Submitter: Rachelle Collier

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB3013

Oregon State Legislature
House Committee on Behavioral Health and Health Care
900 Court Street NE
Salem, OR 97301

Chair Nosse, Vice-Chairs Goodwin and Nelson, Members of the Committee: Oregonians need access to prescription drugs. Nearly every one of your constituents lives in a part of Oregon that has limited options and continues to see the problem worsen because of Pharmacy Benefit Manager (PBM) practices. I am a pharmacy manager at a hospital pharmacy and I am submitting written testimony in support of PBM bills HB 3012, HB 3013 and HB 3015.

These bills will save lives in Oregon. They will:
1.   Require that PBMs be licensed by the Department of Consumer and Business services.
2.   Establish a dedicated FTE to regulate their business practices in Oregon.
3.   Additionally, to combat unfair reimbursement practices that are driving pharmacies out of business, this bill will require that pharmacies are reimbursed at the same rate as fee-for-service Medicaid, which sets its rates to reimburse pharmacies only for the costs they incur for filling a prescription.
4.   This reimbursement provision will also add some level of transparency to prevent spread pricing.
5.   Other provisions, such as requiring that PBMs do not retaliate against pharmacies for trying to enforce fair business practices, regulating remote or desk audits, and preventing excess fees for submitting claims, will help prevent PBMs from shifting their current practices to other practices that are unforeseen at this time. PBMs are companies that manage prescription drug benefit programs for health plans. PBMs promote themselves as saving health plans and their covered members money, which helps them avoid regulation and so they keep their negotiations and the discounts or rebates they get from drug companies are very secretive.

Our communities cannot afford to have any more community pharmacies driven out of business. We have seen a huge decline in outpatient pharmacy services in our community and it is affecting our hospitals. As the hospital pharmacy we only dispense outpatient prescriptions in emergency situations when area retail pharmacies are not available (this should be a rare occasion). The decline in outpatient pharmacy services has caused the number of patients needing prescriptions filled by the hospital pharmacy to increase. Filling outpatient

prescriptions takes hospital pharmacy staff away from their primary duties of taking care of patients admitted to the hospital. The demand for the hospital filling emergency prescriptions for non-admitted patients is so high that there have been days when we have needed to remove our IV technician from the IV room in order to help fill these prescriptions. This is not a sustainable practice.

The decline in outpatient pharmacy services in our community has also affected our patients discharging from the hospital. Often when a patient is undergoing a procedure, their caregiver will be sent to pick up a prescription at a local pharmacy. Due to the lack of outpatient pharmacy services in our community, there are multiple examples of patients who complete their procedure and are cleared to be discharged home, but their caregiver remains in line at the retail pharmacy waiting to pick up their prescriptions. There was even one situation where our ambulatory surgery center was ready to close for the day, but one patient remained. The patient was waiting on his caregiver to return from the local retail pharmacy with his prescriptions. The caregiver was in line for > 2 hours at the pharmacy. Our hospitals cannot afford to see any more community pharmacies put out of business.

The hospital pharmacy needs to be available to take care of admitted patients. We cannot be relied on to make up for the lack of outpatient pharmacy availability. Supporting these bills is an important step in preventing additional outpatient pharmacies from being put out of business.

Thank you for your consideration.