The American College of Emergency Physicians (ACEP) believes that rising drug prices threaten the health and financial well-being of the patients served by its members. In addition, the high cost of pharmaceutical agents leads to patient non-adherence, avoidable return visits to the emergency department and admissions to the hospital, increased days missed from school and/or work, as well as poor patient and provider satisfaction. Furthermore, ACEP believes:

- Value-based pharmaceutical pricing is a promising strategy to ensure that the benefits of a given drug are commensurate with the price charged.

- The current law that prohibits Medicare from negotiating drug prices with manufacturers should be repealed or amended to support drug price negotiation as a strategy to reduce healthcare costs for patients and insurers. At a minimum, Medicare Part D beneficiaries should be able to share directly in the savings from discounts negotiated by Part D plans by requiring such plans to apply a portion of the total rebates and price concessions at the point-of-sale.

- Electronic health record vendors and health systems should support the integration of drug price information that is accessible to clinicians at the point-of-care, when available. This should include pricing for both hospital-administered and prescribed medications and should provide decision-support tools to suggest equally effective alternatives when quality evidence exists to inform such decisions.