



# EPIC Act Needed to Protect Access to Medications for People Living with Chronic Conditions



**4 in 10 adults**  
in the US live with two or more  
chronic conditions.<sup>1</sup>

**More than  
1 in 5  
adults**  
in the US live  
with a mental  
illness.<sup>2</sup>



**Nearly 4 in  
10 US adults**  
aged 65 and older  
take more than  
five prescription  
medicines a month.<sup>3</sup>



The challenges of everyday life for people living with chronic conditions are many, and there is vast unmet medical need addressable only by continued medical innovation. One provision of the Inflation Reduction Act (IRA), however, is poised to undermine incentives to researching and developing new treatments, threatening **overall health outcomes** for millions of patients and families battling chronic disease.

This one IRA provision, referred to as the “small molecule penalty”, discourages investment in small molecule medicines, which often come in convenient forms like pills, patches, syrups, and capsules that people can get at a pharmacy. The ease of access and administration of small molecule medicines provides advantages in treatment adherence and reducing health disparities. These medicines are also essential to treating a variety of health conditions, including many cancers and neurological conditions.

The IRA currently subjects small molecule medicines to Medicare price setting four years earlier than large molecule biologic medicines. As a result, research pipelines are shifting away from small molecule medicines, which will ultimately impact patient access to new therapies that can help reduce the barriers associated with managing chronic conditions.

**The Ensuring Pathways to Innovative Cures (EPIC)** Act is proposed as a solution to address these unintended consequences of the IRA. This bipartisan legislation aims to align the timeframe for government pricing for both small and large molecule medicines to 13 years, thereby maintaining incentives for small molecule drug development to address the massive unmet medical need for patients with chronic disease throughout the country.

1. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

2. <https://www.nimh.nih.gov/health/statistics/mental-illness>

3. <https://www.merckmanuals.com/home/older-people%E2%80%99s-health-issues/aging-and-medications/aging-and-medications>



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## PATIENT COMMUNITIES ARE SEEKING REFORMS TO PROTECT ACCESS AND INNOVATION FOR SMALL MOLECULE MEDICINES BECAUSE THEY:



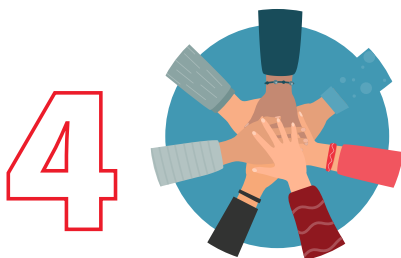
**Frequently come in easy-to-use forms, like pills or tablets.** Patients often prefer medicines that are easier to take, promoting medication adherence and leading to better health outcomes.



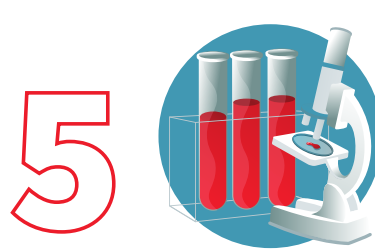
**Can be picked up by patients at their local pharmacy and taken at home.** This facilitates patient access, given nearly 90% of U.S. residents live within 5 miles of a community pharmacy.



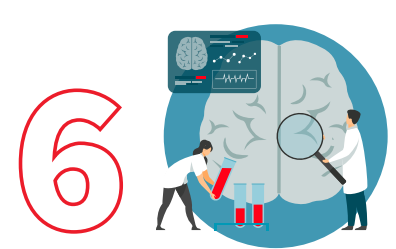
**Eliminate the need to visit a physician's office for an infusion or injection.** This alleviates the logistical and financial barriers associated with accessing infusion sites, including transportation, childcare, and missed work or school for both patients and caregivers.



**Treat diseases that disproportionately impact historically underserved communities.** Removing incentives for the development of new treatments and cures for conditions like diabetes, cardiovascular diseases, and certain cancers may actually worsen health disparities over time.



**Can penetrate cell membranes with ease, allowing medicines to reach therapeutic targets inside cells.** This unique characteristic is particularly important in the treatment of many cancers.



**Are capable of crossing the blood-brain barrier.** This is especially important in the treatment of many neurological conditions, including mental illnesses, epilepsy, stroke, and Alzheimer's disease.