It’s important to vote for Angie Craig in the November General Election. A federal judge recently ruled that Election Day in MN-02 will continue to be Tuesday, November 3rd. Angie Craig grew up to a single mom, and they sometimes went without health insurance. It’s why in Congress, Angie Craig’s worked hard and with both parties to reduce health care costs and pushed to lower the price of prescription drugs. There’s so much at stake. We’ve got to vote.

A Federal Judge Ruled That The Election For Minnesota’s Second Congressional District Should Proceed November 3rd As Originally Scheduled. “A federal judge ruled Friday that the election for Minnesota’s 2nd Congressional District should proceed in November as originally scheduled, despite the recent death of a third-party candidate.” [KSTP, 10/9/20]

Minnesota Secretary Of State: “Eligible Voters In The Second Congressional District Should Continue To Vote.” “Secretary Simon today released a statement following reports of the death of Adam Weeks, a Legal Marijuana Now Party candidate running for the U.S. House of Representatives seat in Minnesota's Second Congressional District. [...] ‘Eligible voters in the Second Congressional district should continue to vote. If you have already voted absentee, either in person at your county elections office or by mail, you do not need to request a new ballot. Ballots will not be changed prior to the November 3rd election. While the Second Congressional District race will still appear on the ballot, the votes in that race will not be counted.’” [Minnesota Secretary of State, Press Release, 9/24/20]

AP News: Craig Was Raised By Single Mom In A Mobile Home Park Without Accessed To Health Insurance. “Angie Craig came so close to winning a seat in Congress that she wasn’t ready to give up. [...] And she talks more about being raised by a single mother in an Arkansas mobile home park, without health insurance, and putting herself through college. She rose to become head of global human resources for St. Jude Medical.” [Associated Press, 10/29/18]

Craig: “I Know What It’s Like To Grow Up In A Household Where The Box Of Bills Piles Up And The Worry Grows.” “Craig said her own childhood was colored by a lack of access to health insurance, an experience that connects her with many of her constituents today. A Kaiser Family Foundation Analysis estimated about 22 percent of non-elderly adults in the Twin Cities metro live with a pre-existing condition. ‘I know what it’s like to grow up in a household where the box of bills piles up and the worry grows,’ she said.” [SW News Media, 3/28/19]

Craig Voted For The Elijah E. Cummings Lower Drug Costs Now Act, Which Would Allow The Federal Government To Negotiate Lower Drug Prices. In December 2019, Craig voted for: “Passage of the bill, as amended, that would allow the Health and Human Services Department to negotiate prices for certain drugs under Medicare programs and would make a number of modifications to Medicare programs related to drug costs and plan benefits. Specifically, the bill would establish a fair price negotiation program in which HHS would enter into agreements with drug manufacturers negotiate maximum fair prices for certain drugs.” The motion passed by a vote of 230-192. [HR 3, Vote #682, 12/12/19; CQ, 12/12/19]

The Bill Would Enable HHS To Negotiate The Prices Of As Many As 250 Drugs Annually And Would Penalize Drug Companies That Did Not Negotiate. “The final bill enables the HHS secretary to negotiate the prices of as many as 250 drugs annually, a much higher number than the 25-drug threshold the speaker’s office had outlined in one of the earlier versions of the plan. Additionally, it would penalize companies that do not negotiate with HHS with a fine that starts at 65 percent of a drug’s gross sales from the prior year. For every quarter that the company does not engage, the penalty goes up by 10 percentage points, until it hits 95 percent of a drug’s gross sales.” [Vox, 9/19/19]

The Bill Would Prioritize Price Negotiation Of The Most Costly Drugs That Did Not Have Competition From A Generic Or Biosimilar. “The drugs the HHS Secretary would prioritize under the plan are ones that are currently most costly to Medicare and the broader health care system, which do not have competition in the form of a generic or biosimilar. These drugs would be identified based on their price and volume of sales and at least 25 would be negotiated on each year.” [Vox, 9/19/19]
Under The Bill, The Price Negotiated By HHS Would Be Available To Those With Private Insurance, Not Just Those With Medicare. “Whatever price is negotiated by HHS will be available to individuals covered by private plans, not just those covered by Medicare. The prices of drugs in other developed countries will be used as a reference point to ensure that negotiations result in a price that’s no more than 1.2 times the average price in six other places.” [Vox, 9/19/19]

The Bill Would Require Drug Companies To Undo Certain Increases To Drugs Covered By Medicare Part B And D. “The proposal would also address pricing hikes that have been applied to different drugs covered by Medicare Part B and D, requiring companies to either undo any increases that surpass the rate of inflation or rebate the entirety of those hikes since 2016 to the Treasury. Additionally, the plan would cap out-of-pocket prescription drugs costs for those covered by the Medicare Part D to $2000 annually. Currently, there is no cap.” [Vox, 9/19/19]

Craig Voted Against Adding An Amendment To Prevent The Lower Drug Costs Now Act From Going Into Effect Unless HHS Determined The Bill Would Not Limit Drug Development. In December 2019, Craig voted against: “Upton, R-Mich., motion to recommit the Elijah E. Cummings Lower Drug Costs Now Act (HR 3) to the House Energy and Commerce Committee with instructions to report it back immediately with an amendment that would prohibit the provisions of the bill from going into effect unless the Health and Human Services Department certifies that the implementation of such provisions is not projected to result in fewer new drug applications in relation to unmet medical needs and potential cures..” The motion was rejected by a vote of 196 to 226. [HR 3, Vote #681, 12/12/19; CQ, 12/12/19]

Craig Voted For Condemning The Trump Administration’s Legal Campaign Against The Affordable Care Act. In April 2019, Craig voted for: “Passage of the resolution that would express the sense of the House of Representatives that the Trump administration's stance on invalidating the 2010 health care law is ‘unacceptable’ and that the Justice Department should protect individuals with pre-existing conditions, individuals who pay high costs for prescription drugs, and individuals who ‘gained health insurance coverage since 2014.’ The resolution would recommend that the department reverse its position in the case of Texas v. United States.” The resolution passed 240 to 186. [H Res 271, Vote #146, 4/3/19; CQ, 4/3/19]

HEADLINE: “House Votes To Condemn Trump Administration’s Opposition To ACA.” [Jurist.org, 4/4/19]