



April 7th, 2026

The Honorable John Hunt
The Honorable John Potucek
Members, House Committee on Commerce and Consumer Affairs
Granite Place, Room 229
1 Granite Place
Concord, NH 03301

RE: SB 256 An Act Establishing Safety and Care Requirements for Clinician-Administered Drugs; Opposed

Dear Chair Hunt, Chair Potucek and Members of the Committee,

The Pharmaceutical Care Management Association (PCMA) is the trade association of America's pharmacy benefit managers (PBMs). We appreciate the opportunity to comment on SB 256

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 (INSERT BILL NUMBER), there are five 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.
- PBMs work for employers, unions, and government programs who have the ultimate say on what a drug benefit looks like. PBMs carry out the chosen plan by negotiating lower drug prices, processing claims, performing safety checks, and handling related services.
- 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.



About SB 256

PCMA appreciates the opportunity to provide comments on SB 256. PCMA is opposed to provisions that prohibit employers, unions and other providers of prescription drug coverage from using the specialty drug delivery practice known as “white bagging” .

The practice of white bagging enables PBMs and employers providing prescription drug coverage to control costs by utilizing specialty pharmacies to ship physician-administered specialty drugs rather than the traditional physician ‘buy-and-bill’ model for reimbursement. The traditional ‘buy-and-bill’ model: the provider purchases the drugs and stores them for general use, and payers reimburse the provider for the ingredient cost of the drug as well as the cost of administering the drug to the patient. Prohibiting this practice limits cost-control capabilities, disregards established specialty pharmacy safety guidelines, and restricts plan flexibility.

It is worth noting that the safety and efficacy of mailed prescriptions is of utmost importance to specialty mail-order pharmacies. All shipments use US Pharmacopeia guidelines to determine special handling needs, including temperature-controlled packaging and specialized containers and considering forecasted weather conditions. Before shipping to a provider’s office, the specialty pharmacy contacts the patient to determine a convenient shipping date, discuss cost-sharing and financial support, drug administration, and answer any other questions.

Instead of enacting SB 256, the legislature should ensure patient access and affordability by protecting the flexibility to contract with these select specialty pharmacies. Employers, unions, governments and other providers of prescription drug coverage should have decision making power over cost-sharing requirements, formularies, and pharmacy contracted network design.

PCMA appreciates the opportunity to submit comments on SB 256. This proposal will substantially increase costs for patients and providers of drug coverage. We respectfully request that you oppose SB 256.

Sam Hallemeier

A handwritten signature in black ink, appearing to read "Sam Hallemeier".

Pharmaceutical Care Management

Association (202) 579-7647

shallemeier@pcmanet.org