



POLICY WHITE PAPER

Guarantee Remdesivir for All: NO Out of Pocket Costs for ANY American Fighting COVID

Introduction

Remdesivir is one of the only known therapeutic treatments helpful in combating the life-threatening symptoms of COVID-19 [in clinical trials](#), and remains the only such therapy with an [emergency authorization](#) from the Food and Drug Administration.

While remdesivir does not cure SARS-CoV-2, commonly known as COVID-19 or the novel coronavirus, [a study](#) by the National Institute of Allergy and Infectious Diseases (NIAID) found that a course of up to ten days of remdesivir in some cases resulted in “shortening the time to recovery in adults hospitalized with COVID-19.”

The drug is produced by Gilead Sciences, Inc., and although U.S. taxpayers funded at least [\\$70 million](#) of the drug’s development and federal health agencies and labs were essential to proving its efficacy in treating COVID-19, Gilead holds the patent for the drug and intends to charge up to \$3,120 per course of treatment.

The Problem

The high cost of remdesivir, the only known therapeutic treatment for coronavirus, could force unaffordable medical bills on many Americans suffering from COVID-19, or even worse, force infected Americans to forego treatment altogether.

With millions of cases nationwide, even a small fraction of critically ill patients unable to afford the high price of remdesivir could mean longer illnesses and even death for many Americans.

At the end of June, the U.S. Department of Health and Human Services (HHS) purchased “[100 percent of Gilead’s projected production](#)” of remdesivir, securing a stockpile of 500,000 treatments at the steep price of up to \$3,120 per therapeutic regimen.

Currently, American hospitals are required to purchase remdesivir from the Trump Administration in small allocations when they see fit, and then resell it to critically ill patients, placing an expensive burden on hospitals and patients.

Research shows that patients who are unable to pay or who lack insurance are more likely to go without life-saving treatments and to experience longer, more costly hospital stays. Bureaucratic and financial hurdles that delay access to remdesivir may be particularly dangerous because studies show it is [more effective if used early](#).

Gilead

Gilead Sciences, Inc., a pharmaceutical giant with revenue in 2019 of over \$22 billion, holds the patent to remdesivir.

Gilead has a [long history of price-gouging](#) and making medication unaffordable for those who need it most, but the Trump Administration has refused to hold pharmaceutical companies like Gilead accountable to solve the prescription drug pricing crisis in this country.

In fact, other [developed countries will pay 25% less](#) per therapeutic regimen because of America's weak protections against price-gouging, even though the drug was partially [created with American tax dollars](#).

The Solution

Jon Ossoff believes no one should die or go bankrupt in the wealthiest country in the world because they cannot afford health care, and that during this pandemic it is vital that no American be unable to afford [coronavirus](#) treatment.

Jon Ossoff, an investigative journalist and the Democratic U.S. Senate Nominee in Georgia, is calling on Trump's Department of Health and Human Services to make remdesivir free for every American whose insurance does not cover the therapy.

Specifically, he is calling on the Administration to do the following:

- HHS must ensure the existing stockpile of remdesivir is free for patients whose insurance does not cover it, and must continue regular purchases of remdesivir. HHS has set up similar contracts with Gilead before.
- Further, the Trump Administration must require that Gilead and other pharmaceutical companies set reasonable and affordable prices for COVID-19 treatments.

Congress must also include the necessary funding for remdesivir in the next coronavirus relief bill.

This solution is achievable. What is needed is the political will to accomplish it.

The United States has been down this road before, and failed to act — with disastrous consequences. [Speaking at the White House](#) in April, Dr. Anthony Fauci, the director of NIAID, said the early results of remdesivir were "reminiscent of 34 years ago in 1986 when we were struggling for drugs for HIV, and we had nothing...and we did the first randomized placebo-controlled trial with AZT," referencing the first moderately effective treatment for HIV.

Dr. Fauci's comparison is apt. In the late 1980s the cost of AZT, at that time the only approved drug to treat HIV, was about [\\$8,000 per year](#), or about \$17,000 in today's dollars. With over 30% of HIV-positive Americans lacking health insurance, many went without life-extending treatment and died sooner.

Jon Ossoff knows that cost is a significant barrier to access health care in the United States, and making the remdesivir free will knock down one more barrier on the path to creating a more just nation.

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