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## **Newly filed House bill more than Bandaid on harm pharmacists see from drug middleman**

By Glenn Evans [gevans@weatherforddemocrat.com](mailto:gevans@weatherforddemocrat.com)

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Brandi Chane has more than one reason to love a newly introduced bill in Congress.

Firstly, she says, the Pharmacists Fight Back Act is the first bill that does not merely nibble around the edges of a practice she says shortchanges both her Davis City Pharmacy and patients who fill prescriptions there and across the country.

Secondly and more personal, a feature of the bipartisan House Bill 9096 will allow Chane to accept TriCare Insurance, the coverage for many veterans including her mother, Nelda Chane.

“She’s also my employee here,” the daughter pharmacist said of the mom who was working behind the soda fountain when 12-year-old Nelda would help out at the drug store on the courthouse square in Weatherford.

“A   Chane said. “This would allow not only my mom, but my employee, to fill her prescriptions at the pharmacy she’s worked at nearly her entire life.”

The bill by U.S. Reps. Jake Auchincloss, D-Mass. and Diana Harshbarger, R-Tenn., almost immediately attracted 25 co-sponsors from each party — a feat pretty much unheard of these days outside of re-naming post offices after local heroes.

“I think that (bipartisan) spirit has fully infiltrated the halls of Congress,” said Monique Whitney, executive director of Pharmacists United for Truth and Transparency. “This is not a political party issue. This is a moral issue affecting people’s lives.”

Chane said she has reached out to all three offices of U.S. Rep. Roger Williams, R-Weatherford, in his district and Washington, D.C.

“And I’m very hopeful that he is going to sign on as a co-sponsor to this bill,” she said. “This is the most hopeful I have been in the last four years. I feel like we’re finally being heard.”

Williams did not reply by deadline Monday to an email sent Friday to his communications office asking his thoughts on the measure.

In addition to empowering independent, community pharmacies to no longer lose money on common prescriptions, as Chane would with Tri-Care, HB 9096 addresses a sphere of problems her small business community lays at the feet of Pharmacy Benefit Managers.

PBMs can be described as a middle-man working in tandem with insurers to establish what drugs are available — and what the insurance companies pay drug makers.

They were set up to negotiate prescription drug costs with drug makers. They do that, but the rebates and discounts they achieve rarely if ever make it to drug store counters — or to patients picking up prescriptions.

“This is the first truly pro-pharmacy and communities bill,” Chane said. “It’s gonna allow me to take care of people in our community that I haven’t been able to take care of.”

PBMs affect prescription drug prices adversely along two main avenues, pharmacists say.

One is price spreading, where they pocket the discounts or rebates they achieve from drug makers. That's after Pfizer, or another pharmaceutical company, charges the drug store full list price that's recorded against a patient's deductible.

The PBM pays less, the patient pays a deductible based on the drug maker's full list price and the pharmacy is reimbursed little — or takes a loss.

Contracts the drug makers offer pharmacies, if they want to carry their prescription products, follow that loss-leaning model.

The model is, in Chane's Tri-Care example, “...so bad I couldn't accept it,” even with her mom in that plan.

“No hardware store, no grocery store, no feed store would ever go into a business like that,” she said. “Pharmacies are unique in that we don't have a choice if we want to take care of our patients. So, for me, (HB 9096) is awesome, it's absolutely a game changer.”

Gary Reynold, vice president of health care policy and general counsel for American Pharmacy Cooperative Inc., said a second PBM policy the new bill would halt is their practice of steering patients away from community pharmacies to PBM-affiliated pharmacies, even to online pharmacies they own “...and massively marking up these drugs.”

The three Pharmacy Benefit Managers, processing 80 percent of U.S. prescriptions, are CVS Caremark, Express Scripts and Optum Rx. The trio of PBMs are respectively owned by Aetna Health Insurance, Evernorth Health

Services and United Health Care.

The monoliths are muscling the corner drug stores to the curb, Reynold said.

“These are amongst the largest companies in the world,” he said. “And they touch so many Americans. Everybody knows somebody this is happening to.”

The 28 months from January 2022 to May 1 alone saw 537 Texas pharmacies close. Of those, 403 were mom-and-pop shops not affiliated with a chain.

PUTT director Whitney said the PBM lobby was quick to oppose HB 9096.

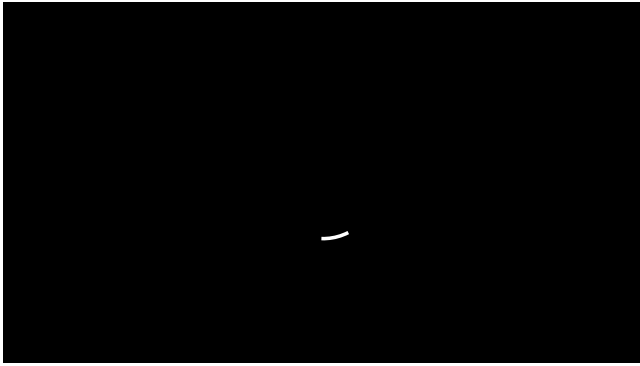
“We did see PBM opposition the day the bill was filed,” she said, describing calls made to members within 24 hours of the bill being filed.

She also expressed optimism the Pharmacists Fight Back Act shines a light toward the end of a long bureaucratic maze.

“I live it every single day, and there’s still times I go, like, what is going on here?” she said. “It’s not just for today or tomorrow. It’s gonna be for generations to come that this can protect pharmacy access.”

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