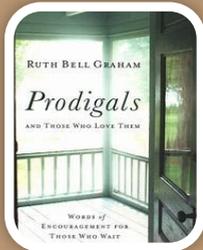


Soup & Study

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The famous Russian writer



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Pennsylvania's Pharmacy Deserts Are Growing. Harrisburg Needs To Take Action, Now.

By Victoria Elliott, CEO of the Pennsylvania Pharmacists Association

PA. - The ongoing pharmacy closure crisis in Pennsylvania has become an alarming issue for communities throughout the commonwealth. Since 2020, over 1,000 community pharmacies have shuttered their doors, creating a massive pharmacy desert that has engulfed cities, towns, suburbs and rural communities.

A pharmacy desert is any area where residents no longer have reasonable access to a local pharmacy. Closures force patients to travel farther for basic care, increasing the likelihood of missed doses, delayed treatment and avoidable complications. Patients are faced with a diminished range of options for filling prescriptions, receiving vaccinations and consulting with trusted professionals regarding their medications.

Sadly, 213 community pharmacies operate in areas that will expand our desert crisis if they close.

These are not claims that can't be verified. A coalition, Pennsylvanians for Pharmacy Access, has created an interactive map of the commonwealth's growing desert. You can search it by desert areas, pharmacy closures, pharmacies under threat of closure, counties and legislative districts.

Recent action in Washington to rein in pharmacy benefit managers (PBMs) — the powerful "middlemen" that manage prescription drug benefits — will not take effect for years. Pennsylvania patients and communities need action now before it's too late.

PBMs sit between health plans, drug manufacturers and pharmacies, often reimbursing pharmacies at rates that can be below what it actually costs the pharmacy to purchase the medication.

Think about that: PBMs routinely practice what's called spread pricing — charging health plans more than they reimburse pharmacies and pocketing the difference. Worse, many reimbursements are actually set at less than what pharmacists actually pay for lifesaving drugs. Then they impose retroactive fees to steepen the losses for community pharmacies. In a final blow, PBMs steer patients toward pharmacies they own. All of it is done with little to no oversight or transparency. As the pharmacy closure crisis worsens and our vast desert expands, PBMs are stuffing millions of dollars into their pockets, and no one questions them.

We know this because while Pennsylvania Medicaid enrollment has largely remained steady, Medicaid prescription drug spending in Pennsylvania increased from \$1.4 billion in 2013 to \$4.6 billion in 2022. Patients didn't get that money. Community pharmacies certainly didn't. The commonwealth didn't.

Pennsylvania must enact meaningful PBM reforms now, paired with strict enforcement, rather than waiting for federal timelines to catch up to local realities. Too many communities with only a single pharmacy left don't have that much time.

Keeping pharmacies open requires a system that is transparent, predictable and fair. Here's how state lawmakers and the Shapiro administration should fix it:

- **Raise the Medicaid dispensing fee to meet the federal standard. Dispensing a prescription isn't simply handing over a bottle. It includes safety checks, clinical review, patient counseling, coordination with prescribers and compliance requirements.**
- **Ban spread pricing and require fair reimbursement for all pharmacies. PBMs should fairly reimburse every pharmacy, not only those they own, with transparent pricing benchmarks.**
- **Guarantee payment for pharmacist clinical services. Pharmacists provide essential clinical care, such as immunizations and other time-based services. Paying for those services expands primary care capacity, reduces avoidable hospitalizations and improves outcomes.**
- **Prevent PBMs from steering patients to pharmacies they own.**
- **Move to a single PBM model for Medicaid — the Pennsylvania state-funded health care program. With clear, uniform rules and accountability, we can stop PBMs from making up their own rules as they go.**

Senate Bill 1186, sponsored by a bipartisan group of lawmakers led by state Sens. Lisa Boscola (D-Lehigh) and Judy Ward (R-Blair), would protect patient access to pharmacies by establishing a single pharmacy benefit administrator (PBA) model for the Medicaid managed care program. This legislation holds real promise for slowing, and potentially reversing, Pennsylvania's pharmacy desert.

Pennsylvania has an opportunity to create a national model that puts people — not PBMs — first. Every Pennsylvanian deserves to get the care they need close to home. We cannot afford to wait for federal reforms to be fully enacted. The time for Pennsylvania to act is now, before the next closure becomes another community's last pharmacy.

Victoria Elliott, RPh, MBA, CAE, is CEO of the Pennsylvania Pharmacists Association (PPA). PPA is a member of Pennsylvanians for Protecting Pharmacy Access. For more information on the coalition, see: <https://www.protectpharmacyaccess.org>. *Headshot attached.

