Quality Adjusted Life Years (QALY): The Threat to Older Americans

A report from Pioneer Institute demonstrates how the Quality Adjusted Life Years (QALY) methodology to determine drug treatment value threatens to discriminate against older adults by placing a lower value on treatments that would extend the life of or improve quality of life for older patients.

What is the Quality Adjusted Life Years (QALY) Methodology?

- **Quality Adjusted Life Years (QALY)** is a controversial method for assessing the value of medical treatments that is used most notably by the Institute for Clinical and Economic Review (ICER). The QALY methodology rates medicines according to their ability to extend life and to improve quality of life by randomly quantifying the cost of providing a patient with one year of perfect health.

How Does the QALY Methodology Discriminate Against Older Americans?

- QALY consistently rates drugs for older patients as less cost-effective than for younger people
- QALY has an inherent bias against providing palliative care to the terminally ill
- QALY has the potential to deny seniors’ access to high-quality, life-saving treatments

The QALY methodology is inherently discriminatory and ageist.

By having a shorter lifespan, elderly patients may forego any improvements in QALYs that accrue over decades of treatment. Such improvements would only be seen to benefit younger patients. Accordingly, QALY would assess treatments for older adults as less cost-effective, even if they markedly improved their quality of life.

Federal Policymakers Should Avoid the Use of the QALY Methodology

Senior citizens who become enrolled in a Medicare for All plan and are then denied valuable treatments based upon a QALY cost-effectiveness review might not share ICER’s view on the value of QALYs. Unless and until ICER incorporates the real economic value of longevity, its methodology should not be used to rate the value of treatments for older Americans.

Visit PioneerInstitute.org to read the full report.