

PATIENTS FOR AFFORDABLE DRUGS™

October 5, 2026

Commissioner Scott
1300 Pennsylvania Ave. NW
Washington, DC 20229

Dear Commissioner Scott,

My name is Merith Basey, and I am the CEO of Patients For Affordable Drugs, the only national patient advocacy organization focused exclusively on policies that lower prescription drug prices. We are bipartisan and do not accept funding from any organizations that profit from the development or distribution of prescription drugs. Since our founding nearly ten years ago, we have collected more than 40,000 stories from patients in every state and every congressional district who are struggling to afford their prescription drugs because of high prices.¹

I write on behalf of patients across the country who are concerned that new Customs and Border Protection (CBP) requirements under 19 CFR 145.12(a)(2)(v) and (vi) could significantly disrupt their ability to obtain lower-cost prescription drugs from abroad.

Beginning October 22, certain international mail shipments subject to requirements administered by other federal agencies, including the Food and Drug Administration (FDA), will be subject to new CBP entry procedures. We are concerned that these changes could prevent patients from receiving medications that have historically reached them under FDA's case-by-case approach to personal importation.

We recognize that federal law restricts the importation of prescription drugs that do not meet FDA requirements and that the FDA does not guarantee that personal drug imports will be admitted. At the same time, the FDA has long maintained policies that allow it to exercise enforcement discretion in certain personal-importation cases. For some patients, that discretion has served as an important safety valve when the U.S. price of a medication puts it out of reach. Today, one in three people in the U.S. cannot afford their prescription drugs, and Americans pay between four and eight times more for brand-name drugs than people in other wealthy nations.² These high prices force patients to make impossible choices—sometimes between putting food on the table and paying for their medications.

We recently surveyed our patient community about personal prescription drug importation. Of 103 respondents, 52 said they currently receive prescription medications from a pharmacy outside the United States. Among those patients, 79 percent said their medication costs more in the U.S., 65 percent said their U.S. out-of-pocket cost is too high, and 94 percent are concerned that the October 22 requirements could affect their ability to get their medication.

¹(2024, June 20). *Patients For Affordable Drugs Map*. Patients For Affordable Drugs. <https://map.patientsforaffordabledrugs.org/>

²(2024, February 1) *International Prescription Drug Price Comparisons*. RAND Corporation. https://www.rand.org/pubs/research_reports/RRA788-3.html

Nancy H. of Arizona receives a three-month supply of her Advair inhaler from Canada for \$60, compared to \$300 in the United States. Asked what losing that access would mean, she told us, “I will have to forgo filling other prescriptions or food because I could die without my inhaler.”

Sheryl K. of Pennsylvania obtains Tradjenta, a diabetes medication, from Canada for about \$110, compared with more than \$665 in the United States. If she could no longer obtain it at the lower price, she told us she simply would not take it.

Our own founder, David Mitchell, who lived with an incurable blood cancer and other chronic conditions, previously relied on a Canadian pharmacy to obtain Eliquis when his Medicare Part D plan would not cover the drug and would not allow him to pay for it out-of-pocket.

No patient should be forced to look outside the U.S. to afford the medicine they need. P4AD is focused on changing the policies that force patients into that position in the first place. Important reforms are already lowering costs. Medicare's first negotiated prices took effect this year for 10 high-cost drugs, including Eliquis, and negotiated prices for another 15 drugs will take effect January 1, 2027.

But those reforms have not eliminated the prescription drug affordability crisis, and millions of Americans remain vulnerable. Until patients can reliably obtain the medicines they need at prices they can afford here at home, disrupting existing personal-importation practices risks harming the very patients federal drug-pricing reforms are meant to help.

We urge CBP to work closely with the FDA to ensure that implementation of the new international mail requirements does not inadvertently eliminate the FDA's ability to exercise appropriate enforcement discretion for personal-use prescription drug shipments. Patients should not lose access to medicines they rely on simply because the procedures governing how an international package enters the country have changed.

We would welcome the opportunity to discuss the experiences we are hearing from patients and how CBP can implement these requirements without creating unintended barriers to medication access.

Sincerely,

A handwritten signature in black ink, appearing to read "Merith Basey". The signature is fluid and cursive, with the first name "Merith" and last name "Basey" clearly distinguishable.

Merith Basey MSc
Chief Executive Officer
Patients For Affordable Drugs