

DECISION-MAKER INTELLIGENCE PROFILE

Rep. Everett "Rett" Granger Chairman, Subcommittee on Medicines & Health Security

U.S. House Committee on Commerce, Innovation and Health

Jurisdiction:	United States (rural Midwest district)
Policy objective:	Enactment of the PACE Act (H.R. 2638) — restoring the development-incentive window for conventional therapies from 7 to 11 years
Issued:	May 2026
Produced by:	Decision-Maker Intelligence Agent, Pugatch Consilium

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DECISION-MAKER INTELLIGENCE PROFILE — SAMPLE

Rep. Everett "Rett" Granger · Chairman, Subcommittee on Medicines & Health Security · Issued May 2026

Name	Everett James "Rett" Granger
Role	Chairman, Subcommittee on Medicines & Health Security, House Committee on Commerce, Innovation and Health
Jurisdiction	United States (a rural district in the upper Midwest)
Policy objective	Secure enactment of a statutory amendment to the Federal Medicines Pricing Program — via the PACE Act (H.R. 2638) or equivalent legislation — that raises the price-control eligibility threshold for conventional (small-molecule) therapies from 7 to 11 years post-approval, achieving parity with advanced therapeutics.
Issued	May 2026

Background & career

Everett James Granger (born 1957) is an American politician and lawyer serving as a U.S. representative since 2013. His district covers a largely rural stretch of the upper Midwest, anchored by small manufacturing towns and an agricultural economy. He is a member of the Republican Party and of its fiscally conservative wing. He earned his bachelor's degree in history from a regional liberal-arts college and his J.D. from a state law school. Before Congress, his legal practice specialised in constitutional law and civil litigation. Granger served sixteen years in his state legislature, the last eight as majority leader — the first Republican to hold that post in his state in a generation. He first won his House seat by unseating a long-serving incumbent who had angered the district's dominant industries, and won his most recent re-election with more than two-thirds of the vote. He brings to health policy a long-standing focus on substance-abuse legislation, including a controlled-substances bill he shepherded to enactment, and was a vocal critic of federal public-health mandates during the pandemic years. [\[Congressional biography databases; district election records\]](#)

Committee memberships & institutional positions

In the current Congress, Granger serves on: the Committee on Commerce, Innovation and Health (subcommittees: Communications; Environment; Medicines & Health Security); the Committee on House Administration; and the Committee on Rules. [\[Official committee rosters\]](#)

In mid-2025, full committee Chairman Roy Stanton selected Granger to chair the Subcommittee on Medicines & Health Security, filling a vacancy created when the previous subcommittee chair stepped down to pursue a Senate run. In the preceding Congress, Granger led the committee's Oversight and Investigations panel for his party. [\[Committee press release, mid-2025\]](#)

As subcommittee chairman, Granger controls the hearing calendar and markup agenda for all medicines-related legislation within the committee's jurisdiction — regulatory authorisations, federal pricing reforms, and public-health reauthorisations. **This is the single most important institutional position in the House for advancing or blocking the PACE Act.**

Stated positions & public record

► Hearing — federal price-control program (September 2023)

As oversight-panel chair, Granger led a hearing on the Federal Medicines Pricing Program created by the 2021 cost-containment law. "Most of the pricing provisions signed into law raise serious concerns," he stated, characterising the program as coercive: "It is back-room arithmetic — an agency makes companies an offer they cannot decline." He specifically flagged conventional therapies: "everyday medicines — the pills and tablets most patients actually take — are among the treatments most damaged by this program." He called for "constitutional, bipartisan legislation that brings relief on prices without crushing research and development."

Source: [\[Committee opening statement, September 2023 — live link in client deliverables\]](#)

► Statement to a national political daily — repeal intent (autumn 2022)

"If the courts haven't gotten there first, then we have to do our job and defend the Constitution," Granger told a national outlet, calling the pricing provisions an "unlawful taking."

Source: [\[National political daily, autumn 2022\]](#)

► Subcommittee hearing — medicines supply chain (February 2026)

Chairing a hearing on affordability and the pharmaceutical supply chain, Granger stated: "I am glad we are re-examining what we learned so we can keep working towards what we all want — lower costs for patients while America remains the leader in pharmaceutical innovation." After the hearing he said he hoped to mark up affordability legislation before the summer recess, while acknowledging bipartisan cooperation would be "tough" in the current climate.

Source: [\[Congressional news service, February 2026\]](#)

► Domestic manufacturing advocacy (late 2025)

Granger, alongside the subcommittee's vice chair, has championed domestic pharmaceutical manufacturing, celebrating a federal priority designation awarded to a generics plant in a neighbouring district and pledging to "keep pushing policies that bring medicine production home."

Source: [\[Member press release, late 2025\]](#)

► Transparency and bipartisanship commitment (February 2026)

During the supply-chain hearing, Granger committed to working with the minority's ranking member on oversight of executive-branch pricing deals: "I'm a big believer in transparency — the more we know, the better job we can do."

Source: [\[Congressional news service, February 2026\]](#)

Voting & legislative record

- **Healthcare Cost Containment Act (2021) — final passage:** the law passed the House on a near-party-line vote; Granger voted NO, describing its pricing provisions as an "unlawful taking" and unconstitutional. [\[Roll-call records\]](#)
- **Competing same-party pricing measure:** Granger stated at the September 2023 hearing: "When a competing measure from my own party with similar language was briefly brought forward, I voted against that one too — on constitutional grounds." This signals he objects to the *mechanism* of government-set pricing, not merely to the opposing party. [\[Hearing transcript\]](#)
- **Controlled-substances legislation:** Granger sponsored a scheduling bill that was enacted into law — evidence of his ability to shepherd legislation to enactment. [\[Legislative databases\]](#)
- **Subcommittee markups (current Congress):** Granger has conducted multiple markups of public-health reauthorization and regulatory-improvement bills alongside Chairman Stanton. [\[Committee calendar\]](#)
- **PACE Act (H.R. 2638):** introduced by a bipartisan trio of representatives, the bill would give conventional therapies the same protected window as advanced therapeutics. Full committee Chairman Stanton is a co-sponsor. Granger is *not* listed as a co-sponsor — but as subcommittee chairman, the bill's fate depends on whether he schedules it for hearing and markup. No public record indicates he has opposed it. [\[Bill-tracking databases\]](#)

Stance assessment

● OVERALL STANCE: FOR

The evidence strongly indicates Rep. Granger would be sympathetic to — and likely supportive of — the PACE Act's objective. Three independent lines of evidence support this assessment:

First, Granger is a vocal, ideologically committed opponent of the federal pricing program in its entirety: he has called it an unconstitutional "taking," likened it to coercion, voted against the underlying law, and voted against even his own party's alternative pricing mechanism on

constitutional grounds. A targeted fix like the PACE Act is a *less* ambitious reform than his stated preference for full repeal — making support for it the natural minimum corrective step.

Second, he has consistently paired cost concerns with innovation protection, and has specifically identified conventional therapies as the program's most-harmed category. The PACE Act directly addresses the distortion he himself has highlighted. His full-committee chairman is already a co-sponsor.

Third, the potential wrinkle is fiscal: extending the protected window reduces projected federal savings, and Granger is deficit-sensitive. However, his on-the-record statements uniformly prioritise innovation protection over savings generated by provisions he considers unconstitutional. The fiscal concern is manageable, not disqualifying.

Strategic engagement recommendation

► Most effective argument type: constitutional / innovation-protection

Granger is a lawyer with demonstrated constitutional convictions — he has rejected pricing mechanisms from *both* parties on constitutional grounds — and is deeply committed to domestic manufacturing. The most effective framing: (1) the PACE Act corrects an arbitrary disparity he has already criticised on the record; (2) failing to act will accelerate the shift of R&D investment away from the United States, harming both patients and domestic capacity.

► Key messages that will resonate

- **"Fixing the law's worst distortion"** — frame the PACE Act not as an endorsement of the pricing program but as a necessary correction within it, consistent with his stated goal of fixing "the worst impacts" while pursuing broader reform.
- **"Protecting patients in rural America"** — his district's median household income is around \$55,000, among the lowest in his state. Conventional medicines — pills and tablets — are overwhelmingly what primary care and chronic-disease management rely on in rural communities. The current threshold discourages investment in precisely those medicines.
- **"Bipartisan, innovation-first, constitutionally sound"** — the PACE Act is bipartisan, creates no new federal powers, and simply equalises an existing threshold: exactly the "constitutional bipartisan legislation" he has publicly called for.
- **"Bring medicine manufacturing home"** — conventional therapies are made in plants that can be reshored far more readily than advanced-therapeutics facilities; protecting their viability serves the domestic-manufacturing agenda he champions.

► What to avoid

- **Do NOT frame the PACE Act as "improving" or "strengthening" the pricing program.** Granger views it as fundamentally unconstitutional; language validating the framework will trigger resistance.
- **Do NOT lead with industry revenue-protection arguments.** He is a populist-conservative critic of opaque supply-chain pricing; an ask framed around protecting company profits will alienate him.
- **Do NOT minimise the fiscal cost.** Official scoring will show reduced federal savings. Acknowledge it, and counter with the long-term cost of fewer new treatments.
- **Avoid partisan framing.** He works across the aisle on health policy and values his committee's bipartisan track record.

► Best timing and format

- **Timing — critical:** Granger has said he hopes to mark up affordability legislation before the summer recess. The PACE Act (or its substance) could ride in the next subcommittee markup package. Engagement should be immediate.
- **Format:** a formal meeting request with the chairman and his legislative director in Washington; alternatively, written testimony or a letter for the record at the next affordability hearing or markup.
- The subcommittee's affordability hearing series (insurance → supply chain → providers) suggests a forthcoming legislative hearing specifically on pricing provisions — the optimal vehicle.

► Potential allies who may influence Granger

- **Chairman Roy Stanton** — full committee chairman and PACE Act co-sponsor; Granger serves at his appointment, so his endorsement carries decisive weight.
- **The bill's lead sponsor** — a physician-legislator whose clinical credibility makes him the natural champion in member-to-member advocacy.
- **The subcommittee vice chair** — a pharmacist by training and Granger's closest collaborator on health matters.
- **The Democratic co-sponsor** — demonstrates the bipartisan credentials Granger values.
- **Coalition for Treatment Innovation; Seniors' Access Alliance; Taxpayer Policy Council** — advocacy organisations already on record supporting the bill, spanning patient, senior and fiscal-conservative constituencies.

Contact & outreach

Washington office	[Office building & suite] · Phone: (202) 555-0147
District office	[Main street address] · Phone: (xxx) 555-0163
Channels	Official contact form · meeting-request form · write-your-representative portal
Key staff	Legislative Director M. Carver — [official house.gov email] · Committee staff contact: A. Whitfield, professional staff, Medicines & Health Security
Best first contact	A formal meeting request addressed to the Legislative Director, requesting a meeting with the Chairman on bipartisan legislation to protect conventional-medicine innovation — coordinated in parallel with committee staff regarding upcoming markup opportunities.

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