



March 23, 2023

The Honorable Eric Swalwell
U.S. House of Representatives
174 Cannon House Office Building
Washington, DC 20515

Re: Support for the *Right Drug Dose Now Act*

Dear Representative Swalwell:

On behalf of the Personalized Medicine Coalition (PMC), which represents more than 220 innovators, scientists, patients, providers, and payers to promote the understanding and adoption of personalized medicine concepts, services, and products for the benefit of patients and the health care system, I am writing to share our support for reintroduction of the *Right Drug Dose Now Act*.

The *Right Drug Dose Now Act* would facilitate incremental but meaningful progress toward ensuring that the United States health care system takes full advantage of our increasing understanding of drug-gene interactions to ensure that the right treatments are targeted to the right patients at the right time, leading to more effective and efficient health care.

PMC defines personalized medicine as an evolving field in which physicians use diagnostic tests to determine which medical treatments will work best for each patient or use medical interventions to alter molecular mechanisms that impact health. By combining data from diagnostic tests with an individual's medical history, circumstances, and values, health care providers can develop targeted treatment and prevention plans with their patients.

Pharmacogenomics (PGx) is a cornerstone of personalized medicine, providing a way to guide treatment and prevention strategies based on individual patient characteristics. The use of diagnostic tests to detect drug-gene associations can play an important role in avoiding adverse events, optimizing drug dosing, and identifying patients who will or will not respond to certain medications.

In 2017, the State of Kentucky Teachers' Retirement System partnered with Coriell Life Sciences to provide PGx testing and comprehensive medication management to their patients. Findings published from their experience revealed that the real-world use of PGx testing and active medication management informed by PGx test results leads to more appropriate medication selection. Not only did patient outcomes improve, but the system saved \$37 million dollars in 32 months thanks to decreased emergency department visits and inpatient hospitalizations.

BOARD OF DIRECTORS

President

Edward Abrahams, Ph.D.

Chair

Lincoln D. Nadauld, M.D., Ph.D.
Culmination Bio

Vice Chair

Lauren Silvis, J.D.
Tempus

Treasurer

Mark Stevenson
Thermo Fisher Scientific

Secretary

Michael S. Sherman, M.D., M.B.A., M.S.
RA Capital Management

Antonio L. Andreu, M.D., Ph.D.
European Infrastructure for Translational
Research (EATRIS)

Randy Burkholder
PhRMA

Kevin Conroy
Exact Sciences

William S. Dalton, Ph.D., M.D.
M2Gen

Stephen L. Eck, M.D., Ph.D.
MacroGenics

Lori Frank, Ph.D.
New York Academy of Medicine

Sarah Hersey
Bristol Myers Squibb

Kris Joshi, Ph.D.
Change Healthcare

Richard Knight
American Association of Kidney Patients

Peter Maag, Ph.D.
Kyverna Therapeutics

Anne-Marie Martin, Ph.D.
GlaxoSmithKline

Howard McLeod, Pharm.D.
Clarified Precision Medicine

J. Brian Munroe
Bausch Health Companies

Elizabeth O'Day, Ph.D.
Olaris, Inc.

Michael J. Pellini, M.D., M.B.A.
Section 32

Kimberly J. Popovits
10x Genomics

Prasanth Reddy, M.D.
Labcorp

Apostolia Tsimberidou, M.D., Ph.D.
MD Anderson Cancer Center

Michael J. Vasconcelles, M.D.
ImmunoGen

Jay G. Wohlgemuth, M.D.
Quest Diagnostics

Clear improvements in patient care and cost savings for health care systems can result from PGx testing and comprehensive medication management strategies. While PGx tests relevant to certain drug-gene associations have been available for more than a decade, routine testing is not widely utilized. Unfortunately, the number of adverse drug events occurring in this country continues at an alarming rate. The Centers for Disease Control and Prevention report that about 1.3 million emergency department visits and 350,000 hospitalizations in the United States are due to harms from medication use. Many of these situations could be prevented by better integrating genetically informed prescribing and medication management into routine clinical care.

We therefore applaud your efforts to make progress in the area of PGx testing with the *Right Drug Dose Now Act*. Patients and providers must be aware of and understand the potential uses of PGx testing in order to make informed treatment decisions. The public awareness and health care professional education campaigns detailed in the *Right Drug Dose Now Act* can help close some knowledge gaps about drug-gene interactions and adverse events. Additionally, the increased funding authorized for the Genomic Community Resources program would further facilitate integration of PGx testing into patient care if the full funding amount is appropriated to the National Institutes of Health.

Genetically informed prescribing offers a realistic mechanism to improve individual patient outcomes while reducing overall health care costs. Thank you for your leadership on this bill and for championing the field of personalized medicine. If you have any questions about the content of this letter or if we can be of assistance as the bill advances through the legislative process, please contact me at cbens@personalizedmedicinecoalition.org or 202-499-0986.

Sincerely,



Cynthia A. Bens
Senior Vice President, Public Policy