SurvivorsFor Solutions

December 18, 2025

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Mehmet Oz,

Thank you for the opportunity to provide feedback on the rollout of Initial Price Applicability Year (IPAY) 2028, the next round of drug price negotiations authorized under the Inflation Reduction Act (IRA).

On behalf of my organization, Survivors for Solutions, which advocates on behalf of patients awaiting the development of future treatments and cures, I remain extremely concerned about the current and future impacts of this program. As the negotiations expand, and will now apply to physician-administered treatments covered under Medicare Part B in addition to the drugs dispensed at pharmacies covered under Part D, the negative impacts on America's medical innovation system will continue to destroy the development of breakthroughs.

The IRA's drug price "negotiation" program is not a good-faith negotiation. Instead, it is government compelled, centralized price fixing, where innovators are forced to comply or face excessive taxes, fines, or be removed from Medicare and Medicaid altogether. When the government essentially unilaterally determines the price of a drug, innovators will, by necessity, pull back on investment and research that may result in limited returns.

Almost immediately following the passage of the IRA, experts sounded the alarm that critical research programs, including cancer drug research, were being cut as innovators felt uncertain about their ability to generate a return on the substantial investments required to create a new product.

Over the past three years, this problem has only intensified. Now, 55 research programs and 26 drugs have been discontinued since the passage of the IRA. Moreover, the law discourages follow-on, or post-Food and Drug Administration (FDA) approval, research. The loss of research that allows innovators to find new uses for already-approved drugs is continuing to compound the negative impacts of the law.

A recent study found that a significant portion of cancer drugs approved by the FDA between 2000 and 2024 have received follow-on approvals that expand their indications to treat different types of cancer or allow for earlier use in disease progression, when outcomes are often better. Follow-on research also results in the creation of generics, which are more affordable and accessible to patients in need.

I strongly urge you to consider this data as you make determinations on the continued implementation of these innovation-stunting policies. Under the drug price negotiations, patients will see potential cures or more affordable alternatives to existing ones kept out of reach due to a government incentive. The United States must do better.

These negative impacts will be exacerbated now that the next round of “negotiations” will extend to infusions and injections, which are often used to treat complex conditions and rare diseases, in addition to pharmacy-administered medications.

As a patient who has been living with multiple sclerosis (MS) for more than 30 years and has relied on access to multiple breakthrough medications to which I credit my career, family, and life, I take any threat to the development of treatments that could help patients like me very seriously. On behalf of my organization, I urge policymakers at the Centers for Medicare and Medicaid Services (CMS) to consider the detrimental impacts of the IRA price “negotiations” before proceeding with continued rollout and to take any steps necessary to mitigate its worst effects.

Thank you for your dedication to this issue.

Sincerely,

John “CZ” Czwartacki
Founder & Chairman
SurvivorsForSolutions.org