

This lists all answers to Question Five of North Carolina Health News' voter guide questionnaire. Unless otherwise noted, the answers were given directly to one of our reporters.

Question 5: Drug costs for regular Americans continue to rise. Do you have ideas for specific legislation to bring prices under control and/or make pharmaceuticals more affordable for consumers? If so, what will it call for?

[NC 1](#)

G.K. Butterfield: Congress must examine ways to encourage the development of new treatments including generic pharmaceuticals, biosimilar products, and alternatives to medication. I supported legislation to provide funding to the U.S. Food and Drug Administration, National Institutes of Health, and the National Science Foundation to research ways to reduce health care costs, including pharmaceuticals. I also support looking at all areas of the drug manufacturing and supply chain to ensure that it is transparent, and prices are justified.

Roger W. Allison did not answer the survey.

[NC 2](#)

George Holding did not answer the survey.

Linda Coleman did not answer the survey.

Jeff Matemu did not answer the survey.

[NC 3](#)

Walter Jones did not answer the survey.

[NC 4](#)

David Price: I believe we must ensure that every American family has access to affordable medications to support their health needs. The rising cost of prescription drugs and therapies, as well as the actions of some pharmaceutical manufacturers to dramatically and unfairly increase drug prices, requires a concerted response from Congress and the Administration. No American should ever have to break the bank for lifesaving care. Despite his promises to bring down the cost of prescription drugs, President Trump's administration has done nothing to hold drug companies accountable or to negotiate lower prices for consumers. In fact, since President Trump took office, 16 of the 20 best-selling prescription drugs in the United States have increased in price, 14 of those have increased by double digit percentages, and 11 have increased by more than 15 percent! These increases in drug prices have cost the federal government billions of dollars in Medicare Part D spending.

It is my belief that the Department of Health and Human Services should utilize the purchasing power of the Medicare program to negotiate volume discounts on pharmaceuticals for seniors. The failure to provide this authority was one of the major flaws of the legislation which created the Part D benefit, and I've been working to correct it ever since. Currently, there are several efforts in Congress to address this concern, including the Federal Food, Drug, and Cosmetic Act (H.R. 1480) and the Medicare Prescription Drug Price Negotiation Act (H.R. 242).

Barbara Howe: Once again, it's government meddling that has exacerbated the costs of drugs. My first step would be to work to end the Food and Drug Administration. See Dr. Mary Ruwart's [Death By Regulation](#) to learn more about my stance on this policy.

Steve A. Von Loor did not answer our survey.

[NC 5](#)

Virginia Foxx did not answer the survey.

DD Adams: The fastest and most practical solution is to allow the U.S. government to negotiate drug prices. Drug prices are high because there is little competition and, with few exceptions, we have allowed pharmaceutical companies to set prices with no relationship to the cost of producing or marketing.

Remember Vimovo, a drug for arthritis pain, or the Epi-Pen which increased in price nearly six-fold in 2014 or \$600, up from a little more than \$100.

I would also encourage patent reform. The 21-year time period for a patent is somewhat arbitrary. Ideally, a patent should cover a long enough period of time for the inventor to earn a good return, but not so long that it allows the inventor to charge a monopoly price permanently. This change would provide the opportunity for new business to provide competition.

[NC 6](#)

Mark Walker did not answer our survey.

Ryan Watts did not answer our survey.

[NC 7](#)

David Rouzer did not answer the survey.

Dr. Kyle Horton: As a doctor who's worked in primary care, I've had to think every day about whether or not my patients can afford their medications. In any given year, about one third of Americans won't fill a prescription because of the cost. I believe every American deserves quality health care that they can afford, including prescription drugs. I support expanding Medicare and Medicaid, and using the collective power of this system covering millions to negotiate better prices so we get the best deal as taxpayers. I support allowing the importation of safe drugs from Canada, and prohibiting trade deals that would raise drug prices or extend the monopoly period when a brand name drug company has no generic competition. I would support federal legislation to protect research and development for orphan drugs, and that would stop pay-for-delay schemes that enable one manufacturer to pay others not to manufacture generics, which extends their monopoly beyond the patent. To rein in the power of the biggest pharmaceutical companies, I would also require price transparency and accountability so that Americans will know the true cost of research,

development, and running clinical trials which would enable us to protect Americans from crooked price gouging.

[NC 8](#)

Richard Hudson did not answer our survey.

Frank McNeill did not answer our survey.

[NC 9](#)

Mark Harris: I think that we [need to] break up the pharmaceutical industry that's had somewhat of a monopoly on the pricing of so many of these drugs. There's a backlog of medications that, if I understand it, get out there, but it takes forever to get approval for them. The more that we have out there that can be prescribed [...and] the more competition, the more the price comes down.

I personally have always, when at all possible, [bought] the generic. If there's a generic brand for the drug to that been prescribed, that's always an option that I personally try to use.

Drug prices have continued to skyrocket, and average Americans have a hard time getting those. I think that would be one of the ways to begin to bring some of the pricing down: a quicker process of approval.

Dan McCready: Rising drug prices are crushing North Carolina families. We should ensure that Medicare can negotiate directly with big drug companies so that we can lower drug prices for our seniors. We should also hold drug companies accountable for reckless price increases.

Jeff Scott: The benefits of the patent system have been oversold. There are high costs associated with producing prescription drugs. Patents protect the producer during development and guarantees profits to payback the investors. Ultimately, the prices charged in the market reflect that high innovation cost. Consumers pay vastly higher prices. This is puzzling to most people, since innovation is supposed to lower costs and extend health benefits. Yet no one knows what the rate of

innovation would be if there were no patents protecting investors. We do know that the costs are high partly due to regulatory risk aversion at the FDA.

As a Congressman, I would discourage attempts to control prices directly. I disagree with patent proponents who claim protections offered by our legal system are the only way to induce large, time-sensitive capital outlays for pharmaceutical research. That development model is not the only one available. For example, secrecy in research has costs that can be defrayed by more open source development models. Milton Friedman suggested decades ago that the FDA become a peer-review organization to make the best data widely available, and this is a good option. In sum, I would work toward reducing the patent term, requiring earlier licensing of patents, and push for a progressive approval process at the FDA. The consumer is sovereign and their right to try should not be artificially restricted.

[NC 10](#)

Patrick McHenry did not answer our survey.

David Wilson Brown:Single payer Health Care. If we got to single payer Health Care, we would have the buying power of the nation to get drug prices under control. And we would be able to save the nation a tremendous amount while still allowing for innovation and R&D.

I think that we should consider going back to a model where drug companies are not allowed to advertise. I think that we also have to look at what companies are selling their drugs for in other countries versus what they're selling them in the US and ask how they can justify a different price for US customers. I think single payer is the key to taking a little control back.

We've seen the Right cut science programs and the CDC and all these programs that help brands cover R&D. If a company is seeking to make profits, R&D has got to be part of their equation. They're talking out of both sides of their mouth. They're saying that they have to charge us to have enough money for R&D, and yet they're making record profits [and] spending time on advertising.

And I understand the way that works is there's 50 medications that they research and only one comes through [as a...] product. I think the government should have a stronger role in grants for R&D for good science. And I think that that could make up some of the differential and not pass that speculative cost on to the consumers.

[NC 11](#)

Mark Meadows did not answer our survey.

Clifton B. Ingram did not answer our survey.

Phillip Price: Once we go to a single-payer Medicare for all and allow for Medicare to negotiate pharmaceutical costs, I think that's ultimately how we're going to be able to lower drug costs. Allowing for generic brands and suppliers from outside the country to be more available would certainly help with the costs of pharmaceuticals.

I would also say that moving toward the legalization and use of medical marijuana would help greatly with the cost of pharmaceuticals. There are so many pharmaceutical, chemical drugs that are made in laboratories that would become obsolete if medical marijuana was fully implemented nationwide and was given more attention, more research, more laboratory time.

[NC 12](#)

Alma Adams: I think we have to manage our pharmaceutical companies a little bit. You should not have to pay thousands and thousands of dollars for your medication; you should be able to afford to take your medication. [...] In some cases, if people can't afford their medicine, they just die. I would hate to think that that's what the government wants. Some of these prices are absolutely ridiculous in terms of what people have to pay. I just don't believe any medication costs that much. I don't believe it costs that much to make it. I think you got these pharmaceutical companies, these big drug companies that are making a lot of money on poor people, and that Congress can do something about it. We need to

take control of that. We need to set some standards and we need to require them to bring us back numbers that are not only reasonable, but affordable.

Paul Wright did not answer our survey, but he did provide a statement.

[NC 13](#)

Ted Budd did not answer our survey.

Kathy Manning did not answer our survey.

Tom Bailey did not answer our survey.