



PATIENT ACCESS & THE INFLATION REDUCTION ACT

ADVOCACY TOOLKIT



BACKGROUND

The Inflation Reduction Act, or IRA, passed in 2022, gave the Centers for Medicare and Medicaid Services the authority to negotiate drug prices in Medicare for the first time. Starting in 2026, Medicare has the authority to negotiate drug prices in both the Part B and Part D programs.

The aim is to lower the amount the government, through Medicare, pays for prescription drugs. But these changes may come with unintended consequences for patient access.

These include:

- **Reduced innovation.** Many conditions don't yet have a treatment, making innovation and the development of new medications critical for the patient community. However, research shows that IRA drug negotiation may actually slow innovation, leading to fewer new treatments for those who need them.
- **Decreased access.** Utilization management tools like prior authorization, step therapy and non-medical switching undermine optimal care for patients. Research has shown that patients may actually experience more utilization management for medications that undergo Medicare price negotiation. And, Part B negotiation may result in fewer available provider-administered therapies.



IRA and Patient Access

In January 2026, CMS announced the next 15 medications that are up for negotiation. The list includes medicines used to treat:

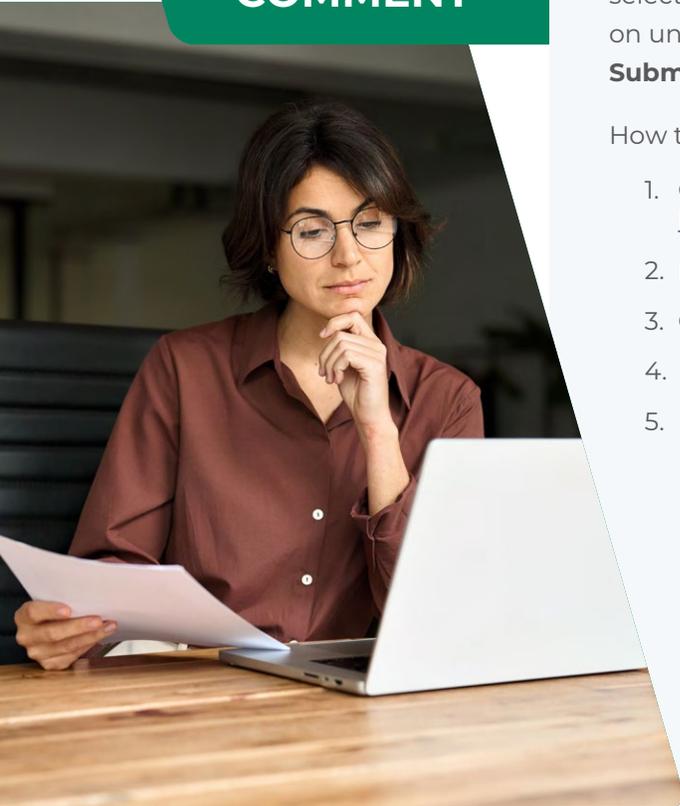
- Autoimmune diseases
- Cancer
- Mental health
- Neurological diseases
- Respiratory conditions

The full list of medications can be found [here](#).

CMS needs to hear from patients, providers and care partners on why these medications are important options for you — and why patients need continued access to all appropriate therapies.

WHAT YOU CAN DO

SUBMIT PUBLIC COMMENT



Patients, care partners, health care providers and others can submit comment on their perspectives with the health condition selected medications treat. Specifically, CMS is seeking input on unmet medical need and impacts to specific populations.

Submissions must be made by March 1, 2026.

How to Submit a Comment:

1. Click here: [Medicare Drug Price Negotiation Program Public Submission Form](#)
2. Register with a valid email address
3. Check your email for access to the submission form
4. Select the drug for which you are submitting information
5. Answer the questions
 - ▶ Required Sections
 - I27: Respondent Information
 - J: Certification of Submission of Section I
 - ▶ Optional Sections
 - Answer any relevant questions you wish — you are not required to fill out every question.
6. Save and submit your response. CMS will not review saved responses unless they are submitted.

For more information on how to submit comment — including guidance on which questions are most relevant — visit www.allianceforpatientaccess.org/IRA.

JOIN A ROUNDTABLE

If you're a patient, care partner, or patient advocacy organization, you can register to speak in a patient-focused roundtable related to your medication. These events are intended to collect patient-focused input related to the patient experience. These meetings will be held virtually, but will not be livestreamed, between **April 6-17, 2026**.

To register, click [here](#).

JOIN A TOWN HALL

Clinicians, researchers and others from the public may also register to participate in a clinically oriented virtual town hall, to be held on **April 22 and 23, 2026**. To register, click [here](#).

KEY MESSAGES



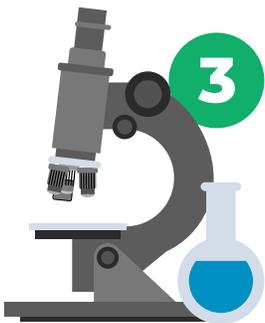
Many of the conditions treated by these medications are serious, debilitating conditions.

- Many of these conditions don't have cures.
- The medications that have been selected for negotiation are valuable treatment options that must remain accessible.



Each patient needs tailored treatment.

- Different patients respond to treatments differently, making it critical to have multiple accessible treatment options.
- A one-size-fits-all approach to care will harm patients and keep them from managing their condition.



Innovation is needed for all patients.

- Price negotiations could deter companies from investing in new treatments, leaving patients with fewer options for disease management and less hope of a cure.



Access to clinician-administered therapies must be maintained.

- Policies that negatively impact clinician reimbursement may limit the types of treatments that clinicians can offer.
- If clinicians can't offer the full range of treatment options, patients may be steered towards therapies that aren't appropriate for them.

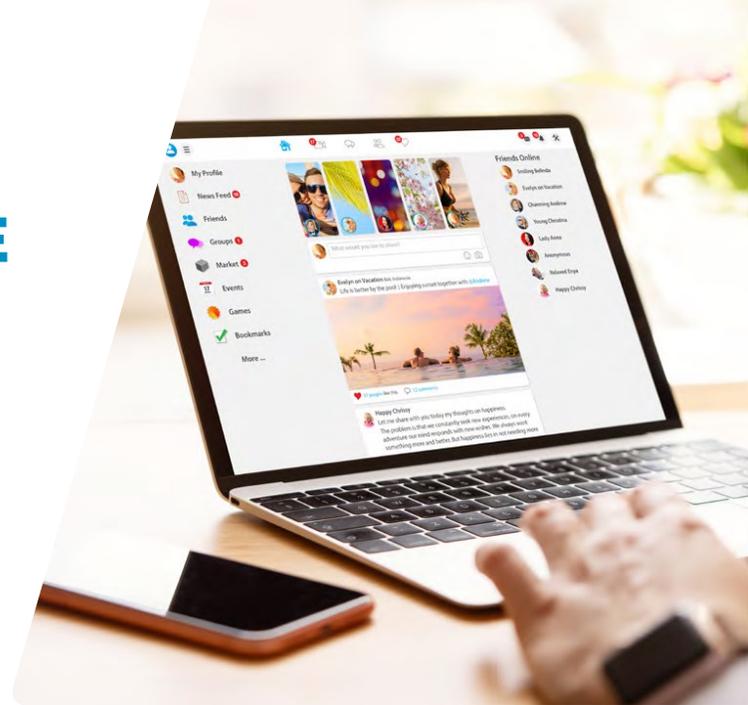
SOCIAL MEDIA GUIDE

Hashtags

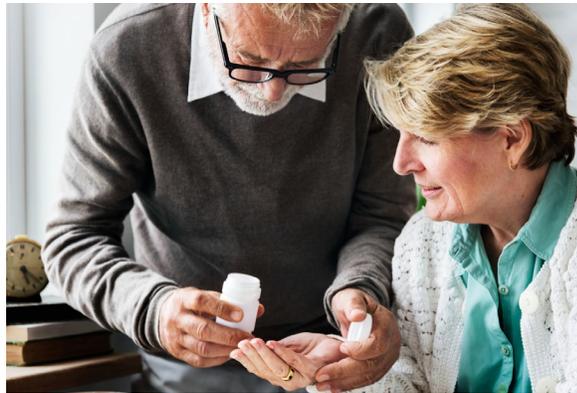
#PatientAccess

#IRA

#ChronicIllness



Sample Posts



For the first time ever, Medicare Part B medications are included on the @CMSGov negotiations list. #IRA

💬 ↻ ❤️

The #IRA gives @CMSGov the ability to negotiate drug prices for Medicare patients. This could hurt people living with chronic conditions.

💬 ↻ ❤️

Tell @CMSGov that the well-being of patients is not up for negotiation. #IRA

💬 ↻ ❤️



Fifteen new medications for chronic conditions are included on @CMSGov's negotiation list. This move could harm patients. #IRA

💬 ↻ ❤️

Learn how to comment on the #IRA drug price negotiations at www.allianceforpatientaccess.org/IRA/

💬 ↻ ❤️

WHAT'S NEXT?

Chronic conditions can make it difficult for patients to complete everyday tasks and can significantly impact patients' quality of life.

Patients, caregivers and providers need to share their perspective to guide policy decisions that impact access for all patients.

Questions? Contact Casey McPherson at cmcpherson@allianceforpatientaccess.org.



Alliance for
Patient Access

ABOUT THE ALLIANCE FOR PATIENT ACCESS

The Alliance for Patient Access is a national network of policy-minded health care providers advocating for patient-centered care.



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