

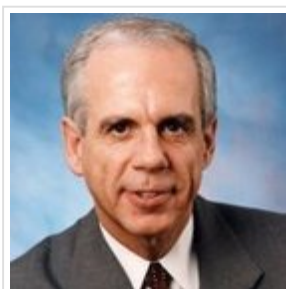


## The PIPC Blog

### Chairman's Corner: PIPC's Commitment to Nondiscrimination

4/22/2021

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Today, the House reintroduced legislation - modeled on what was known as H.R. 3 when it was introduced in 2019 - that would rely on quality-adjusted life years (QALYs) to value health care, which are well known to discriminate against people with disabling and chronic conditions, especially in communities of color that are not well represented in the research literature.

While disappointing, many of you have worked hard to ensure that policymakers understand how QALYs and similar average metrics discriminate, as we see in foreign countries that would be referenced by this bill and that too often deny care to people with disabilities and older adults.

Going forward, I am excited that the disability and patient communities are united in amplifying the work of the National Council on Disability, an independent federal agency that has warned policymakers on the implications of referencing QALYs directly and by reference to third parties and foreign countries. They have provided great leadership by recommending policymakers avoid referencing QALYs due to their discriminatory implications in their [2019 report](#), their recommendations for the previous administration to rescind QALY-based policies relying on an [international pricing index](#) or "[Most Favored Nation](#)," and most recently their [letter to the Congressional Budget Office](#) highlighting that CBO makes light of QALYs assignment of lower value to disabled life when utilizing the QALY as a metric to assess cost savings of the bill as it was introduced in 2019.



among us are not denied coverage or access to high quality health care based on discriminatory measurements of a treatment's value. Every person is valuable. We know there is a history of strong bipartisan opposition to the use of QALYs and discriminatory metrics that reinforce health inequities. We saw that bipartisanship when the Affordable Care Act passed with a [bar on the use of QALYs in Medicare](#) and have seen opposition to QALYs reiterated in the [DNC Platform](#).

In light of the pandemic and the inequities that are finally being recognized for what they are in our health system, I look forward to Congress working on solutions that address the cost of care that has impacted so many people and their families without discrimination. We can and must do better for every person, including people with disabilities or a chronic condition.

Thank you for the work you are doing toward a better health care system!

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[February 2021](#)

[January 2021](#)

[December 2020](#)

[November 2020](#)

[October 2020](#)

[September 2020](#)



- May 2020
- April 2020
- March 2020
- February 2020
- January 2020
- December 2019
- November 2019
- October 2019
- September 2019
- August 2019
- July 2019
- June 2019
- May 2019
- April 2019
- March 2019
- February 2019
- January 2019
- December 2018
- November 2018
- October 2018
- September 2018
- August 2018
- July 2018
- June 2018
- May 2018
- April 2018
- March 2018
- February 2018
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- October 2017
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- August 2017
- July 2017
- June 2017
- May 2017
- April 2017
- March 2017
- February 2017
- January 2017
- December 2016
- November 2016



- July 2016
- June 2016
- May 2016
- April 2016
- March 2016
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- March 2014
- February 2014
- January 2014
- December 2013
- November 2013
- October 2013
- September 2013
- August 2013
- July 2013
- June 2013
- April 2013
- March 2013
- December 2012
- November 2012
- February 2012



- [May 2011](#)
- [March 2011](#)
- [November 2010](#)
- [October 2010](#)
- [September 2010](#)
- [August 2010](#)
- [April 2010](#)
- [March 2010](#)
- [February 2010](#)
- [December 2009](#)
- [September 2009](#)
- [July 2009](#)
- [June 2009](#)
- [May 2009](#)
- [February 2009](#)
- [January 2009](#)
- [December 2008](#)

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