



Proponent Testimony for Senate Bill 360
Financial Institutions and Insurance Committee
By Nate Wiehl PharmD, BC-ADM
AuBurn Pharmacy Garnett, KS
January 23, 2026

Chair Dietrich and Members of the Committee:

My Name is Nate Wiehl. I am the Director of Clinical Services for AuBurn Pharmacies. Thank you for the opportunity to provide testimony in support of SB360.

A wise man once told me, "Be prudent with your benevolence today in order to be able to be benevolent tomorrow." That is the situation we are in regarding our pharmacy business. For years we have protected patients and their access to care by accepting contracts from Express Scripts that continually pay us worse by the year. We would counter the poor reimbursement by cutting expenses elsewhere. Well, there is nowhere else to cut. When we accepted their contract for 2025, we notified them that we would not renew in 2026 without improved reimbursement terms. They refused.

The reality is this: Express Scripts represented nearly 20 percent of our total retail business. If we accepted their 2026 contract, we would likely go out of business. From the data we had, we anticipated being paid below our cost to dispense on 85 percent of all Express Scripts prescriptions filled. That is no way to conduct business. It pains me to even call it "business" because this "business" is people's lives. We are not selling novelties and trinkets. We are dealing with life sustaining and lifesaving medications. After careful deliberation, we decided it was better to refuse service to 20 percent to continue providing services for the rest of our patients. If we accepted their contract once again, we might not be able to provide pharmacy care for anyone.

What I struggle with most is the impact on our veterans. Because Express Scripts manages the TRICARE benefit, our inability to accept their unsustainable terms has effectively locked our nation's heroes out of their local pharmacy. As the **sole pharmacy provider in Anderson County**, our exit from this network means veterans must now travel over 20 miles to access their earned benefits. Our veterans deserve better than to be used as leverage in a PBM's profit-margin calculations. Without action from this committee and the Kansas Legislature, veterans will continue to experience reduced access, disrupted care and financial strain.

In addition to establishing minimum reimbursement rates that would allow our pharmacies to continue to provide care to veterans, SB360 contains critical reforms that are necessary to protect Kansas patients. It brings transparency and accountability to harmful PBM practices and lowers prescription costs for patients. For the health and welfare of Kansas communities, we ask for your support SB360 today.

Proponent Testimony for Senate Bill 360
My name is Dan Nelson a customer of
Hesston Pharmacy, Hesston, KS

Chair Dietrich and Members of the Committee:

My name is Dan Nelson a customer of Hesston Pharmacy in Hesston KS. I would like to thank the committee for it's work on SB360. I believe strongly that SB360 supports myself as a patient of my local community pharmacy.

I believe it is critical that PBM body of work is focused on the wellbeing of all pharmacy patients with practices that support community pharmacy equal with corporate chain pharmacy. Community pharmacies provide much more than a prescription, they provide a personal commitment to their patients health and wellbeing!

This bill contains critical reforms that are necessary to protect Kansas patients. It brings transparency and accountability to harmful PBM practices, lowers prescription costs for patients, and protects access to local pharmacy care. For the health and welfare of Kansas communities, we ask that your support SB360 today.

Sincerely,

Dan Nelson

Proponent Testimony for Senate Bill 360

Chair Dietrich and Members of the Committee

Looking back from working as a pharmacist and store owner, I remember the headaches that PBMs gave me.

I didn't get what I was being paid, when I submitted the prescription, verses my charge. When checking with the remittance, I would find that sometimes I was reimbursed less than the drug cost me. It also didn't cover my overhead. Then sometimes, months later, the PBM would take away from my reimbursement.

There has to be a reimbursement floor based on actual cost plus a dispensing fee. This is true in any business that you have to make some profit to cover your overhead. Discriminating payments to pharmacies has to be eliminated.

Our job, as pharmacists, is to ensure that the patient receives the proper medication and knows how to take it. If we have to fill great numbers of prescriptions to stay in business, this takes away valuable time we need to spend with the patient.

Sincerely,
Bob Nyquist

Robert Nyquist, Retired Pharmacist and Pharmacy Owner
Former President of The Kansas Pharmacist Assn.



Kansas Legislature
Senate Committee on Financial Institutions and Insurance

January 26, 2026

Re: SB 360 - Enacting the Kansas consumer prescription protection and accountability act and providing for regulation and registration of pharmacy benefits managers.

Dear Chair Dietrich and distinguished members,

We are writing to voice our strong support for SB 360's rebate pass-through provision. The Patient Pocket Protector Coalition (PPPC) is led by the Diabetes Patient Advocacy Coalition and works with state legislators to introduce and pass patient-first policies addressing the financial burdens of the 133 million Americans living with chronic conditions. The purpose of the Coalition is to unify chronic illness advocates, to build legislative support to drive policy change, and to reduce out-of-pocket patient costs.

SB 360 would require Pharmacy Benefit Manager (PBM) to pass through 100% of rebates to patients, a much-needed reform to improve patient access to life-sustaining and lifesaving medications. Under the current insurance system, volume-based manufacturer rebates on pharmaceutical drugs are negotiated by PBMs in exchange for formulary placement. Instead of passing these savings through to patients who desperately need to afford their prescriptions, these rebates are retained by the PBMs and health insurers. This means that our most vulnerable citizens – those living with chronic conditions – do not benefit from the lower net price of their lifesaving and life-sustaining medications and pay far more than they should. With rebates for branded drugs averaging 48%ⁱ, patients are paying nearly twice what their insurance company pays for the same drug. Sadly, when patients cannot afford their medications, they may ration or abandon their prescribed therapy, leading to painful and costly complications, worsening quality of life and driving up overall health care costs. Requiring PBM rebates to be passed through to patients would reduce out-of-pocket payments at the pharmacy.

West Virginia, Indiana, and Arkansas passed similar legislation in 2021, 2023 and 2024 respectively. After implementation, rate filings for plans in Indiana and Arkansas saw no increase in premiums because of the policy change.ⁱⁱ And in West Virginia, the Offices of the Insurance Commissioner have recently released data showing that rebate pass-through has in fact reduced rate increases for plans by 0.7% to 14%.ⁱⁱⁱ

Requiring rebate pass-through is a concrete step the legislature can take to help thousands of Kansans living with chronic conditions navigate a broken system and afford the medications they need today.

Sincerely,

Association of Diabetes Care & Education Specialists
Autoimmune Association
Children With Diabetes
Chronic Disease Coalition
Crohn's and Colitis Foundation
Coalition of State Rheumatology Organizations
Diabetes Link
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
DiabetesSisters
Eosinophilic & Rare Disease Cooperative
Lupus and Allied Diseases Association
National Psoriasis Foundation
Patients Rising
The PBM Accountability Project
The DiaTribe Foundation
The Epilepsy Foundation
U.S. Pain Foundation
Women in Rheumatology

ⁱ National Bureau of Economic Research working paper 28439 <https://www.nber.org/papers/w28439>

ⁱⁱ Klein, M., & Holzer, H. (January 2024). Premium Impacts of POS Rebate Implementation in the ACA Market in the State of Arkansas. Milliman. *Available at* <https://dfr.oregon.gov/pdab/Documents/Constituent-testimony-2.pdf>; Robb, M., & Holzer, H. (January 2025). Premium Impacts of POS Rebate Implementation in the ACA Market in the State of Indiana. Milliman. *Available at* https://edge.sitecorecloud.io/millimaninc5660-milliman6442-prod27d5-0001/media/Milliman/PDFs/2025-Articles/1-29-25_POS-Filing-Impacts.pdf.

ⁱⁱⁱ West Virginia Insurance Bulletin No. 25-01 (February 13, 2025). *Available at* https://www.wvinsurance.gov/Portals/0/pdf/pol_leg/IB_25-01_Prescription_Drug_Rebate_Impact_to_Commercial_Health_Insurance.pdf?ver=2025-02-13-125517-883.

Chair Dietrich and Members of the Committee:

My name is Renee Price, and I am a pharmacist at Graves Drug in Winfield, Kansas. Thank you for the opportunity to share my story. I strongly support **SB 360**, the Kansas Consumer Prescription Protection and Accountability Act.

PBM steering practices are increasingly disrupting patient care and placing Kansas patients at risk. I would like to briefly share one patient story that illustrates why this legislation is so important.

Our pharmacy provides medication adherence packaging for more than 500 patients. One of our patients takes 16 medications for multiple chronic conditions, including two controlled substances. We package her medications into morning, noon, and evening blister packs to ensure safe and consistent use. She lives on a fixed income and relies on delivery.

Earlier this year, her PBM encouraged her to transfer many of her medications to a PBM-owned mail order pharmacy because they offered a \$0 copay. As a result, most of her medications were moved. However, the mail order pharmacy will not dispense her controlled substances, so our pharmacy now only fills those medications and a few as-needed prescriptions.

This fragmented care has significantly reduced her quality of care. She now receives 90-day supplies in bottles instead of time-specific packaging, making adherence more difficult. Even more concerning, our pharmacy no longer has access to her full medication profile, limiting our ability to identify drug-drug interactions and provide comprehensive clinical oversight.

This situation occurred not because of patient choice or better care, but because PBM pricing and steering practices forced her to prioritize cost over safety. We see this same issue when patients are steered to mail order or chain pharmacies that do not offer adherence packaging, delivery, or individualized care. These practices put patient safety at risk and undermine access to local pharmacy services.

SB 360 brings needed transparency and accountability to PBM practices, ensures fair and consistent reimbursement across pharmacies, and allows patients to choose the pharmacy that best meets their health needs — not the one their PBM financially favors. It also protects small businesses and strengthens local communities.

For the health and welfare of Kansas patients, I respectfully ask that you **support SB 360 today**. Thank you for your time and consideration.

Proponent Testimony for Senate Bill 360

Hannah Rinkenbaugh, PharmD

Previous Owner of Consumer's Pharmacy, Wichita, KS

Current Pharmacist at The Mulvane Pharmacy, Mulvane, KS

Chair Dietrich and Members of the Committee:

My name is Hannah Rinkenbaugh, and I am a pharmacist and the former owner of an independent pharmacy. I am writing today in strong support of SB 360, not just as a healthcare professional, but as someone who has experienced firsthand the consequences of unchecked PBM practices.

My husband and I owned and operated Consumer's Pharmacy, an independent community pharmacy that served our community for 51 years. We knew our patients by name, helped them manage chronic conditions, answered questions without an appointment, and served as an accessible, trusted healthcare resource in our community. In 2025, we made the heartbreaking decision to close Consumer's Pharmacy — not because of a lack of patients or poor care, but because we could no longer survive financially under the practices imposed by Pharmacy Benefit Managers.

Time and time again, we were reimbursed less than the actual cost of the medications we dispensed. Even when reimbursement exceeded the drug cost, it was not uncommon for the margin to be less than \$2 per prescription. That amount does not begin to cover the cost of the vial, label, staff wages, rent, or simply keeping the lights on. No small business — especially one providing essential healthcare services — can survive under those conditions.

Beyond unfair reimbursement rates, PBMs also interfered with patient choice. We saw several of our long-time patients forced to stop filling prescriptions at our pharmacy and switch to PBM-owned pharmacies, often mail-order facilities that cannot offer the same face-to-face, personalized care. These are just 2 examples of the many unfair practices PBMs currently employ.

Today, I am the pharmacist at the only pharmacy in Mulvane, Kansas. While I am grateful to continue providing personalized care, I am acutely aware that we serve not only Mulvane, but also nearby communities such as Belle Plaine, Udall, and Douglass — towns that don't have a pharmacy of their own. If this pharmacy were forced to close due to the same unfair PBM practices, these communities would be left without any local pharmacy to turn to. For many patients, especially seniors and those without reliable transportation, that would mean delayed care, skipped medications, and worse health outcomes.

PBM reform is not about protecting profits — it is about protecting access to care. It is about bringing transparency and accountability to harmful PBM practices, lowering prescription costs for patients, and keeping local pharmacies viable so they can continue serving as critical healthcare providers in their communities.

I urge you to support SB 360 so that independent pharmacies can survive, patients can choose where they receive care, and communities across Kansas are not left without essential healthcare access.

Thank you for your time and consideration.