

Inflation Reduction Act - Just the Facts

- Pharmacy Benefit Managers are mentioned only once in the ENTIRE bill, and not in a way that addresses the problem ([Source](#))
- The 4% (2.4 million people) of sickest medicare beneficiaries generated \$10 billion in rebates and \$10 billion in out-of-pocket spending that go straight to PBMs and insurers every year. This \$20 billion is 4 times more than what the Inflation Reduction Act of 2022 would give seniors yearly ([Source](#))
- PBMs are merging with the very insurers they represent ([Source](#)), contributing to increased prices at the pharmacy counter ([Source](#)), and suing the Federal Government to keep it all hidden ([Source](#)) - the bill does nothing to address these problems
- Congress is canceling the Rebate Rule, which would allow all seniors to have less costs at the pharmacy counter, instead of less than 3% ([Source](#))
- Less than 2.5% of ALL Medicare beneficiaries would benefit from the \$2,000 OOP cap ([Source](#))
- Part D plans have more higher-priced drugs than commercial plans with higher out of pocket costs ([Source](#))
- The bill brings over \$287 billion in revenue to the Federal Government, but only commits \$25 billion to Medicare Part D redesign ([Source](#))
- The Congressional Budget Office acknowledges that they did NOT predict what kind of drugs would be affected ([Source](#))
- The Congressional Budget Office did NOT analyze the effects of forgone innovation on public health ([Source](#))
- The Inflation Reduction Act of 2022 will lead to fewer single source drugs available, not more ([Source](#))
- Nearly 600,000 healthcare jobs could be lost across the entire country ([Source](#))
- This bill directly impacts patient access to 104 currently approved therapies, including several chronic disease treatments and many for cancers ([Source](#))
- The bill spends \$35B on healthcare, and \$116B on green energy and climate provisions ([Source](#))