



April 16th, 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 3022 RELATING TO INSURANCE – ACCIDENT AND SICKNESS INSURANCE POLICIES; Opposed

Chair Murray, Vice 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 3022.

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 3022, 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 3022

PCMA appreciates the opportunity to comment on S 3022. We understand the goal of the Committee to improve access to safe and effective pain treatment. Unfortunately, we believe that standardizing coverage of opioid and non-opioid medications will undermine clinical decision-making, increase health care costs, and weaken patient safety protections.

Employers, labor unions and government programs use utilization management tools — including prior authorization and step therapy — to help ensure that each patient receives the right medicine at the right time by making coverage determinations based on evolving clinical



evidence. These programs rely on guidelines developed by pharmacy and therapeutics (P&T) committees comprised of independent medical experts.

Non-opioid medications are not always safer than opioids, as certain non-opioid treatments carry specific risks depending on use and patient factors. Mandating identical coverage for both types of drugs overlooks these differences and limits plans' ability to make patient-centered decisions. Utilization management tools help tailor coverage based on clinical guidelines and evolving evidence, rather than applying a one-size-fits-all rule. These tools are vital to battling the opioid crisis by reducing inappropriate prescribing and supporting patients with substance use disorder. Weakening them could undermine recent gains.

Utilization management also serves an important role in controlling prescription drug costs. Many new non-opioid pain treatments enter the market at high prices and may lack near-term competition. For example, Journavx, a new non-opioid medication, is priced at \$15.50 per pill, or over \$11,000 annually – a price set by the drugmaker. S 3022 would require coverage of this expensive drug by various health plans and programs, despite the lack of competing alternatives to lower prices.

We respectfully urge policymakers to preserve evidence-based utilization management tools that support safe prescribing, protect patients, and help maintain affordable coverage. We welcome continued dialogue on approaches that expand access to effective pain treatment while retaining the flexibility necessary for clinically sound decision-making.

Sam Hallemeier

A handwritten signature in black ink, appearing to read "S. Hallemeier", is positioned below the name.

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