



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

BOARD OF PHARMACY

P.O. Box 110806
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May 9, 2017

The Honorable David Guttenberg
House of Representatives
Alaska State Capitol
Juneau, AK 99801-1182

Re: HB240: Pharmacy Benefit Managers and Auditing of Pharmacy Records

The Alaska Board of Pharmacy at its March meeting via teleconference, voted unanimously in favor of supporting House Bill 240 (An act establishing oversight for pharmacy benefits managers (PBM) including procedures and guidelines for auditing pharmacy records transparency of reimbursement/pricing methodology, and providing for an effective date). The Board feels that with 34 other states having established some form of oversight regarding PBM's, auditing practices, and pricing transparency, it is time Alaska follows through and adopts similar practice standards to help protect not only our pharmacies in the state, but the patients they serve. We ask this bill enacted in its current form and without delay.

Sincerely,
Leif Holm, PharmD.
Chair, Alaska Board of Pharmacy

p.p.
Donna Bellino
Licensing Examiner

Db:lh

May 8, 2017

Representative David Guttenberg
Alaska State Senate
Juneau, Alaska

RE: HB 240: An act relating to the registration and duties of pharmacy benefit managers...pharmacy audits...

Dear Representative Guttenberg;

I came to Fairbanks 46 years ago and worked in community pharmacies until I retired a couple of years ago. In the early days, most of our patients paid cash for their prescriptions. Today, the majority of prescriptions are billed to 3rd parties, and along with the 3rd party billing, has come Pharmacy Benefits Managers (PBM's) and audits of prescription records.

Like a similar bill that passed in the Alaska State Senate in 2012, **HB 240** will require that PBM's doing business in Alaska register with the state. The 25 or 30 other states that have passed similar bills have found that a \$300-\$500 registration fee will cover most of the administrative costs.

Audits of prescription records can be a useful tool to detect fraud and abuse, but, they should not be used as a method of generating additional income for the PBM or the auditing company. **HB 240** will bring fairness and standardization to the audit process by establishing parameters for auditing pharmacy records. The bill sets out procedures regarding notification of an audit by the PBM, what records need to be available to the auditor, and how overpayments, underpayments, and appeals will be handled.

In my long career I have experienced a number of audits from both DEA and insurance company auditors or their agents. They are never pleasant experiences, but, with proper notification and conduct, they can be done in such a way that they cause the least disruption to the patient care we provide in our pharmacies.

Thank you for your support of **HB 240**.

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May 8, 2017

Representative David Guttenberg
Room 501 Capital Bldg.
Juneau, AK 99801-1182

Re: HB 240: Pharmacy Benefit Managers and Auditing of Pharmacy Records

I am writing in full support of HB 240 and hope that Alaska can join the 34 other states that have established guidelines for the oversight of PBM's and their auditing practices and pricing transparency. This bill is needed to create a fair relationship between providers and the PBM's so that health care members can continue to receive services in the state at their pharmacy of choice.

This bill will not prevent the detection for any fraud, waste, or abuse and will not prevent the recoupment of the PBM's from the pharmacy providers if such occurs. If fraud is alleged by a pharmacy or pharmacy employee the PBM's have full access to audit and recoup.

We are continually, read daily, dispensing medications below our cost due to the drug pricing list of PBM's (also called MAC lists-maximum allowable cost). These lists are set by the PBM, and change without notice. Currently there is no appeal process with the PBM's, most do not even have a phone number for these departments and we are left in a phone tree maze of wasted time and effort. While these lists are one mechanism to keep drug costs down, it is unfair if PBM's do not adequately update these lists to reflect increases in cost and to provide an adequate appeals process.

In providing pharmacy services to Southeast Alaska Residents in communities with no retail pharmacy we occasionally mail their prescriptions to their home in addition to the prescriptions they pick up in store while in town. According to many PBM's this is a breach of contract and those prescriptions need to come from the PBM's mail order pharmacy. During an audit the PBM could recoup the entire amount of these prescriptions.

If a PBM is truly interested in cost savings for health plans, the transparency required will not be an issue. It is stated from some PBM's that we are not to disclose the payment to a pharmacy from the PBM, this is confidential information. Why they expect this is one of the many reasons I hope this bill can be passed with undue delay.

Sincerely,
Scott Watts R.Ph



Julie McDonald
Whale Tail Pharmacy
Pharmacist in Charge
PO Box 709
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Monday, May 8, 2017

Representative David Guttenberg
State Capitol Room 501
Juneau, AK 99801-1182

Honorable Representative Guttenberg,

I would like to express my **strong support for HB 240**, Pharmacy Business Managers (Audit Bill) due to the absence of regulation for large corporation PBMs.

As a small business owner on remote Prince of Wales Island I quite often am paid under cost and ignored by PBMs. Maximum Allowable Cost (MAC) pricing causes our pharmacy to be paid below purchase cost several times daily and our appeals for MAC pricing are rarely responded to or are completely disregarded. At any point a PBM can change their MAC pricing and they can have multiple MAC price list leaving essentially no transparency. When trying to address these issues during contracting, I am presented with "take or leave it" contracts. However, since we are the only retail pharmacy for the island, if we are not contracted our patients will not have local access to pharmacy services.

I appreciate all of the time and work that you have put into State House Bill 240: Pharmacy Business Managers (Audit Bill).

Sincerely,

A handwritten signature in black ink that reads "Julie McDonald". The signature is written in a cursive style with a large, stylized "J" and "M".

Julie McDonald, Pharm.D.

**Island Pharmacy
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January 18, 2017

Representative David Guttenberg
State Capitol Room 501
Juneau AK, 99801

RE: HB 240 Pharmacy Benefits Managers

Dear Representative Guttenberg,

Thank you for sponsoring HB240 Pharmacy Benefit Managers (PBM). Our family operates Island Pharmacy in Ketchikan which has been serving Alaskans in southern Southeast Alaska for forty-four years. The passage of HB 240 is important and necessary for Alaskan pharmacies like ours to remain viable in the future.

While there are many important provisions in HB 240, I will outline two examples from our pharmacy that show the necessity of the legislation: timely allowance of appeal and generic drug pricing.

We received a large desk audit from a PBM which generated over 100 pages of documentation. Our two choices for transmission for the material was either unsecured e-mail or fax. Naturally, we choose fax, however since our fax machine will only hold/send 50 faxes at a time we had to send two separate faxes which was so noted on cover letters and also in e-mail to the auditor. Imagine our surprise when we got our audit results which showed we didn't include half the claim documentation. When we contacted the auditor they claimed the never received the second fax (even though we had confirmation that the fax went thru!). They did allow us to resend the second fax however they only allowed a five day period on the final audit findings for appeal. This included a \$400 claim for an RX that wasn't even present in the audit prescriptions claims that were send to us! The auditor claimed that they randomly select claims to send to prescribers to verify. In this case we checked with the prescribers office and they had no documentation asking to verify the prescription but they were willing to write a letter on our behalf indicating the validity of that prescription and two others deemed "not verified by prescriber". In this case we received the final audit findings document from the PBM on a Thursday afternoon and were told any additional documentation needed to reach their office in the Midwest by the following Tuesday via USPS MAIL.

This meant we had basically less than 24 hours to get our documents (and letter from prescriber mentioned above) in the mail so it would reach them. We do not believe that was a fair submission turn around time and quite frankly it was a miracle we were able to respond in time.

During the first two weeks of this year we had approximately 150 RX claims (excluding Medicaid claims) for generic drugs that were paid to us below invoice cost by the PBM's. These amounted to over \$2,000. Under the terms of our contract we are required to submit these claims. Yes, we can and do submit pricing appeals but rarely do we receive a positive result and even if we do we are rarely allowed to resubmit for the date of service of the Rx appeal. Obviously, any business cannot operate long under payment mechanisms that reimburse below cost and we ask for help in making sure generic drug pricing in Alaska by the PBM's is fair.

We agree that audits are necessary to ensure that fraud, waste and abuse activities are checked. However, we feel that it is time for Alaska to enact laws that provide clarity in the audit process and timely price updates like 30 plus states have already done.

I appreciate you and your staff's efforts to help provide audit relief to Alaska pharmacies and the patients we serve.

Respectfully,

A handwritten signature in black ink that reads "Barry Christensen" followed by a comma and the letters "RPL".

Barry Christensen, RPh

Justin Ruffridge
Soldotna Professional Pharmacy
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jruffridge@icloud.com

January 22, 2018

Representative Guttenburg
Alaska House of Representatives
State Capitol Room 501
Juneau, AK 99801

For your consideration,

In regards to HB 240, I extend my gratitude for sponsoring legislation to protect pharmacy services being offered by our pharmacies across the state. I would ask for consideration on the following:

First, consider a majority of states have passed similar legislation. This may be seen as an indicator that legislation is necessary to protect local businesses from oft overzealous audit practices and less than fair recoupments using methods such as extrapolation. To be fair, the audit is a necessary process to ensure that all participants in the billing of insurance are justly reconciling their claims and to prevent fraud. However, the creation of structure for how and when these audits occur and the penalties they may enforce only helps level the field for insurers and healthcare providers.

Second, consider the difference between an insurer and a local pharmacy. An insurer has full control of all aspects of the billing process while the pharmacy is, in many respects, left at the mercy of the insurer. In many cases, an insurer may pay well below the acquisition cost of medications and local pharmacies are left with no reasonable recourse to protect their investment. It is vital to the sustainability of local pharmacies to ensure we have a fair and equitable path to appeal pricing and to ensure that pricing is updated on a regular basis.

Certainly HB 240 is a valiant effort towards solving these issues and more and it is my sincerest hope the legislature will be able to pass this bill, protect local pharmacies, and look forward to a healthy future of the practice of pharmacy in Alaska

Sincerely,

Justin Ruffridge

Owner
Soldotna Professional Pharmacy
Juneau Drug Company

February 2, 2018

The Honorable Sam Kito
Chair, House Labor and Commerce Committee
Alaska State Capitol
120 4th Street
Juneau, Alaska 99801

RE: NATIONAL COMMUNITY PHARMACISTS ASSOCIATION SUPPORTS HOUSE BILL 240

Dear Representative Kito,

I am writing to you today on behalf of the National Community Pharmacists Association (NCPA) in support of HB 240. The bill would take steps to strengthen Alaska's pharmacy provider laws, allowing community pharmacists in Alaska to better serve their patients without pharmacy benefits managers (PBMs) imposing unfair and burdensome requirements.

NCPA represents the interest of America's community pharmacists, including the owners of more than 22,000 independent community pharmacies across the United States and 24 independent community pharmacies in Alaska. These Alaskan pharmacies filled over 1.4 million prescriptions last year, impacting the lives of thousands of patients in your state.

Requiring Pharmacy Benefits Manager Registration

PBMs are involved with almost every aspect of the prescription drug supply chain, including plan designs, formulary design, and contracting with health plans and pharmacies. Despite this level of involvement, PBMs are largely unregulated. More than twenty states require some type of registration for PBMs to do business within their state, and most of those states require that PBMs register with the state's division of insurance.

NCPA believes this section of HB 240 is a step towards more oversight for a massive, predominately unregulated industry.

Ensuring Fair Audit Practices for Pharmacies

Pharmacists understand that audits are a necessary practice to identify fraud, abuse, and wasteful spending, and they are not opposed to appropriate audits to identify such issues. Current PBM audits of pharmacies, however, are often used as an additional revenue source for the PBM. PBMs routinely target community pharmacies and recoup vast sums of money for nothing more than harmless clerical errors where the correct medication was properly dispensed and no financial harm was incurred. In many instances, the PBM not only recoups the money paid to the pharmacy

for the claim in question but also recoups for every refill of that claim, even if all other fills were dispensed without error.

In their 2014 Final Call Letter, the Centers for Medicare and Medicaid Services (CMS) indicated their recognition of abusive audit practices occurring within the Part D program. CMS found that pharmacy audits in the Part D program were not focused on identifying fraud and financial harm but on targeting clerical errors that “may be related to the incentives in contingency reimbursement arrangements with claim audit vendors.” CMS concluded that “full claim recoupment should only take place if the plan learns that a claim should not have been paid under Part D at all; for example, because it is fraudulent.” NCPA supports the finding of CMS and recognizes that these types of abusive PBM audits do not occur only in Medicare Part D plans.

PBMs will argue that this bill limits the ability of PBMs and health plans to conduct pharmacy audits, but this legislation does not prevent audits from occurring for their intended purpose – preventing fraud, waste, and abuse. In fact, HB 240 specifically states that PBMs may conduct audits and recoup money in such instances.

NCPA is confident HB 240 will establish reasonable standards to ensure that PBM audit abuses are curtailed without undermining the ability to identify fraud or legitimate errors.

Providing Transparency for Multi-Source Generic Drug Pricing

PBMs typically establish a list, often referred to as a maximum allowable cost (MAC) list, for multi-source generic drugs that determines the amount a PBM will pay for certain drug products. The process PBMs use to determine the drugs and the prices of the drugs included on the list, however, lacks any degree of transparency. This process is further complicated by the fact that PBMs frequently maintain multiple lists. There is no standardization in the industry for the criteria or methodology used to determine inclusion or pricing of a drug on one of these lists. In most cases, these lists remain entirely confidential to both the PBM’s client – the health plan sponsor – and the pharmacy; therefore, there is no way of knowing how or why a health plan sponsor or pharmacy is paying or being paid the PBM-set price for a drug. This gives PBMs the ability to gain significant revenues through questionable business practices.

For example, PBMs will typically use an aggressively low price list to reimburse their contracted pharmacies and a different, higher list of prices when they sell to their clients or plan sponsors. Essentially, the PBMs reimburse low and charge high with their price lists, pocketing the significant “spread” between the two prices. HB 240 is not requiring anything that would result in a negative fiscal impact to the healthcare system or to any state agency or plan. Of the thirty-three states with enacted legislation similar to HB 240, not a single state has reported a negative fiscal impact.

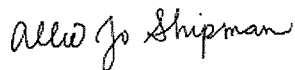
At the federal level, CMS has recognized the fiscal benefits of this transparency. In their Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs Final Rule, CMS stated that "updating maximum allowable cost prices for drugs at least every 7 days generally should have a downward pressure on overall drug costs. Therefore we do not agree with the commenters that the requirement will necessarily increase costs."

HB 240 allows for a reasonable degree of transparency and reporting so that Alaska's small business owners and healthcare providers have access to pricing lists that accurately reflect the current pharmaceutical marketplace figures. This bill simply provides pharmacies with the information they need to determine what they will be paid for their services.

NCPA urges your support of HB 240 so that community pharmacists can better serve their patients without PBMs imposing unfair and burdensome requirements.

If you have any questions about the information contained in this letter or wish to discuss the issue in greater detail, please do not hesitate to contact me at alliejo.shipman@ncpanet.org or (703) 600-1179.

Sincerely,



Allie Jo Shipman, PharmD
Associate Director, State Government Affairs

cc: Members of the House Labor and Commerce Committee

Good afternoon Mr. Chairman and members of the committee.

My name is Allie Jo Shipman, and I am speaking on behalf of the National Community Pharmacists Association in strong support of House Bill 240. NCPA represents the interests of America's community pharmacists, including the owners of more than 22,000 independent community pharmacies across the United States and in Alaska. NCPA has long championed the need for greater oversight of pharmacy benefits managers (PBMs) and many of their questionable business practices due to the problems our members and their patients encounter.

While there is a wealth of information I could provide in support of the provisions included in House Bill 240, my testimony today will focus on information related to the fiscal impact of the bill on the state.

The PBM industry continues to claim that requiring greater transparency and reporting of generic drug prices will result in increased costs to the state and the overall healthcare system. NCPA asserts that reporting of such information would not increase costs, and we offer the following information from independent and reputable sources as support:

The U.S. Center for Medicare and Medicaid Services, or CMS, has said the following about generic drug pricing transparency:

- "Updating maximum allowable cost prices for drugs at least every 7 days generally should have a downward pressure on overall drug costs."
- "We [CMS] do not agree with the commenters that the requirement will necessarily increase costs"

Consumers Union has said the following:

- "Audits and industry analysts have found some PBMs pocketing 50 percent or more of the price difference between what the PBM actually pays a pharmacy for prescriptions and what they charge their clients – the employer and consumer."
- "...today's complex and opaque contract arrangements and pricing spreads increase costs to employers and health plan enrollees, and can lead to formulary designs that inappropriately incentivize consumers toward or away from certain medication choices."

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center of Health Statistics, has said the following:

- "Approximately 10 percent of our nation's health spending is for outpatient prescription drugs and clear, transparent information about clinical effectiveness and pricing are paramount in ensuring that we spend this money wisely. But ... the opaque business practices that are commonplace in the PBM industry can result in unfair arrangements between employers and PBMs. Lacking a ready ability to audit these business practices, the arrangements can drive up costs for both employers and consumers, and has the potential to put the wrong prescription drugs into consumers' hands."

None of these comments are pharmacy funded or biased, yet all conclude that increasing transparency for generic drug pricing or contracting would NOT result in a cost increase, but instead that the current non-transparent system is resulting in millions of dollars blindly going to PBMs.

Also, to our knowledge, none of the 34 states that have already enacted similar legislation have reported a negative fiscal impact or repealed the law due to costs. In fact, several of those states have decided to STRENGTHEN provisions in the laws they already have.

In conclusion, we believe House Bill 240 would not drive up costs for the state. We believe it would simply allow for a reasonable degree of transparency and reporting so that Alaska's small business owners and health care providers have access to pricing lists that accurately reflect current marketplace figures.

Thank you.

Dear Representative Guttenberg,

My name is Sara and as an Alaska pharmacist, I want to say thank you so much for sponsoring HB 240. Alaska is a state full of strong, independent, community-minded people. We want our businesses to be Alaska born and bred, and HB 240 supports that for our local pharmacies. Many Pharmacy Benefit Managers (PBMs) target our independent pharmacies by cutting reimbursement rates making it nearly impossible to break even let alone turn a profit. Often times these reimbursement rates are below acquisition cost. Then they swoop in to save the day and offer to purchase their business. This has happened to two independent pharmacies I have worked for already, one in my home state of Ohio and one here in Alaska. If the current environment remains unchanged, large corporate pharmacies will continue to buy out our local pharmacies until none remain. This is anti-Alaskan.

The Fair Audit Bill does not do away with audits, it simply makes the process more transparent and allows for an even playing field. It is designed to prevent the targeting of minor clerical or administrative errors where no true fraud, patient harm or financial loss has occurred. It also allows pharmacists to spend less time on paperwork and more time focusing on patient care. Thirty states have already enacted Fair Audit legislation. It is time for our great state to get behind our businesses and keep our pharmacies local. So many of our villages depend on local pharmacies and who knows how to take better care of our Alaskan communities than the locals themselves.

Sincerely,

Sara Supe, PharmD
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740-975-9656

April 11, 2018

Representative David Guttenberg
State Capitol Building
Juneau, Alaska 99811

Dear Representative Guttenberg,

Thank you for introducing HB 240, relating to Pharmacy Benefits Managers. The passage of this bill is critical for the survival of the pharmacies in the state of Alaska in curtailing excessive auditing expense and improving patient cost transparency.

I have been the manager of Denali Pharmacy, the outpatient pharmacy located at Fairbanks Memorial Hospital for over 10 years. In this time, we have experienced multiple audits from PBMs at significant expense of time and cost. All requests come without consistent timelines and processes. PBM's review appeals and make independent determinations of such appeals. There is no recourse or neutral decision maker in the process.

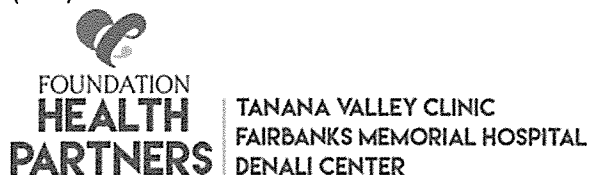
In the last few years the audit requests have become more detailed and time consuming. Many of them have short turnaround time to respond or to appeal the findings. Pharmacies need adequate time to respond to these audits without taking time away from patient care. We strongly favor a process wherein reasonable timelines and clear processes are identified.

This bill sets reasonable expectations for the PBMs both for audits and for clear transparency for the Maximum Allowable Cost (MAC) process.

Thank you again for your time and consideration in this matter.

Karen Miller RPh

Manager of Denali Pharmacy
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February 13, 2018

Dear Representative Guttenberg,

Thank you for your time and commitment to our great state. I have been lucky enough to operate two community pharmacies in Sitka, employing over 30 people, with my pharmacist wife for over 30 years now.

We would like to stand in support of HB 240 the Pharmacy Audit and Registration of Pharmacy Benefit Managers Legislation.

One of the arguments that has been made by Pharmacy Benefit Managers (PBMs) is that if this legislation becomes the law in the state of Alaska then the cost of health care will rise. Some 42 states in the USA have passed similar legislation. Some states have had this legislation in place now for over a decade. The price of medications and healthcare in those states has not changed any more than any other state. If the price of medications and healthcare had gone up I believe that those legislatures would have addressed the issue and reversed the legislation. This has not happened, no state has rescinded any of this type of legislation.

It has now come to the attention of the Federal Government. They are now looking at these very issues and how maybe PBMs could be part of the problem of increased medication and healthcare costs and PBMs are not the saviors that have been keeping costs down as they, the PBMs, will always contend.

We need to have standards, and even playing fields to operate our business on, and an agency like the Dept. of Insurance to turn to when those standards and rules are violated.

Respectfully submitted,

Dirk White RPh



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May 8, 2017

Dear Rep David Guttenberg,

Thank you for your time and commitment to our great state. I was born and raised here in Sitka and have been lucky enough to run two community pharmacies, employing over 30 people, with my pharmacist husband for over 30 years now.

We would like to stand in support of HB 240 the Pharmacy Audit Legislation.

Like all business we have seen increased costs (freight is a challenge in Sitka) but as a pharmacy we have seen the Pharmacy Benefit Managers (PBMs) muscle into every aspect of pharmacy. Everything from reduced reimbursements, forcing folks to use their mail order plan, dis-enrolling independent pharmacies for various nebulous reasons or not even letting us into the network for those same reasons, now charging us registration fees (\$200/yr.) just to be able to bill them, and of course their auditing our claims after the fact. We are at their mercy when it comes to an audit. When we get an audit we usually have a very short window to reply, so this then takes our time away from the primary care of our patients to gather all the required information sometimes from years ago. We were audited in one case where the prescription was totally legal by the State Board of Pharmacy yet because we had not filled in the date properly and the Doctor had not signed the correct form we lost over \$8,000.00 that was stolen back from our operating capital. The patient received the correct product which improved her quality of life just as the Doctor and Patient had wanted. Due to a "technical issue" according to the PBM they were justified in holding back this money from our next payment schedule and even on appeal we received no relief. It has been said that this is a business relationship that is "negotiated" between two willing entities. No lawyer I have shown one of our contracts to has said that we should sign it without modifications. When we try to modify that contract we are told that this is not negotiable take it or leave it.

We have many more examples like this if needed.

Respectfully submitted,

Trish White RPh

**The undersigned support passage of SB 38 and HB 240 Pharmacy
Benefits Managers. Pass this critical legislation immediately.**

PBM's must be regulated.

Signers please print legibly

Printed Name/Signature	Address	Phone Number
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Jachyn Nelson	Box 752 Bethel, AK 99537	907 545 0508
Johanna Nelson	Box 229 Craig, AK 99921	360-471-7684
Jeri Anderson	2240 Corder Dr Fairbanks AK 99709	907.888.9340
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Nancy Frei	804 Smythe St Fairbanks AK 99701	
Margaret Seden	PO Box 61328 Fairbanks AK 99706 3413 Red Rock Ct.	(907) 479-6793
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ROBERT HILL	3046 COTTONWOOD ST ANCH. AK 99508	907-952-6324
SARAH ALLAND	PO. Box 637 Craig, AK 99921	907-826-5646
DIRK WHITE	117 GRANITE CA RD SITKA, AK 99835	738-6337
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Erin Flinn	5711 D. Vosler Ave JBER AK 99506	816 244-5498
Catherine Kawaski	912 Waagell Ave Petersburg, AK 99833	907 650-7680
Scott Watts	PO Box 210873 Anch BAY AK 99821	907 723-6337

**The undersigned support passage of SB 38 and HB 240 Pharmacy
Benefits Managers. Pass this critical legislation immediately.**

PBMs must be regulated.

Signers please print legibly


Printed Name/Signature	Address	Phone Number
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PBMs must be regulated.

Signers please print *legibly*


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