

April 29, 2026

Honorable Sarah Anthony  
Chair, Appropriations Standing Committee  
Michigan Senate  
Post Office Box 30036  
Lansing, MI 48909-7536

Dear Chair Anthony:

I am writing on behalf of the Partnership to Improve Patient Care (PIPC) to urge the legislature to avoid policies that would devalue disabled lives by relying on measures such as the Quality-Adjusted Life Year (QALY) that have detrimental implications for access to needed care and treatment. As an original author and sponsor of the Americans with Disabilities Act (ADA), I feel strongly that QALYs and similar measures that devalue disabled lives have no place in our health care system. Over 100 organizations representing patients and people with disabilities agree.<sup>1</sup>

Therefore, PIPC opposes Section 1622 of SB 857 which seeks to incorporate an Executive Order related to what is known as “Most Favored Nation” pricing into the state’s Medicaid program and urges the legislature to consider policies that would more directly address the barriers facing patients and people with disabilities seeking to access innovative treatments affordably. As drafted, the legislation seeks to reference drug prices in other countries, thereby importing their use of QALYs and similar measures to value treatments, an algorithm that devalues the patients and people with disabilities that stand to most benefit from innovation. In countries that rely on QALYs, patients are often not able to access or face long delays in accessing needed treatments. Referencing other countries is contrary to federal laws governing disability discrimination due to their reliance on QALYs and similar measures.<sup>2</sup> The bill’s proposed policy would import these value standards from other countries and bring with it the same restricted access experienced in those countries.<sup>3</sup> An analysis by the Office of Health Economics (OHE), the world’s oldest independent health economics research organization, sheds light on this crucial issue, finding that almost 90% of OECD countries – 33 out of 38 – reference QALYs.<sup>4</sup> Of the specific countries that are referenced in administration policies related to Most Favored Nation, 18 of 19 countries are known to reference QALYs.

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<sup>1</sup> <https://files.constantcontact.com/e7a90be4701/2e199106-a152-4598-838b-1b08dce510c2.pdf>

<sup>2</sup> [https://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc\\_stakeholder\\_comment\\_on\\_importing\\_qalys.pdf](https://www.pipcpatients.org/uploads/1/2/9/0/12902828/pipc_stakeholder_comment_on_importing_qalys.pdf)

<sup>3</sup> <https://www.pipcpatients.org/international.html>

<sup>4</sup> <https://www.pipcpatients.org/news/the-data-mine-new-analysis-by-highlights-why-the-us-could-back-into-use-of-qalys-by-referencing-other-countries>

There is significant bipartisan opposition to QALYs and similar measures. Republicans have advocated strongly for a new law barring QALYs and similar measures across federal programs and Democrats supported the existing law barring reference to QALYs in Medicare decisions, as articulated in a recent joint opinion penned by me and the former Chair of the Energy and Commerce Committee, Cathy McMorris-Rodgers. We found common ground, stating, “The United States should not embrace health care rationing that de-prioritizes the health and wellness of people living with disabilities, or older adults or even infants.”<sup>5</sup>

PIPC encourages the legislature to reference the work of the National Council on Disability, an independent federal agency advising Congress and the administration on disability policy, which has consistently recommended against referencing foreign prices.<sup>6 7 8</sup> Their report highlighted how QALYs lead to restricted or denied access to care for people with disabilities in other countries and warned that importing their use to the U.S. would be a threat to the disability community.<sup>9</sup> NCD recommended barring QALYs in their recommendations related to health equity,<sup>10</sup> consistent with the concerns of the National Minority Quality Forum and others.<sup>11</sup>

The reality that relying on QALYs restricts access to care is well known to patients and people with disabilities in the referenced countries and do not reflect American values. The United States has a thirty-year, bipartisan track record of opposing the use of the QALY and similar discriminatory metrics and establishing appropriate legal safeguards to mitigate their use. Among these safeguard, in 2010, the Affordable Care Act (ACA) directly stated that the Secretary of Health and Human Services (HHS) has no authority to deny coverage of items or services “solely on the basis of comparative effectiveness research” nor to use such research in a manner that would attribute a lower value to extending the lives of older adults, people with disabilities or people with a terminal illness.<sup>12</sup> Additionally, the ACA specifically prohibits QALYs and similar metrics from being used by HHS as a threshold to establish what type of health care is cost effective or recommended, as well as prohibiting their use as a threshold in Medicare to determine what is covered, reimbursed or incentivized.<sup>13</sup>

In Medicaid, based on the ADA’s passage in 1990, in 1992 the George H.W. Bush Administration established that it would be a violation of the ADA for state Medicaid programs to base

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<sup>5</sup> <https://rollcall.com/2026/01/15/congress-should-ban-metric-that-devalues-people-with-disabilities/>

<sup>6</sup> <https://www.ncd.gov/2020/08/05/ncd-statement-on-harm-of-using-international-pricing-index-for-u-s-prescription-drug-pricing/>

<sup>7</sup> <https://www.ncd.gov/letters/2021-01-15-ncd-letter-to-cms-on-most-favored-nation-rule/>

<sup>8</sup> <https://www.ncd.gov/letters/2021-04-29-ncd-letter-to-house-committees-with-concerns-regarding-h-r-3/>

<sup>9</sup> <https://www.ncd.gov/report/quality-adjusted-life-years-and-the-devaluation-of-life-with-a-disability/>

<sup>10</sup> [https://www.ncd.gov/assets/uploads/reports/2022/ncd\\_health\\_equity\\_framework.pdf](https://www.ncd.gov/assets/uploads/reports/2022/ncd_health_equity_framework.pdf)

<sup>11</sup> <https://nmqf.org/traditional-value-assessment-methods/>

<sup>12</sup> 42 USC Sec 1320e, 2017. Accessed November 30, 2020.

<sup>13</sup> 42 USC Sec 1320e, 2017. Accessed November 30, 2020.

coverage decisions on cost effectiveness measures that give a lower value to people with disabilities.<sup>14</sup> In 1973, Congress passed Section 504 of the Rehabilitation Act to ensure that people with disabilities will not be “excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination,” under any program offered by any Executive Agency, including Medicare.<sup>15</sup> Title II of the Americans with Disabilities Act (ADA) extended this protection to programs and services offered by state and local governments.<sup>16</sup> In 2024, final regulations governing Section 504 explicitly barred use of “any measure, assessment, or tool that discounts the value of life extension on the basis of disability to deny or afford an unequal opportunity to qualified individuals with disabilities with respect to the eligibility or referral for, or provision or withdrawal of any aid, benefit, or service, including the terms or conditions under which they are made available.”<sup>17</sup>

As the process moves forward, we hope that the legislature will work with patient and disability communities to address barriers to care, including potential consideration of legislation to bar QALYs as seen in states like Oklahoma and Oregon.<sup>18,19</sup>

Sincerely,



Tony Coelho  
Chairman  
Partnership to Improve Patient Care

cc: Senate Members, Appropriations Standing Committee

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<sup>14</sup> Sullivan, Louis. (September 1, 1992). Oregon Health Plan is Unfair to the Disabled. *The New York Times*.

<sup>15</sup> 29 USC Sec 794, 2017. Accessed November 30, 2020.

<sup>16</sup> 42 USC Sec 12131, 2017. Accessed November 30, 2020.

<sup>17</sup> 89 FR 40066, § 84.57

<sup>18</sup> <https://www.oklegislature.gov/BillInfo.aspx?Bill=hb2587&Session=2000>

<sup>19</sup> <https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/SB1508>