

“...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

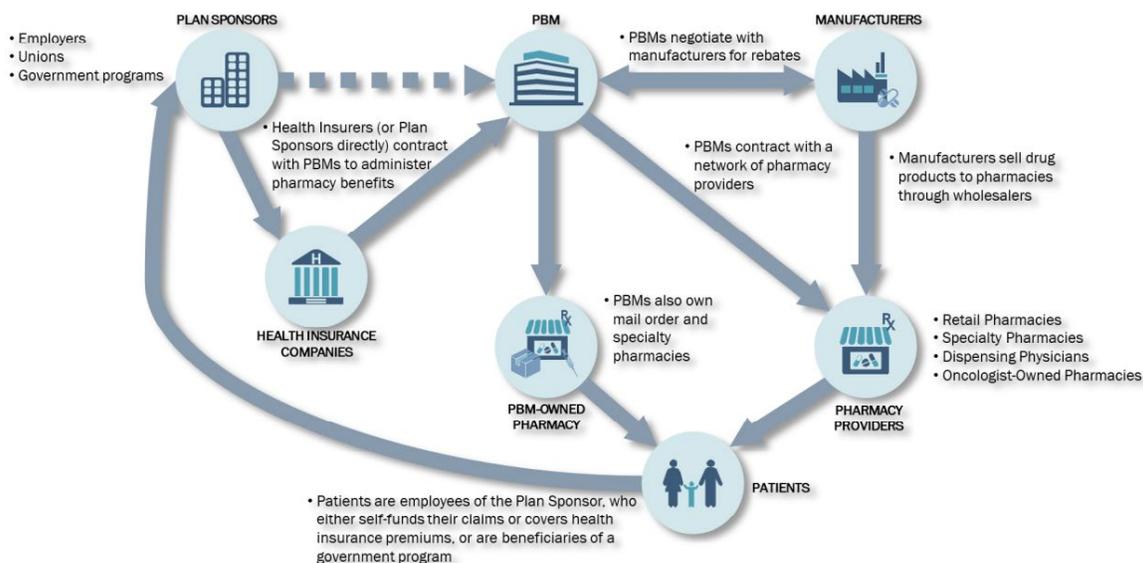
Ensuring Patient Choice and Access to Medications

HB3761 – Representative Will Guzzardi

Background: Pharmacy benefit managers (PBMs) are intermediary firms that facilitate prescription drug benefits claims for health insurers. 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. The policies and practices are driving many pharmacies out of business and jeopardizing patient access to essential care and creating pharmacy deserts. These threats to access to care are even more serious as we continue to emerge from the COVID-19 pandemic.

Many PBMs require their beneficiaries to use the pharmacy of the PBM’s choice, not the pharmacy the beneficiary feels the most comfortable using or is most convenient for them. Community pharmacies or other pharmacies that are willing to accept the same terms and conditions of other pharmacies in the network are prohibited from participating in the network.

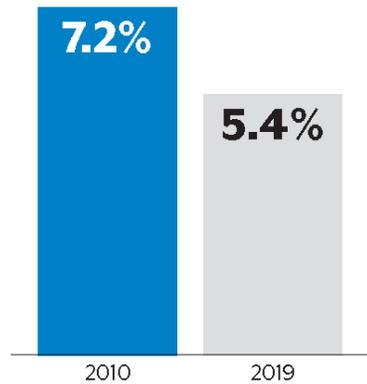
Mandatory use of a PBM affiliate pharmacy is similar to restrictive networks. Even if a PBM does not have a restrictive network, it may still require patients to fill certain prescriptions at their own retail, mail order, or specialty pharmacy.



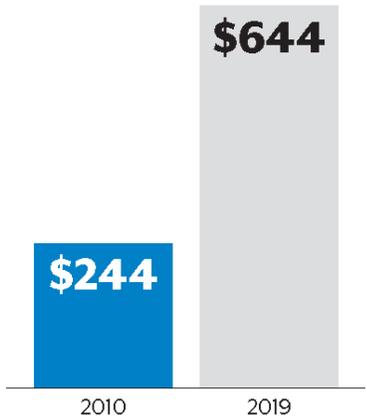
HB3761 will help correct this imbalance of power and incorporates patient access reforms.

- **Assuring Patient Choice** by prohibiting PBMs from directly or indirectly pushing patients towards their own mail order pharmacies.
- **Prohibit PBMs that Own Pharmacies** from steering and restricting patient access from the pharmacy of the patient’s choice.
- **Expand access to lower copays** for all patients who choose to use the pharmacy of their choice in the communities where they live.
- **Ensures Transparency and Assurance to the State** by providing data and information to the Department of Insurance on how patient, plan sponsor, and taxpayers monies are distributed through the claim process.

7.2%

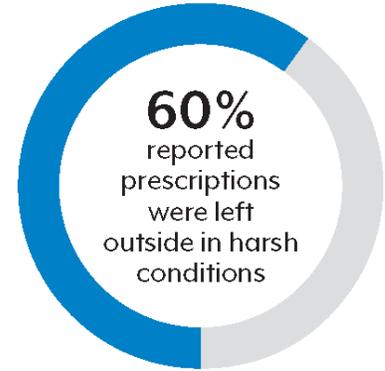
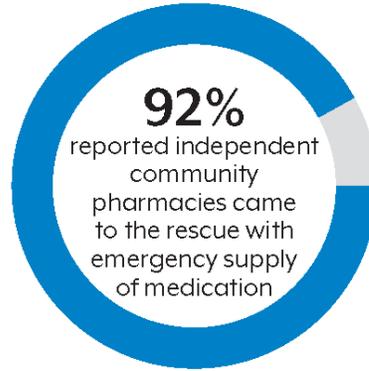
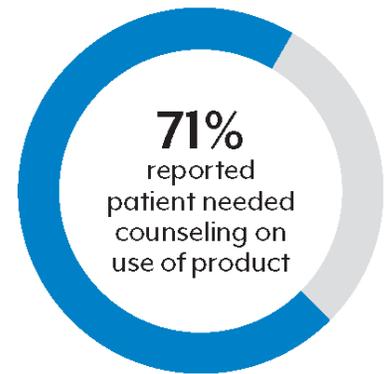
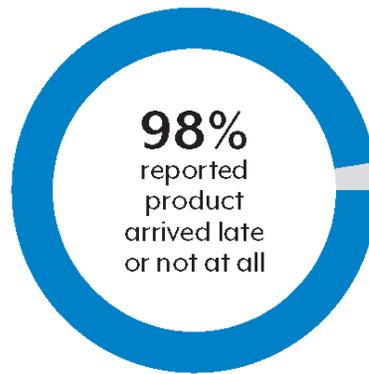


THE PERCENTAGE OF CONSUMERS CHOOSING MAIL ORDER Rx HAS DECREASED OVER TIME



THE AVERAGE MAIL ORDER Rx COST HAS GROWN 164%

PHARMACISTS REPORT PATIENT ISSUES WITH MAIL ORDER²



³Between 59°-77°F is the temperature recommended to store most medications, but mailbox temperatures may exceed 150°F in summer!



Pharmacy deserts in Chicago could make it tough for many to get COVID-19 vaccine

Aetna drops Walgreens from its Medicaid plan, making it harder for low-income Chicagoans to get their prescriptions during the pandemic

Press Releases

September 30, 2021

ATTORNEY GENERAL RAOUL ANNOUNCES \$56 MILLION SETTLEMENT WITH PHARMACY BENEFIT MANAGER

Settlement Resolves Raoul's Investigation Into Centene Corp. Allegedly Submitting Inaccurate Reimbursement Requests

Chicago — Attorney General Kwame Raoul today announced a more than \$56 million settlement with the largest Medicaid managed care organization in the United States. The settlement resolves an investigation the Attorney General's office conducted into whether, as a pharmacy benefit manager for the state of Illinois, Centene Corp. (Centene) entities submitted inaccurate billing requests to the state.

"Pharmacy benefit managers are part of a larger issue, which is the accessibility and affordability of prescription drugs," Raoul said. "No one should have to choose between paying for basic necessities or costly but essential medications. My office is continuing to investigate pharmacy benefit managers operating in Illinois because I am committed to stopping unfair and unlawful conduct by PBMs and drug companies."

FTC Launches Inquiry Into Prescription Drug Middlemen Industry

Agency to Scrutinize the Impact of Vertically Integrated Pharmacy Benefit Managers on the Access and Affordability of Medicine

June 7, 2022

Tags: [Competition](#) | [Office of Policy Planning](#) | [Nonmerger](#) | [generic drugs](#) | [Pharmacy Benefits Managers \(PBM\)](#) | [Health Care](#) | [Drug Stores and Pharmacies](#) | [Prescription Drugs](#)

The Federal Trade Commission announced today that it will launch an inquiry into the prescription drug middleman industry, requiring the six largest [pharmacy benefit managers](#) to provide information and records regarding their business practices. The agency's inquiry will scrutinize the impact of vertically integrated pharmacy benefit managers on the access and affordability of prescription drugs. As part of this inquiry, the FTC will send compulsory orders to [CVS Caremark; Express Scripts, Inc.; OptumRx, Inc.; Humana Inc.; Prime Therapeutics LLC; and MedImpact Healthcare Systems, Inc.](#)

The Lack of Neighborhood Pharmacies is Crippling Our Community.

Advocates, Clinicians Urge CVS Caremark Reverse Dangerous Formulary Change

Theresa April 9, 2020

City of Rockford Vows to Fight on After Bankruptcy Court Stays Litigation Against Express Scripts