



April 10, 2024

To Chair Lyons and members of the Senate Health and Welfare Committee,

Thank you for the committee for taking up this issue, and I am sorry that I may not be able to attend today. I am a practicing pharmacist in addition to my role as the Executive Director of the Vermont Pharmacists Association, and I have patients scheduled with me on Wednesday mornings.

I am a pharmacist who does not ever touch medication. When I tell people this they are flummoxed, so I explain. Of the ten years of education and residency training, no one had to teach me how to put medication in a bottle. What I did spend 10 years learning was how to choose the right medication and how to care for the person taking it, so that is what I do just in a clinic setting not a pharmacy. Similarly, the value of the community pharmacy is not wholly encompassed by the medication it sells. The true value of a pharmacy is the highly trained pharmacist. What we know from literally hundreds of studies is that when a pharmacist becomes more involved in a patient's care three things happen – treatment outcomes improve, patients are happier with their care, and their care costs the system less.

What we have also learned from a similar number of investigations is that where pharmacy benefit managers are operating in the shadows, patients lose access to medications, pharmacies are put out of business, and insurers are cheated out of revenue for the sole purpose of lining the pockets of shareholders in Fortune 50 companies.

The narrative that PBMs like to spin is that they are supporting patients and keeping the rising health care costs in check. As a clinician in a primary care clinic, I would find this laughable if there were any humor to be had in it. I will share an example from yesterday. A provider I work with asked for my opinion on a message she just received. A patient had been taking an extremely common blood pressure medication called amlodipine, was doing well on it, but her insurance just said it was no longer going to be covered. I asked her to send me the notification because honestly, I was sure she was misunderstanding. She was not. This patient has employer-provided health insurance through one of the major insurers in the state, with one of the big 3 PBMs processing the pharmacy benefit. And this PBM is requiring a PA to cover one of the most common blood pressure medications used in the United States. The NADAC cost for amlodipine is \$0.50 per month, but the PBM was pushing the provider to prescribe one that costs \$174 per month. Looking closer, I found out that the PBM had done the same thing a few months ago with lisinopril, another incredibly common first line blood pressure medication that costs less than a penny a pill. As a result, the patient went entirely without her blood pressure medication for several months because of the hurdles the PBM deliberately raised. These are not the actions of a company that has any interest in patient welfare. It would be understandable to dismiss this incident as one patient with one PBM, but I can assure you that dozens of these messages come in to every office, every day.

This bill is important to advance this session because it creates an enforcement mechanism for protections that patients need and mandates transparency we need to evaluate the actions of corporations that currently operate with impunity.

In the beginning of the session, this bill contained some additional financial protections for pharmacies to curb some of the more egregious practices against pharmacies. Though these have been removed at



this point, this bill is still an important foundation to have going forward. That said, I do want to be clear that without these financial protections, pharmacies are going to close. Fifteen years ago there were over 50 independent community pharmacies in the state. There are 18 now. We have seen over and over in our state over the last years the impact of losing a community pharmacy. We are going to see more this year.

Please do not hesitate to reach out for any additional information or clarification I can provide, and thank you again on behalf of Vermont's pharmacists for taking up this important issue.

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