

May 9, 2025

The Honorable Brett Guthrie  
2161 Rayburn House Office Building  
Washington, DC 20515

**RE: Most Favored Nations Proposal**

Dear Chairman Guthrie:

On behalf of the Association of Women in Rheumatology (AWIR), I am writing to express our deep concerns regarding the administration's recent proposal to implement the Most Favored Nations (MFN) policy for the Medicaid prescription drugs. Our organization previously submitted comments to the Centers for Medicare and Medicaid Services (CMS) during the 2020 comment period, outlining our significant reservations about the MFN Model, and we believe these concerns remain highly relevant now.

The primary issue with applying the MFN Model to the prescription drug program in Medicaid is the increased risk of access barriers for our patients. Many individuals relying on Medicaid already face significant challenges in accessing timely and effective treatments for a range of autoimmune and related diseases, including Rheumatoid Arthritis.

In 2020, CMS itself acknowledged that “beneficiaries may experience access to care impacts” as a result of this policy.<sup>1</sup> Creating a structure that prioritizes cost reduction at the expense of patient access to life-saving medications is an extremely dangerous precedent. This proposal risks not only the immediate health of our patients but also their long-term well-being. For individuals living with chronic conditions, the absence of necessary medication can lead to severe, irreversible consequences. These can disrupt work, education, and daily activities, ultimately resulting in permanent functional loss or hospitalization.

The Medicaid population, which encompasses low-income individuals, children, pregnant women, and those with disabilities, is already at a heightened risk of complications and diseases that require ongoing treatment. By applying the MFN Model, we are concerned that Medicaid beneficiaries will face exacerbated barriers to accessing vital care. These patients, who may require a range of medications to manage their complex health needs, deserve a healthcare system that prioritizes their health and facilitates their access to appropriate treatments.

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<sup>1</sup> Most favored nation Model, 85 Fed. Reg. 76180, 76237. <https://www.regulations.gov/document/CMS-2018-0132-2750>

Furthermore, evidence demonstrates that the MFN Model may not be effective in achieving intended cost savings without jeopardizing access. The policy assumes that by reducing drug prices through multinational comparisons, CMS can reduce spending in Medicaid. However, this ignores the unique challenges and needs of the U.S. healthcare landscape and the cost of non-preventative care services for these patients and to the state and federal governments. The differences in healthcare systems and patient demographics across countries make direct comparisons ineffective and misleading.

As advocates for women in rheumatology and the patients we serve, we urge you to oppose the implementation of the MFN Model for Medicaid within reconciliation. We believe that preserving access to necessary medications and treatments for vulnerable populations should be a top priority.

Thank you for your attention to this critical issue, and we hope to see action that supports the health and safety of all individuals relying on Medicaid.

Respectfully,

**Gwenesta Melton, MD**

Vice President  
Advocacy Co-Chair  
AWIR

**Stephanie Ott, MD**

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