



March 26th, 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 3059 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 3059.

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 3059, there 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 3059

PCMA recognizes the intent behind the proposed legislation and supports reasonable policies to license PBMs in Rhode Island. A PBM licensing framework can promote consistency and give stakeholders confidence that a PBM is operating under enforceable rules.

At the same time, any licensing structure should be carefully designed with clear guardrails to avoid overly broad regulatory authority. Rules should be well-defined and focused on addressing specific policies passed by the legislature, rather than granting sweeping discretion that could create uncertainty for the patients and employers that PBMs serve. The legislative

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process allows more stakeholder input and greater public transparency, ensuring policymaking and regulatory oversight remains balanced.

PCMA is concerned that S 3059 would grant the director the authority to further regulate PBMs beyond the legislature's intent and issues raised in the legislative process, including policies governing how PBMs operate in the state. In sum, PBMs should be treated similarly to other regulated entities that follow a clear, streamlined and predictable process to be licensed by the department.

PCMA recognizes the intent behind S 3059; however, we are concerned about the broad delegation of policymaking to the department under the bill. We look forward to working with the Committee as it moves forward on this issue, and would be happy to be a resource on how other states approach PBM licensure.

Sam Hallemeier

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

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