



Eric Longnecker
Deputy Assistant Secretary
Technology Security
Bureau of Industry and Security
U.S. Department of Commerce
1401 Constitution Avenue NW
Washington, DC 20230

May 6, 2025

Submitted via Regulations.gov RE: Docket No.: 250414-0065

Stephen Astle
Director
Defense Industrial Base Division
Bureau of Industry and Security
U.S. Department of Commerce
1401 Constitution Avenue NW
Washington, DC 20230

Dear Deputy Assistant Secretary Longnecker and Director Astle:

On behalf of the <u>129 million</u> Americans living with chronic diseases, I submit this comment to express strong opposition to tariffs on pharmaceutical products and ingredients imported from allied nations in Europe, as well as Japan and India. I urge the Department of Commerce to limit any pharmaceutical tariffs exclusively to adversarial nations, such as China, to minimize the risk that people living with chronic diseases in America will lose access to life-saving medicines.

Tariffs on pharmaceutical imports from allied nations would inflict significant harm on millions of Americans managing chronic diseases. Most people living with chronic conditions depend on medications -- many of which are manufactured abroad -- to maintain their health. Common medicines used in the treatment of diabetes, cancer, arthritis, and other chronic diseases are sourced, at least in part, by our European allies. Often, no domestic therapeutic equivalents are available for imported medicines, meaning that rising costs due to tariffs passed onto patients could force them to stop taking their treatments.

Higher costs stemming from tariffs would inevitably be passed down to patients, insurers, and government programs. Often patients pay coinsurance for their medicines, for example, that is based on a percentage of the medicine's price. Tariffs that raise drug prices would also substantially increase public insurance spending, placing additional strain on already stretched federal and state budgets. A <u>majority</u> of seniors have at least one chronic condition, and <u>60%</u> have at least two, making them especially vulnerable if Medicare costs rise.

For patients, the consequences would be even more immediate: reduced access to lifesaving treatments, increased financial hardship, and worsening health outcomes. Those avoidable complications increase both the burden of disease and the costs associated for both individuals affected and public and private insurers.



Onshoring pharmaceutical manufacturing is a laudable goal, but tariffs would actually undermine domestic pharmaceutical manufacturing rather than strengthen it. More than <u>one-third</u> of the active pharmaceutical ingredients in U.S. medicines are imported from Europe and India. By increasing the costs of ingredients, tariffs would disrupt U.S. manufacturing operations and potentially lead to productivity and drug shortages.

This disruption would be further compounded by the fact that reestablishing supply chains is a long, complex process that cannot be accomplished with minimal lead time. Until alternative supply chains are established -- which could take many years -- patients would face severe consequences, including treatment disruptions and increased health complications.

While we support initiatives to strengthen U.S. pharmaceutical production and secure the U.S. medical supply chain, the health of people in America must be the priority. That requires pursuing these goals in a targeted and strategic manner. Imposing tariffs on pharmaceutical products from allied nations would not benefit American security, but would cause immediate and severe harm to the one in two adults in America living with a chronic illness.

The United States and its allies, including the European Union and the United Kingdom, have historically <u>excluded</u> medicines from tariffs because they result in life-and-death consequences for patients. We respectfully request that you uphold this vital precedent to safeguard the health of millions of Americans living with chronic illnesses. Making America healthy again requires nothing less.

Sincerely,

Kenneth E. Thorpe, PhD

Robert W. Woodruff Professor, Department of Health Policy & Management, Rollins School of

Public Health, Emory University

Honorary Chair, Partnership to Fight Chronic Disease