



American Senior Alliance®



Biomarker Collaborative



HISPANIC CHAMBER of COMMERCE of Louisiana



MET CRUSADERS



NATIONAL INFUSION CENTER ASSOCIATION



Senator Bill Cassidy  
455 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Senator Cassidy:

We appreciate your leadership on key patient access and affordability issues as you serve as ranking member of the Senate Health, Education, Labor, and Pensions Committee. We recognize your efforts to ensure patient access to affordable, innovative medicines and treatments. As you continue to consider different policy solutions to lower costs and increase access for patients, pharmacy benefit managers (PBMs) sit at the center of this discussion. And, it is clear that accountability is needed to lower the cost of medications at the pharmacy counter.

As a physician, we know that you are aware of the ways PBMs create policies that raise health care prices and harm patient access to necessary medications – while pocketing profits – without any patient benefit. Three PBMs – CVS Caremark, Express Scripts and Optum Rx – impact most American patients by controlling more than 80% of the prescription drug marketplace, and strategically create drug formularies that incentivize higher cost medications. These vertically integrated companies include insurance companies, PBMs, and pharmacies, taking away decision making from patients, physicians, and their community pharmacists.

PBM business structures are intentional and must be addressed in both government programs and the commercial market. PBMs have demonstrated that they will shift their profit-making schemes to the commercial market, and executives have even publicly stated [their intention](#) to do this.

At the state level, the Louisiana legislature has worked to pass legislation to ban copay accumulator policies. The nearly 40 patient advocacy organizations who support the ban are excited about a [recent U.S. District Court ruling](#) that struck down a rule permitting copay accumulator policies. Many patients depend on patient

assistance programs like co-pay coupons to afford their medications when insurance doesn't cover enough. It is great news that health insurers and PBMs can no longer double dip by refusing to attribute these assistance tools to a patient's deductible or out-of-pocket maximum.

When considering legislation to address PBMs we urge you to include actionable language that:

- **Ensures access and affordability for patients.** Mandate that all cost-savings rebates and discounts be passed through to health plan sponsors and patients at the point of sale. Streamline utilization management protocols to include timely access and administrative efficiency. **We urge you to support the reforms in the Share the Savings with Seniors Act (S. 2474 / H.R. 5376).**
- **Creates a PBM revenue system that isn't tied to medicine prices.** Prohibit PBMs from earning revenues from higher cost medications to break the arbitrary formulary model. Instead, ensure PBMs have transparent, flat administrative fees that are assessed to their client health plan sponsors for services that have value to them. There are several bills making their way through Congress addressing delinking including, **the Patients Before Middlemen Act (S. 1967), The DRUG Act (S. 1542), Modernizing and Ensuring PBM Accountability (MEPA) (S. 2973), and the Protecting Patients Against PBM Abuses (H.R. 2880).**
- **Requires reasonable client-PBM data transparency.** It's important for plan sponsors and government programs to monitor PBM operations and ensure they are operating in the best interest of their clients with a line of sight into things such as administrative and non-administrative fees, rebates, and reimbursement.

We look forward to continuing to work together to hold PBMs accountable and ensure access to innovative, affordable medications for patients. **Before the end of this year, we hope to see comprehensive PBM reform that prioritizes sharing rebates directly with patients and delinks PBM fees from the price of the drug in both the commercial and government programs space.** We stand ready to help to make this happen.

Thank you,

American Senior Alliance  
Biomarker Collaborative  
Epilepsy Alliance Louisiana  
Exon 20 Group  
H.E.A.L.S. of the South  
Hispanic Chamber of Commerce of Louisiana  
ICAN, International Cancer Advocacy Network  
Infusion Access Foundation  
LouisianaBio

Louisiana Hemophilia Foundation  
Louisiana Oncology Society  
Mauti Cancer Fund  
MET Crusaders  
National Infusion Center Association (NICA)  
PD-L1 Amplifieds  
Pontchartrain Cancer Center  
Rheumatology Alliance of Louisiana  
Survivors Cancer Action Network