RHODE ISLAND ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR RHODE ISLAND

January 30, 2024

Dear Chairman Solomon and Members of the House Corporations Committee,

I am writing to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in **strong support of H 7139**, a bill to regulate Pharmacy Benefit Managers.

I write to you as a family physician, who works at a Federally Qualified Health Center (FQHC) in Woonsocket and serves as the Chair of the Advocacy Committee of the RIAFP. I am also a resident of Providence and a patient in our healthcare system.

I would like to share with you how **unsustainable it has become to provide primary care in our current system**, and it is my firm belief that Pharmacy Benefit Managers (PBMs) are one of the largest contributing factors to this instability.

As family physicians, we take care of people of all ages and genders. We manage routine preventative care, chronic illness, and acute illness and injury. Family physicians across the state manage pregnancy, gender affirming care, sports injuries, diabetes, heart failure, chronic back pain, and the list goes on. As primary care doctors we are often the first point of entry to the medical system and, in theory, the person who follows patients over a lifetime. But that is changing, because physicians are retiring early and leaving primary care in droves because of burnout and moral injury.

I'd like to take a minute to illustrate why the practice of primary care has become so difficult with a patient case.

January is a difficult month for primary care doctors because it is when a lot of the formularies for insurance companies change. Formularies are lists that dictate which medications will be covered by an insurance company, and they are largely established by PBMs.

At the beginning of January a patient of mine, who takes a daily medication to treat stomach ulcers, went to his pharmacy and was told that the medication he has been taking for years was no longer covered. Feeling scared and frustrated he called our office asking what he could do. In response, my medical assistant picked up the phone and called the patient's pharmacy. Someone at the pharmacy told my medical assistant that the problem was with the patient's insurance, that it looked like this patient might no longer have active insurance coverage. My medical assistant then called the patient and the patient explained that this could not be the case, that he's had continuous coverage through his same employer for years. Then my medical

assistant called the insurance company and was told that the patient's insurance was indeed active, but that this medication now required prior authorization. So the message about the need for prior authorization was sent to our prior authorization department, where they submitted a claim, and the claim was denied. In response to the denial, a member of our prior authorization team reached out to the department that handles appeals at the insurance company and was told that the actual problem was that the patient's medicine, omeprazole, was just no longer on formulary, and that if we prescribed an equivalent medicine, pantoprazole instead of omeprazole, the medication would be covered in full. So then I sent in a new prescription for pantoprazole, and the patient was able to pick it up. In the end, the solution was relatively simple, and the patient is now able to continue taking the appropriate medication, but it took my team hours of administrative time over many weeks to solve this simple problem. Can you imagine doing this for multiple patients every single day? Not to mention for the more complicated cases?

**PBMs have come to hold so much power in our system that they can force us to jump through hoop after hoop, delaying important medical care, and wasting countless hours of our time every single day in the process.** This is time we could be spending thinking about actual medical issues, or at home with our families in the evening or on weekends. **Primary care physicians are fed up and they see no end in sight.**

I was talking to a fellow family physician who has been a primary care physician in Rhode Island for twenty years. She loves primary care and is beloved by her patients, and she is far from the age at which she might need to retire. But she told me last week that she's looking for an exit strategy. She wants to leave medicine as soon as it's financially feasible for her to do so, because the job that she loved so much is no longer about just taking care of patients, it's about finding ways to outsmart a kafkaesque bureaucracy just to get the simplest of tasks done.

Another family physician told me that at her FQHC they have had to hire two full time nurses to be able to manage the prior authorizations for just ten full time primary care providers. Can you imagine how much better we could be using our resources in healthcare?

Maybe you ask, so why are doctors not up in arms about this issue, if it is such a major driver of burnout and early retirement? It's because doctors are tired and they feel hopeless. They don't trust that the interests of the people can win in the face of corporate interests and corporate power. But also because this issue is so complicated to understand. The ways in which PBMs operate are so opaque, due to a lack of transparency and regulation, that it takes a long time to fully appreciate how insidious their effect is on the healthcare system and our day-to-day work. So primary care physicians would sooner find an exit strategy, because they're tired of fighting.

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So **I implore you, if you do not want to see the primary care workforce dwindle further, let's take this issue seriously**. Let's audit PBMs and demand greater transparency, so that we can root out unethical practices that are costing our state so much money, and placing such large administrative burdens on providers.

Sincerely,

Katharina de Klerk, DO
Chair of the Advocacy Committee of the Rhode Island Academy of Family Physicians

On behalf of the
Rhode Island Academy of Family Physicians