Congress of the United States
Washington, DC 20515
December 16, 2009

Cosponsor the Bipartisan PHARMACY bill and Ensure Access to Affordable Prescription Drugs

Current Cosponsors: Butterfield, *Jones*, Kissell, *Coble*, McIntyre, *Alexander*, Miller (NC), *McMorris Rodgers*, Braley, Boyd, *Rogers (AL)*, Holden, *Emerson*

Dear Colleague:

Prescription drugs account for nearly 15% of America's health care costs. To help curb these rising costs, we've introduced H.R. 4199, the "Patient Health and Real Medication Access Cost Savings Act," or the PHARMACY Bill. This bipartisan legislation would improve competition and transparency in the prescription drug supply chain; encourage the use of lower-cost generic drugs; and, cut overall prescription drug costs.

H.R. 4199 would provide needed regulation of pharmacy benefit managers (PBMs). These entities – which manage drug benefits for insurers, large employers, and government programs – increasingly use hidden techniques to divert savings and generate higher profits. In many instances, PBMs pay pharmacies to dispense drugs, but charge health care plans higher prices without disclosing the difference. Ultimately, this increases drug costs for consumers and taxpayers. H.R. 4199 would rein in these practices by the PBMs, while also encouraging greater generic use and cost savings.

Specifically, H.R. 4199 would:

- guarantee that PBMs cannot improperly steer patients into using mail order or pharmacies owned by PBMs – patients need to be allowed to use their neighborhood pharmacies; *and*
- encourage the use of lower cost generic drugs by increasing local pharmacists' collaboration with physicians; *and*
- allow for higher pharmacy reimbursement, and offset the cost by providing rebates to taxpayers for prescriptions filled through a federal drug program; *and*
- ensure that lower cost pharmacy services – including those provided by community pharmacies – have the full opportunity to compete with PBMs.

The bill's focus on generic utilization and an even playing field for pharmacies would result in real cost savings. Retail pharmacies prescribe generics 67% of the time as compared to just 49.6% by PBMs, according to a recent study – and, a 1% increase in the use of generic drugs would provide an estimated $4 billion in annual savings.

This bill is supported by the **Association of Community Pharmacists** and the **National Community Pharmacists Association**. For additional information or to become a cosponsor please contact Jerome Murray in Rep. Butterfield's office at Jerome.murray@mail.house.gov or ext. 5-3101, or Cybil Roehrenbeck in Rep. Jones' office at Cybil.roehrenbeck@mail.house.gov or ext. 5-3415.

Sincerely,

G. K. Butterfield
Member of Congress

Walter B. Jones
Member of Congress

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