

May 6<sup>th</sup>, 2025

Eric Longnecker  
Deputy Assistant Secretary, Technology Security  
Bureau of Industry and Security  
Department of Commerce  
1401 Constitution Avenue NW  
Washington, D.C. 20230

Stephen Astle  
Director, Defense Industrial Base Division  
Bureau of Industry Security  
Department of Commerce  
1401 Constitution Avenue NW  
Washington, D.C. 20230

Dear Deputy Assistant Secretary Longnecker and Director Astle:

We, the undersigned patient advocacy groups, write to share our concerns about potential tariffs on imported medicines.

We respectfully request that you exempt Japan, Europe, India, and all other allied nations that do not pose a threat to U.S. security, from tariffs on medicines and active pharmaceutical ingredients. Such tariffs would deprive American patients of the medicines they need to manage debilitating chronic disease and other conditions.

Collectively, we advocate on behalf of patients battling hundreds of diseases. Each of these conditions have unique complexities. Yet many of the patients we represent, regardless of diagnosis, have at least one thing in common: the medicines they depend on are imported from overseas.

Consider the more than [8 million](#) Americans living with [psoriasis](#), a chronic autoimmune condition that causes inflammation of joints, skin, and organs throughout the body. Many of these patients are only able to manage their condition because of Stelara, a medicine that America currently [imports](#) from Ireland and the Netherlands.

Or consider the roughly [1.5 million](#) Americans, many of them seniors, who suffer from [rheumatoid arthritis](#). Thanks to medicines like Humira and Rinvoq -- [supplied](#) by drugmakers in Germany and Ireland -- arthritis patients across America can combat the stiffness, pain, and joint damage that their disease would otherwise cause.

People do not choose their diagnosis or their prescribed course of treatment. If a patient with multiple sclerosis relies on a specialized, European-made drug with no therapeutic equivalents, they will not have the option to switch to a more affordable alternative. They will be forced to absorb the higher cost or go without.

Drug price increases would also increase costs for taxpayers and the government. [Over 60%](#) of patients with rare chronic diseases that primarily affect seniors receive health coverage through Medicare, compared to roughly 20% of patients in the general population. Other patients rely on Medicaid for coverage. Tariffs on medicines would almost certainly increase public health spending.

Tariffs would also weaken, not strengthen, domestic manufacturers -- which frequently import the active pharmaceutical ingredients used to create finished drugs. [About half](#) of the active pharmaceutical ingredients used in Americans' prescriptions are made domestically, but a substantial portion of ingredients come from allies like Europe and India. By raising the costs of these ingredients, tariffs would discourage domestic manufacturing.

If drug manufacturers are forced to contend with rising costs of ingredients, they may decide to reduce production as a cost-saving measure. That risk is exacerbated by the difficulty of restructuring supply chains on short notice. [Eight in 10](#) U.S. biotech firms predict that it would take at least a year to find new, domestic suppliers in the event of tariffs, during which time their manufacturing capacity could be severely constrained.

Finally, tariffs would have a chilling effect on efforts to develop breakthrough treatments and cures. Pharmaceutical companies have already [warned](#) that they would be forced to absorb a large portion of tariff costs, with research and development efforts the likely first casualty. For patients with diseases that still have [no cure](#) -- that is not an outcome we can afford.

We strongly support the goal of expanding domestic pharmaceutical manufacturing. But building new plants and establishing new domestic supply chains are long-term undertakings that could take years to accomplish. In the meantime, widespread tariffs would inflict immediate harm on patients and set back years of critical research.

We therefore urge the Department of Commerce to limit its use of tariffs to countries that pose genuine national security threats -- and exempt allies whose exports have life-changing benefits for millions of American patients.

Historically, the United States has exempted medicines from tariffs because of the extraordinary risks they pose to vulnerable patients. We ask that you preserve that precedent to the fullest extent possible and protect millions of Americans.

Sincerely,  
Acromegaly Community  
Adrenal Insufficiency United  
AiArthritis  
Alliance for Aging Research  
American Behcet's Disease Association  
Applied Pharmacy Solutions  
APS Foundation of America  
Autoimmune Association

Biomarker Collaborative  
Caring Ambassadors Program  
Celiac Disease Foundation  
Chronic Care Policy Alliance  
Crohn's & Colitis Foundation  
CURED Nfp (Campaign Urging Research for Eosinophilic Diseases)  
Diabetes Leadership Council  
Diabetes Patient Advocacy Coalition  
Eosinophilic & Rare Disease Cooperative  
Exon 20 Group  
Foundation for Sarcoidosis Research  
Gaucher Community Alliance  
GBS|CIDP Foundation International  
Global Allergy & Airways Patient Platform  
Healthy Men Inc.  
HIV+Hepatitis Policy Institute  
HS Connect  
ICAN, International Cancer Advocacy Network  
Immune Deficiency Foundation  
MET Crusaders  
Multiple Sclerosis Foundation  
National Association For Continence  
National Consumers League  
National Psoriasis Foundation  
National Scleroderma Foundation  
Neuropathy Action Foundation  
Partnership to Fight Chronic Disease  
PDL1 Amplifieds  
Phaware Global Association  
Pulmonary Hypertension Association  
RetireSafe  
Sjogren's Foundation  
Solve M.E.  
The National Adrenal Diseases Foundation  
wAIHA Warriors  
We Are ILL