



April 15, 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 665 An Act Relative To Pharmacy Benefit Managers, Managed Care Laws, Notice of Drug Pricing Options and Pharmacy Benefit Manager Business Practices; Opposed

Dear Chair Hunt, Vice 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 665.

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 SB 665, here are four 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.
- 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. PBMs negotiate lower drug prices, process claims, and perform safety checks.

About SB 665

Fiduciary

The Employee Retirement Income Security Act of 1974 (ERISA) defines a fiduciary, in relevant

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part, as a person who “exercises any discretionary authority or discretionary control respecting management of such plan or exercises any authority or control respecting management or disposition of its assets,” or “has any discretionary authority or discretionary responsibility in the administration of such plan. Unlike a fiduciary, PBMs typically serve in administrative and advisory roles for employers, unions, and government programs – negotiating costs and performing claims processing and other administrative tasks pursuant to contracts. PBMs do not make decisions about whether the plan should offer pharmaceutical benefits or the scope or design of those benefits – those decisions are always made by the employer, union, or government program.

Further, PBMs have no “discretionary authority” over plan assets as defined by the Department of Labor (DOL), which is an essential threshold requirement for fiduciary status under federal law. Assigning PBMs fiduciary duty will reduce the flexibility that an employer, union, or government program has with their PBM and could lead to one-size-fits-all solutions. That is, there may be only one way of contracting that would meet the definition of a fiduciary without some potential for incurring legal liability. Additionally, it could limit the flexibility of employers and unions to design benefits that meet the unique needs of their beneficiaries’ specific needs and control costs through tools like formularies and utilization management.. The reality of the marketplace is that one-size-fits-all plan designs do not work for everyone because not all payers have the same level of economic resources or the same size and type of patient population.

Restricting Preferred Networks

SB 665 eliminates the ability for employers, unions, and government programs to develop networks that include preferred pharmacies with lower costs for patients. Plans encourage patients to use certain pharmacies by offering lower cost sharing (such as lower copays) at those pharmacies. To participate in a plan’s network, a pharmacy must compete on service, price, convenience, and quality. Pharmacies that agree to participate in such arrangements are designated as “preferred” and become members of that network. Pharmacies participating in preferred networks, including PBM affiliate pharmacies, can provide patients with convenient access to prescriptions at discounted rates due to a predictable high volume of sales.

It’s important for you to underscore that employers, unions, and other plan sponsors (not the state) are the entities that decide how to design pharmacy benefits, including whether to offer preferred pharmacy networks that can reduce patients’ out-of-pocket costs. SB 665 eliminates the ability for employers and unions to use these cost-effective tools, limiting plan design options that offer patients the opportunity to access specific pharmacies with lower available prices for their medication. SB 665 puts pharmacy profits ahead of patient affordability.



Burdensome Biannual Reporting

Section 4 of the bill imposes additional biannual reporting requirements. PCMA requests that the reports be provided annually.

PCMA appreciates the opportunity to submit comments in opposition to SB 665. The proposed bill does nothing to lower the cost of a drug set by drug manufacturers. In fact, we believe many of the policies mentioned above will raise costs at the expense of New Hampshire patients. PCMA looks forward to working with members of the committee to address high drug prices while protecting the tools that allow PBMs to keep downward pressure on the high cost of drugs.

Sam Hallemeier

A handwritten signature in black ink, appearing to read "S. Hallemeier", is positioned above the printed name.

Pharmaceutical Care Management Association