



March 26<sup>th</sup>, 2026

The Honorable Melissa Murray  
The Honorable Pamela Lauria  
Members, Senate Health and Human Services Committee  
Senate Lounge  
82 Smith St.  
Providence, RI 02903

**RE: S 2384 RELATING TO INSURANCE – PHARMACY FREEDOM OF CHOICE – FAIR COMPETITION AND PRACTICES; Opposed**

Chair Murray, Chair Lauria and Members of the Committee

The Pharmaceutical Care Management Association (PCMA) is the national association of America's pharmacy benefit managers (PBMs). We appreciate the opportunity to comment on S 2384.

About PBMs

PBMs are hired by employers, unions, government programs and others to drive down prescription drug costs and administer prescription drug plans for more than 289 million Americans. Before getting into specifics on S 2384, here are four things to know about PBMs:

- PBMs are the only part of the drug supply chain whose primary role is to lower prescription drug costs. On average, they save patients and families about \$1,154 per person each year.
- PBMs are extremely effective at reducing prescription drug costs for employers and patients, which is why some industries that profit from high drug prices oppose them.
- For the enormous savings and value that PBMs provide, they operate on thin profit margins.
- Hiring a PBM is optional. Employers, unions, government programs, and others choose to use PBMs because they help lower drug costs and manage prescription benefits more efficiently. PBMs negotiate lower drug prices, process claims, and perform safety checks.

About S 2384

PCMA has concerns with provisions in the bill that set a maximum fair price (MFP) payment for a referenced drug, which is the ability to establish reimbursement ceilings and on select drugs, as proposed in S 2384.

We agree with the proponents' concerns about rising drug costs and recognize widespread interest in MFPs to address the substantial challenge of drug affordability. However, policies



that foster competition, rather than price controls, are more effective in reducing costs within the prescription drug market.

Setting reimbursement ceilings will not change the extremely high list prices set by drug manufacturers. Pharmacies that can no longer sell the prescription drug at their cost will lose money unless they raise other prices to remain financially viable. Those costs will be passed along to other health care consumers in the state.

MFPs do not take into consideration the core issue of rising costs, and instead, the legislature should consider how it can address the high prices set by drug manufacturers.

Sam Hallemeier

A handwritten signature in black ink, appearing to read "Sam Hallemeier". The signature is fluid and cursive, with a prominent initial "S".

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