

“...it’s not the state or the pharmacy’s fault that the PBMs have such byzantine procedures that affect drug prices.” - Chief Justice Roberts during the Rutledge v PCMA argument

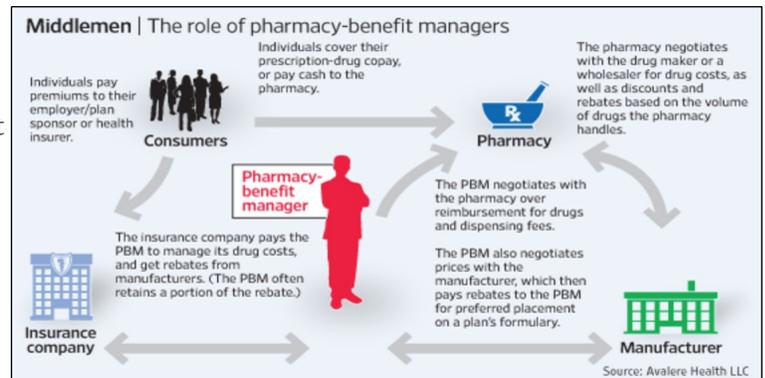
Improving Patient Access and Pharmacy Fairness

SB2008 – Senator David Koehler (D-Peoria)

HB3630 - Representative Greg Harris (D-Chicago)

Vote Yes for SB2008 & HB3630!

Background: Pharmacy benefit managers (PBMs) are intermediary firms that manage prescription drug benefits for health insurers, Medicare Part D drug plans, and large employers. On one end, they contract with insurers and insurance plans to process patients’ claims; on the other, they contract with pharmacies to reimburse them for the cost of purchasing drugs and dispensing prescriptions. In recent years, PBMs have leveraged their market power to implement abusive policies and practices that pad PBMs’ profits at the direct expense of health plans, pharmacies and patients, driving many pharmacies out of business and jeopardizing patient access to essential care. Those threats to access to care are even more serious in the face of the unrelenting COVID-19 pandemic.



SB2008 and **HB3630** will help correct this imbalance of power and incorporates patient access and reimbursement regulations recently upheld by the Supreme Court in *Rutledge v. Pharmaceutical Care Management Association*, as well as other vital reforms. These key provisions summarized below:

- **Assuring Patient Choice:** Assures patient choice by requiring PBMs to accept claims from any licensed pharmacy that agrees to the PBM’s terms and conditions. It also prohibits PBMs from charging different copayments or granting higher reimbursement rates at some pharmacies over others. Prevents PBMs from directly or indirectly pushing patients towards their own mail order affiliates by restricting advertising, prohibiting mail order mandates, and prohibiting cost incentives for choosing one pharmacy over another.
- **Allowing “Any Willing Provider” to Join PBM Networks:** Assures patient choice by requiring PBMs to accept claims from, and admit into their networks, any licensed pharmacy that agrees to the PBM’s terms and conditions. It also requires evenhanded treatment within networks by prohibiting PBMs from charging different copayments or assessing fees at some pharmacies and not others.
- **Restricting Abusive Audits:** Prevents audits from being conducted during times when the pharmacy will predictably be busier than normal. Restricting the number of audited prescriptions per 12-month period, and number of on-site audits per year. Prohibits auditors from being paid based on the amount recouped from pharmacies. Prohibits clerical errors being used as sole justification for recoupment. Requires PBMs to pay a fee to the pharmacy for any clean claim audited.
- **Restricting PBM Fees, Denials, and Copayments:** Prohibits PBMs from imposing arbitrary and unfair costs. It bans PBMs from assessing any fees for claims processing or based on pharmacy “performance,” retroactively denying or reducing claims after reimbursement has been paid and charging copayments to patients that exceed the cost of the pharmaceutical.