

The PUTTbulletin

Advocating Amidst Uncertainty and A Tad Bit of Chaos: PUTT's 2025 Priorities



While new presidential administrations are always times of uncertainty, unique factors have made the second Trump Administration especially uncertain as Congress actively considers the best and most appropriate vehicle for advancing PBM reform ahead of the March 14th government funding deadline.

At PUTT, we remain cautiously optimistic (new administration chaos and uncertainty notwithstanding) and want to make clear our 2025 priorities:

PBM & Reimbursement Reform at the State and Federal Level

Our foremost priority remains advocating for reforming how PBMs reimburse pharmacies: ending below-acquisition cost reimbursements; BER/GER and other clawback schemes; and paying pharmacies a professional dispensing fee. We will continue to advocate for policies that end spread pricing; stop PBM self-dealing and patient steering; and end practices that allow PBMs to profit from perverse incentives.

Supporting the *Pharmacists Fight Back Act* when re-filed, and other bills that restore a fair competitive environment for pharmacies. We're there for the *Patients Before Monopolies Act*, and will throw our full support behind Rep. Greg Murphy's epilepsy bill because pharmacists don't just fight back, *we give back*. We'll continue publishing Lauren's "Legislative Updates" and will be actively encouraging participation on Capitol Hill at NCPA's Fly In, April 30-May 1.

Exposing Myths and Misconceptions about State Prescription Drug Affordability Boards (PDABS)

We are turning attention to the need to educate the public and state lawmakers about the pitfalls of relying on PDABs as a "cost savings" solution to high drug prices. We aim to dispel myths and misconceptions around these entities, emphasizing their importance in ensuring access to affordable medications for all patients while ensuring local pharmacies remain viable and are not locked into systems that all but guarantee below-cost reimbursements for PDAB selected drugs.

Empowering Members to Advocate for Themselves

We believe in the power of grassroots advocacy. This year we're putting special focus on empowering members to engage in both local and national advocacy efforts. This will include resources, training, and support to help you advocate effectively for their profession and patients.

Establishing strong, productive relationships with elected officials is crucial. Our focus will be on equipping our members with the tools and strategies needed to cultivate these relationships, ensuring that pharmacists have a voice in legislative matters that affect healthcare delivery.

By prioritizing these initiatives, we aim to slow the rate of pharmacy closures; protect patient access to care and medication; and restore hope and confidence that pharmacy and pharmacy ownership is both noble and viable. We look forward to working with each and every one of you toward making 2025 a strong, successful year for PBM reform!

Monique Whitney, PUTT Executive Director



Digging Deep: PDABs

In the Fall of 2024 we had the opportunity to attend the [PDAB Patient Advocacy Summit](#) in DC where we learned of a concerning initiative that everyone would benefit from keeping on their radar.

Prescription Drug Affordability Boards (PDABs) are state-level regulatory bodies created to address prescription medication costs. Their main goals are to ensure prescription drugs are affordable for residents and to curb excessive drug price increases - unfortunately, their actions can cause more harm than good when it comes to pharmacies and their patients.

As of July 1, 2024 there are eleven states that have enacted Prescription Drug Affordability Boards: Colorado, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Ohio, Oregon, and Washington.

Who do these boards actually benefit, and why do they seem to be the brainchild of PBMs?

When we discovered the ramifications of PDABs, we were shocked. Much like the Inflation Reduction Act (IRA), PDABs set the state's upper payment limits (UPLs) - many times with rates that are below actual acquisition cost, and unbeknownst to pharmacies until a patient arrives at the pharmacy counter. These state level UPLs can introduce more administrative burdens on pharmacies from additional pricing regulations, and can have the effect of limiting the availability of brand medications, that for some patients, are clinically necessary.

In theory, PDABs can sound like a positive thing. In reality, without input from pharmacists on the front lines, PDABs have the potential to become a giant wrecking ball aimed directly at independent pharmacies and patient care.

We've reviewed current legislation and the question remains - how will pharmacies purchase PDAB regulated drugs, and who will make them whole when they aren't able to acquire those drugs under the enacted UPL? Saving money in complex disease states is important, but will pharmacies carry the financial burden while patients pay the ultimate price in compromised care? What happens when a patient can no longer access their pharmacy of choice? It appears PDAB board members making these decisions don't comprehend the unintended consequences that may arise from their actions.

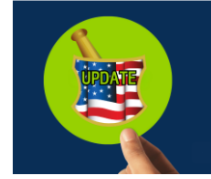
As pharmacists, our proactive involvement in this area is essential. We must get involved to ensure that PDABs operate with transparency, and in a way that benefits both patients and healthcare providers.

Brandi Chane, PUTT Executive Board

For a copy of an informational sheet on PDABs [click here](#)

Around PUTT

PUTT's New Donor Platform is "Like Buttah"



Did you know PUTT operates on an annual budget that's less than most executive salaries? We pride ourselves on being fiscally responsible with our donors' funding - including paying close attention to operational costs - which is why we've switched our donation platform to [Givebutler](#).

Givebutler is a nonprofit platform that allows greater control over our donors' information, charges less money, and is more flexible in general.

If you're currently a donating PUTT member, you should have an email and/or text message with instructions on how to move your donation over to our new platform. **No matter if you're a current or past donor, or a new advocate fighting for the cause, setting up your donation information in our new system is as simple as [Clicking HERE](#)**

I recently moved my donation to Givebutler. I can honestly say it will take about 2 minutes of your time - the hardest part is remembering the amount or frequency of your past donations! (Feel free to increase either of those while you're there.) Your donations, time and effort are how PUTT is able to do all the things we do.

If you have any questions or concerns you can always email me at kandra@truthrx.org or our Operations Manager at shannon@truthrx.org and we will get you fixed up.

We appreciate every one of you and what you contribute to advocacy, independent pharmacy, and the fight against PBM abuse of our system.

Yours in Advocacy,

Kendra Korthauer, PUTT Executive Board Member

LEGISLATION TO WATCH

Arizona [HB 2208](#)

What it is: Commercial Plan Pharmacy Reimbursement

Why it's important: Under commercial plans HB 2208 would require pharmacies be paid a professional dispensing fee not less than the fee-for-service rate established by CMS, and require that network pharmacies be reimbursed no less than the actual acquisition cost of the pharmacy.

Arkansas [HB 1150](#)

What it is: Prohibition of Insurance or PBM-Owned Pharmacies

Why it's important: Under HB 1150, healthcare conglomerates and their PBMs would be prohibited from obtaining permits allowing them to operate pharmacies of any form in the state of Arkansas.

Maryland [HB 0424](#) / [SB 0357](#)

What it is: Prescription Drug Affordability Board Upper Payment Limit Authority

Why it's important: HB 0424 & its companion bill SB 0357 would give authority to the state prescription drug affordability board to set upper payment limits for state purchases and reimbursements, which could result in additional administrative and reimbursement issues for pharmacies.

Mississippi [HB 1119](#) / [SB 2677](#)

What it is: Blanket PBM Reform

Why it's important: HB 1119 & its companion bill SB 2677 would require PSAs provide pharmacies with copies of their contracts, define cash discount cards as PBMs and require 7-day reimbursement turnaround, require reimbursement at NADAC plus a state dispensing fee, and add protection for pharmacies filing formal PBM complaints.

Virginia [SB 875](#) / [HB 2610](#)

What it is: Titled the Save Local Pharmacies Act

Why it's important: SB 875 & its companion bill HB 2610 would require state Medicaid to contract with a single PBM and prohibit that PBM from engaging in business conflicts of interests with any Medicaid provider or vendor.



NEWS YOU CAN SHARE

[New Senate HELP chair lists pharmacy benefit manager reform as a top priority](#) | ALM Benefits Pro

[Pressure Mounts for PBM Reform Amid Rising Drug Costs](#) | Independent Voter News

[What Are PBMs? Chuck Grassley Presses RFK Jr. On Accountability For Pharmacy Benefit Managers At Confirmation Hearing](#) | Times Now World

[Patients Before Monopolies Act: A Game Changer for Patients, Pharmacists, and Prices?](#) | Medscape

["Chose rent over his medicine": Parents of 22-year-old who died from asthma attack sue PBM over inhaler price jump](#) | Law & Crime

[PBM Regulation Bill a Good Possibility This Year, House Staffer Says](#) | Medpage Today

Scene & Heard



Join PUTT podcasters Jeremy Counts, Lauren Young and Andrew Russell as they host the long awaited premier of Patient Protector's explosive docuseries, Modern Medical Mafia, live from Rio, Wisconsin with special messages from Congressman Buddy Carter and Congressman Jake Auchincloss.

To watch the pre-release of episode 1 of the docuseries without premier commentary, [click here](#).

PUTT is the only 501c3 nonprofit 100% dedicated to fighting against PBM anticompetitive business practices on behalf of pharmacies and their patients.

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