipartisan infrastructure bill" <https://endpts.com/how-the-biopharma-industry-is-helping-to-pay-for-the-bipartisan-infrastructure-bill/> (Senior Editor at Endpoint News)//Elmer

Senators on Sunday finalized the text of **a massive, bipartisan infrastructure bill** that contains little **that might** **impact the biopharma industry** other than two ways the legislators are planning to pay for the $1.2 trillion deal. On the one hand, senators are **seeking to** further **delay** a **Trump-era Medicare** Part D **rule** **related to drug rebates**, this time until 2026. Senators claim the rule could end up saving about $49 billion (and that number increased this week to $51 billion), but the PBM industry has attacked it as it would remove rebates from a safe harbor that provides protection from federal anti-kickback laws. The **pharmaceutical industry**, however, is in favor of the rule and **opposes this latest delay** as it continues to point its finger at the PBM industry for the rising cost of out-of-pocket expenses. Debra DeShong, EVP of public affairs at PhRMA, said via email: Despite railing against high drug costs on the campaign trail, lawmakers are threatening to gut a rule that would provide patients meaningful relief at the pharmacy. If it is included in the infrastructure package, this proposal will provide health insurers and drug middlemen a windfall and turn Medicare into a piggybank to fund projects that have nothing to do with lowering out-of-pocket costs for medicines. This would be an unconscionable move that robs patients of the prescription drug savings they deserve to help fill potholes and fund other infrastructure projects. The **other provision** **in the infrastructure bill**, which is estimated to save about $3 billion, **would save money for Medicare** **on discarded medications** from large, single-use drug vials. **Manufacturers will be required to pay refunds** for such discarded drugs, and each manufacturer will be subject to periodic audits on the refunds issued. If manufacturers don’t comply, HHS can fine them the refund amount that they would have paid plus 25%. Drugs that will be excluded from these refund payments include radiopharmaceuticals or imaging agents, as well as those that require filtration during the drug preparation process. So do these two pay-fors mean that the pharma industry is getting off without any serious drug pricing reforms? Not quite, according to Alex Lawson, executive director of Social Security Works. Lawson told Endpoints News in an interview that he still fully expects major drug pricing reforms to make their way through Congress between now and the end of September as Sen. Ron Wyden (D-OR) refines his plan, part of an early fall spending package. Senate Majority Leader Chuck Schumer has promised both the infrastructure and spending package will pass before the Senate leaves for August recess. At the very least in terms of drug pricing provisions, expect to see a combination of the Wyden bill he co-wrote with Sen. Chuck Grassley (R-IA) last year, alongside further Medicare negotiations, Lawson said. “Talk is still optimistic,” Lawson said on the prospects of a drug pricing deal getting done, while noting that **pharmaceutical** company **lobbyists** are **swarming Capitol Hill** at the moment because of **not just drug pricing plans**, but **tax provisions** and the **TRIPS waiver** that the biopharma industry is worried about. “These are **challenges to their entire existence**, **so they’re willing to protect them at any cost**,” Lawson said, noting the target for drug pricing is about $500 billion in savings. As the House has jetted off to enjoy what might be an abbreviated summer recess, the Senate has just this week to get its work done, unless its recess is cut short too. “There’s a **real possibility** that **the whole thing blows up** and we get nothing on either side,” Lawson said.

#### Democrat Senators in Big Pharma’s pocket derails the Plan.

Sirota 8-23 David Sirota 8-23-2021 "Dem Obstructionists Are Bankrolled By Pharma And Oil" <https://www.dailyposter.com/dem-obstructionists-are-bankrolled-by-pharma-and-oil/> (an American journalist, columnist at The Guardian, and editor for Jacobin. He is also a political commentator and radio host based in Denver. He is a nationally syndicated newspaper columnist, political spokesperson, and blogger)//Elmer

The **small group of conservative Democratic lawmakers** that has been **threatening to** help Republicans **halt** **Democrats’ budget package** have **raked in more than $3 million from donors in the pharmaceutical** and fossil fuel **industries** that could see reduced profits if the plan passes. As the House reconvenes today to tackle the budget reconciliation process, nine Democrats legislators have been promising to kill their party’s $3.5 trillion budget bill until Congress first passes a separate, smaller infrastructure spending measure, which has garnered some Republican support and which some environmental advocates say would exacerbate the climate crisis. Indeed, an ExxonMobil lobbyist was recently caught on tape saying the company had worked to strip climate measures out of the infrastructure bill. “**We will vote against a budget resolution** if the infrastructure package isn’t brought up first,” Democratic **Rep**. Josh **Gottheimer** **told** the Washington Post this weekend, **though** the American Prospect reported on Sunday that “**several**” of the **legislators** now **indicated they could back down**. **In the narrowly divided House**, **obstructionism from these** conservative Democrats **could decouple the infrastructure** and budget **measures** from one another. Many believe that would kill the latter by letting conservative Democrats in the Senate such as Kyrsten Sinema (D-Ariz.) and Joe Manchin (D-W.Va.) get the infrastructure bill they want without having to provide the votes necessary to enact the much larger and more progressive budget measure. “If we were to pass the bipartisan [infrastructure] bill first, then we lose leverage,” Democratic Rep. Ritchie Torres (NY) told the Wall Street Journal. Along with Gottheimer, the eight other Democrats who have threatened to obstruct the budget bill are Carolyn Bordeaux (Ga.), Ed Case (Hawaii), Jim Costa (Calif.), Henry Cuellar (Texas), Jared Golden (Maine), Vicente Gonzalez (Texas), Kurt Schrader (Ore.), and Filemon Vela (TX). The U.S. Chamber of Commerce — Washington’s most powerful corporate lobby group — has been airing digital ads thanking the nine Democrats for their maneuvers. Eight of the nine Democrats represent congressional districts won by President Joe Biden, who supports the reconciliation package. Big Pharma’s Big Allies The reconciliation bill is still being negotiated, and many Democratic lawmakers — including those in key swing districts — are pushing for it to include long-promised legislation to allow Medicare to use its enormous purchasing power to negotiate lower prices for prescription drugs. The **pharmaceutical industry** has **aggressively lobbied against the initiative**, which the Congressional Budget Office has estimated would save Medicare $345 billion in medicine costs. The nine House Democrats threatening to derail the reconciliation bill have raked in nearly $1.2 million from donors in the pharmaceutical and health products industries, according to data compiled by OpenSecrets. Among them are two of the Democratic Party’s **top recipients of health care industry money**: **Gottheimer** ($228,186) **and Schrader** ($614,830). Schrader’s third biggest career donor is Pfizer’s political action committee, and his former chief of staff is now a registered lobbyist for the Pharmaceutical Researchers and Manufacturers Association, the pharmaceutical industry’s main lobbying group. Both Gottheimer and Schrader signed a letter earlier this year slamming Democratic leaders’ legislation to lower prescription drug prices. Eight out of the nine Democrats threatening to kill the budget bill also declined to sponsor Democrats’ standalone legislation to let Medicare negotiate lower drug prices. In the Senate, Sinema’s renewed threat to vote down a final reconciliation bill came after she received $519,000 from donors in the pharmaceutical and health products industries.

#### Infrastructure reform solves Existential Climate Change – it results in spill-over.

USA Today 7-20 7-20-2021 "Climate change is at 'code red' status for the planet, and inaction is no longer an option" <https://www.usatoday.com/story/opinion/todaysdebate/2021/07/20/climate-change-biden-infrastructure-bill-good-start/7877118002/> //Elmer

**Not long ago**, **climate change** for many Americans **was** like **a distant bell**. News of starving polar bears or melting glaciers was tragic and disturbing, but other worldly. Not any more. **Top climate scientists** from around the world **warned of a "code red for humanity**" in a report issued Monday that says severe, human-caused global warming is become unassailable. Proof of the findings by the United Nations' Intergovernmental Panel on Climate Change is a now a factor of daily life. Due to **intense heat waves and drought**, 107 wildfires – including the largest ever in California – are now raging across the West, consuming 2.3 million acres. Earlier this summer, hundreds of people died in unprecedented triple-digit heat in Oregon, Washington and western Canada, when a "heat dome" of enormous proportions settled over the region for days. Some victims brought by stretcher into crowded hospital wards had body temperatures so high, their nervous systems had shut down. People collapsed trying to make their way to cooling shelters. Heat-trapping greenhouse gases Scientists say the event was almost **certainly made worse and more intransigent by human-caused climate change**. They attribute it to a combination of warming Arctic temperatures and a growing accumulation of heat-trapping greenhouse gases caused by the burning of fossil fuels. The **consequences of** what mankind has done to the atmo**sphere are now inescapable**. Periods of **extreme heat** are projected to **double** in the lower 48 states by 2100. **Heat deaths** are far **outpacing every other form of weather killer** in a 30-year average. A **persistent megadrought** in America's West continues to create tinder-dry conditions that augur another devastating wildfire season. And scientists say **warming oceans** are **fueling** ever **more powerful storms**, evidenced by Elsa and the early arrival of hurricane season this year. Increasingly severe weather is causing an estimated $100 billion in damage to the United States every year. "It is honestly surreal to see your projections manifesting themselves in real time, with all the suffering that accompanies them. It is heartbreaking," said climate scientist Katharine Hayhoe. **Rising seas** from global warming Investigators are still trying to determine what led to the collapse of a Miami-area condominium that left more than 100 dead or missing. But one concerning factor is the corrosive effect on reinforced steel structures of encroaching saltwater, made worse in Florida by a foot of rising seas from global warming since the 1900s. The clock is ticking for planet Earth. While the U.N. report concludes some level of severe climate change is now unavoidable, there is still a window of time when far more catastrophic events can be mitigated. But mankind must act soon to curb the release of heat-trapping gases. Global **temperature** has **risen** nearly **2 degrees** Fahrenheit since the pre-industrial era of the late 19th century. Scientists warn that in a decade, it could surpass a **2.7**-degree increase. That's **enough** warming **to cause catastrophic climate changes**. After a brief decline in global greenhouse gas emissions during the pandemic, pollution is on the rise. Years that could have been devoted to addressing the crisis were wasted during a feckless period of inaction by the Trump administration. Congress must act Joe Biden won the presidency promising broad new policies to cut America's greenhouse gas emissions. But Congress needs to act on those ideas this year. Democrats cannot risk losing narrow control of one or both chambers of Congress in the 2022 elections to a Republican Party too long resistant to meaningful action on the climate. So what's at issue? A trillion dollar **infrastructure bill** negotiated between Biden and a group of centrist senators (including 10 Republicans) is a start. In addition to repairing bridges, roads and rails, it would **improve access** by the nation's power infrastructure **to renewable energy sources,** **cap millions of abandoned oil and gas wells spewing greenhouse gases**, **and harden structures against climate change**. It also **offers tax credits for** the **purchase of electric vehicles** and funds the construction of charging stations. (**The nation's largest source of climate pollution are gas-powered vehicles**.) Senate approval could come very soon. Much **more is needed** if the nation is going to reach Biden's necessary goal of cutting U.S. climate pollution in half from 2005 levels by 2030. His ideas worth considering include a federal clean electricity standard for utilities, federal investments and tax credits to promote renewable energy, and tens of billions of dollars in clean energy research and development, including into ways of extracting greenhouse gases from the skies. Another idea worth considering is a fully refundable carbon tax. **The vehicle** for these additional proposals **would be a second infrastructure bill**. And if Republicans balk at the cost of such vital investment, Biden is rightly proposing to pass this package through a process known as budget reconciliation, which allows bills to clear the Senate with a simple majority vote. These are drastic legislative steps. But drastic times call for them. And when Biden attends a U.N. climate conference in November, he can use American progress on climate change as a mean of persuading others to follow our lead. Further delay is not an option.