PhRMA CAREs Grant 2025:
Supporting Efforts to Increase Access to Medicines

CAREs Grant Request for Proposals (RFP):
What are scalable and replicable potential best practices to improve access to medicines*?*

PhRMA recognizes that every patient, every family has unique needs and experiences in accessing quality healthcare and medicines. In an era of more personalized medicine, we are focused on harnessing the power of innovative treatments and cures to meet those needs. With 8,000 medicines in development, and an average of 74% of drugs in the clinical pipeline with potential to be first in-class medicines, PhRMA is committed to creating a healthier nation and global community by being for solutions that ensure accessibility and affordability of medicines.

Data show that disparate access to medicines has been associated with higher incidence of suboptimal health outcomes, including less adherence to medicines to treat chronic conditions. With this RFP, PhRMA seeks to support scalable and replicable efforts to improve capacity building and expansion of initiatives to increase access to medicines.

The application is open until August 1 at Noon EST.

Medicines can be critical to treating, managing, and sometimes curing illnesses, thereby offering an effective tool to improve health outcomes. 35% of the improvements in life expectancy from 1990 to 2015 are attributable to medicines.[i] Yet factors such as income, living in a medically underserved area, transportation, health care coverage and out-of-pocket costs, accessibility of health care providers, all have an impact on the accessibility of medicines.

For example, lower income women and men are less likely to be screened for breast and prostate cancer, which can delay or prevent receipt of life saving therapy.[ii,iii] Patients living in rural counties with transportation problems are nearly twice as likely to not be adherent to prescribed medicines due to problems accessing a doctor or pharmacy. [iv] In over 40% of U.S. counties, people are required to drive at least 15 minutes to reach a nearby pharmacy. Rural states such as Kansas, Montana, South Dakota, and Nebraska have the largest number of counties with pharmacy deserts[v], limiting medicine access.

Further, poor insurance coverage reduces access to care, impacting the ability to receive the right prescription at the right time. Underinsurance and high out-of-pocket costs should not be barriers to accessing prescribed medicines known to be effective at preventing or treating serious illness. Through an endless web of expanded cost sharing, including high deductibles, coverage exclusions and narrow formularies, insurers are increasingly reducing health care choice, quality, and access, standing between patients and the care they need.

Our industry is committed to medicine access across the patient continuum of care. That access begins with the research and development of new treatments and cures, bringing those to market. A patient's ability to access a provider and early detection screenings determines the receipt of the right prescription for specific needs, and the ability to fill it is critical to patient care. The analytics and data gained in the use of these medicines help to better refine the research and development cycle and improve future medicines.

This year, the PhRMA CAREs Grant program seeks to support scalable and replicable efforts to improve access to medicines. Funding will be offered to organizations currently undertaking efforts to advance targeted outcomes, and that offer potential best practices to inform policy solutions across communities/cities/states across the U.S.

Example projects include:

- Community-based interventions to increase medicine access, including opportunities for patients to receive screenings, medicines, or disease management services
- Initiatives to reduce complexity in understanding medicine regimens
- Locality-specific analysis of policies and social determinants of health that influence medicine access
- Projects that evaluate economic and business impact of disparate medicine access, examining solutions to mitigate health system costs.

Eligibility:

- Open to all organizations and individuals engaged in activities to improve medicine access
- Organizations and individuals can be based in any city, state, or territory in the United States
- Preference will be given to applicants with demonstrated commitment to improving health outcomes, including community organizations, businesses, and academic institutions.
- Past grantees are ineligible to apply.

How to Apply:
Applications for the PhRMA CAREs Grant, *Supporting Efforts to Increase Medicine Access*, are open and will be accepted on a rolling basis until **August 1 at Noon EST**. Applicants must submit a proposal on one page with the following sections:

1. Title and abstract: A title and succinct 300 -word abstract of description of the work. This abstract may be used as the basis for the creation of publicly available promotional materials by PhRMA or its agents, if selected.
2. Main description: A description of a past, proposed, or ongoing effort to improve medicine access, including geography (e.g., zip code or state) of the reach of the work, population targeted, intervention, and expected outcome (maximum 600 words). The description will be used to assess the quality of the proposal by the reviewers.
3. Potential for best practice: Brief description of how the effort can be applied to improve health outcomes, show economic impact/benefit of increased improved medicine access in other communities, disease states, or public health concerns (300 word maximum). The potential for best practices will be used to assess the ability of the proposed effort to be replicated in other communities, disease states, or public health concerns.

Additional details in preparing the submission:

1. Title, primary applicant name, and affiliated organization(s) of the applicant should be included in the header.
2. Name, email, and affiliated organization(s) of award applicant. Please note the name of the Project Lead.
3. Please submit all documentation in a single PDF file.

All proposals must be submitted to CAREs@phrma.org by the specified deadline. PhRMA will evaluate all proposals submitted in compliance with the requirements of this RFP. PhRMA has sole discretion to select the winning proposals.

Applicants with selected proposals will each receive a grant from PhRMA in the range of $40,000 - $75,000. The funding must be used to support the effort described in the proposal and the development of a brief report described below. Use of funding for indirect costs is limited to 20% of the grant.

Successful applicants receiving CAREs grants must submit an initial progress report to update on efforts within 8 weeks of receipt of the grant and provide additional progress reports in 3-month increments for one year from funding receipt as may be requested by PhRMA.

Grantees will be required to participate in activities and submit materials in connection with the CAREs grant such as, but not limited to:

- Present CAREs grant activities to PhRMA or other health-related organizations.
- Develop a paper for public dissemination describing how the activities undertaken by the grantee can inform best practices toward scalable, practical interventions that can be applied to other communities, disease states, or public health concerns to advance health literacy.

In addition, grantees may be invited to participate in other PhRMA activities, such as:

- Appear in media campaigns by PhRMA or related entities.
- Participate/submit photos, videos, or other media related to the grant.

All grantees will be required to enter into consent, license, and release forms provided by PhRMA. These forms will be provided to individuals and organizations following selection.

---

[i] Buxbaum, J. D., Chernew, M. E., Fendrick, A. M., & Cutler, D. M. (2020). Contributions Of Public Health, Pharmaceuticals, And Other Medical Care to US Life Expectancy Changes, 1990-2015. Health Affairs, 39(9), 1546-1556. https://doi.org/10.1377/hlthaff.2020.00284.

[ii] He, S., & Pan, S. W. (2020). Breast Cancer Screening Trends among Lower Income Women of New York: A Time-Series Evaluation of a Population-Based Intervention. European journal of breast health, 16(4), 255–261. https://doi.org/10.5152/ejbh.2020.5802

[iii] Moses, K. A., Zhao, Z., Bi, Y., Acquaye, J., Holmes, A., Blot, W. J., & Fowke, J. H. (2017). The impact of sociodemographic factors and PSA screening among low-income Black and White men: data from the Southern Community Cohort Study. Prostate cancer and prostatic diseases, 20(4), 424–429. https://doi.org/10.1038/pcan.2017.32

[iv] Wroth TH, Pathman DE. Primary medication adherence in a rural population: the role of the patient-physician relationship and satisfaction with care. J Am Board Fam Med. 2006;19(5):478-486.

[v] Qato DM, Daviglus ML, Wilder J, Lee T, Qato D, Lambert B. 'Pharmacy Deserts' Are Prevalent In Chicago's Predominantly Minority Communities, Raising Medication Access Concerns. *Health Affairs*. 2014; 33 (11). https://doi.org/10.1377/hlthaff.2013.1397