

Dear Senate Committee Members,

My name is Faith Sanders and I live in Cedar Vale, Kansas. I am a patient at a local community pharmacy. I am writing to support SB 360, PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

I use my local pharmacy for all my medications, information and over the counter medications, as well. Our PBM is fantastic, she is able to inform me of any changes or ideas to help enhance the medications. If the Pharmacy is not here, I would have to drive at least 30 miles to get my medications at another pharmacy, where I am just a number or any other customer. It is hard for the elderly in our community to drive that far or find someone to take them. It is NEEDED!

The local pharmacy assisted me this year to find another Medicare Part D insurance company, that saves me \$30.00 per month, and it has a cheaper co-pay. This is huge! They call me when I have a new script and advise me of the cost prior to filling it, especially if the cost is sky high.

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,
Faith Sanders

Cedar Vale, KS



101 South Main Street
Hesston, KS 67062
(620) 327-2211



204 North Cedar Street
Abilene, KS 67410
(785) 263-4550

Dear Senator Dietrich and Members of the Committee,

My name is Sandie Kueker. I am a pharmacist and owner of two independent community pharmacies, Hesston Pharmacy and Harvey Drug Abilene. I am writing to share why the transparency and fair market practices created by Senate Bill 360 are so important to patients, employers, and communities across Kansas.

A year ago, my husband and I owned three independent community pharmacies located in Hesston, Newton, and Abilene. I am here today to explain why we were forced to close our Newton location **as a result of current PBM practices that limit competition and lack transparency**, and how appropriate oversight can help create a marketplace where patients, employers, and pharmacies are all in a much better position.

At its core, the issue of PBM practices and transparency is not complicated. It's just basic math.

Think of prescription drug costs like this:

$$D = A - B + C$$

- **D** is what the employer or health plan ultimately pays for the drug benefit.
- **A** is what the pharmacy is actually paid for the drug — the drug cost plus a dispensing fee.
- **B** is any manufacturer rebate.
- **C** is what the PBM charges for its services.

In today's non-transparent system, A, B, and C are all bundled together and presented to the employer as a single number — D. Employers know what they're paying, but they can't see *where the money is going*.

Under a transparent model like the one proposed in SB 360, the math becomes visible:

- **A** is known and based on an objective benchmark — NADAC — plus a dispensing fee.
- **B** is disclosed and passed back to the employer or plan.
- **D** is still known, just as it is today.

That means employers can finally see **C** — exactly what the PBM is charging them for its services — and decide whether that cost makes sense.

Transparency doesn't raise costs. It simply allows the person paying the bill to do the math.

And when that math is hidden, the consequences are very real.

We did not close our Newton pharmacy because our business was failing. Our patients loved us. Our prescription volume was growing. We were not overstaffed — our team filled an average number of prescriptions per hour that would rival any large chain pharmacy.

In 2024, we averaged 584 prescriptions per week. In the first quarter of 2025, that number grew to 625 prescriptions per week. By every traditional business metric, this store should have been thriving.

But as our prescription volume increased, so did our financial losses.

In 2024, we were reimbursed an average of **\$8.28 per prescription above the cost of the drug**. A recent KDHE cost-to-dispense study conducted by the independent firm Myers and Stauffer found that the **average cost to dispense a prescription in an independent pharmacy in Kansas is \$15.85**.

That means we were underpaid by **\$7.57 per prescription on average**.

For the 30,389 prescriptions we filled that year, that resulted in a **shortfall of \$230,044.73** — in a single location, in a single year.

This was not a staffing issue.

It was not an efficiency issue.

It was a reimbursement issue — and the math simply did not work.

That store provided critical healthcare services to the Newton community. We served a local behavioral health hospital, supported hospice patients, partnered with a drug and alcohol treatment facility, provided specialized medication packaging, delivered medications to homebound patients through a trained Community Health Worker, and helped patients stay adherent through medication synchronization.

These were not optional services. They were essential components of the local healthcare system.

Through significant effort and coordination, we have been able to continue most of these services from our Hesston location. But I want to be very clear: if we had not had another store nearby, Newton would have lost a vital healthcare resource entirely.

Senate Bill 360 addresses the structural problem that caused this closure. It restores transparency to a system where employers are paying more, pharmacies are being underpaid, and communities are losing access — all because the math is hidden.

I urge you to support SB 360 so that other Kansas communities do not experience the same loss.

Thank you for your time and consideration.

Dear Senate Committee Members,

My name is Elizabeth Jean Scott and I live in Lawrence, Kansas. I am a patient at a local community pharmacy, Orchards Drug. I am writing to support PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

My local pharmacy is important to me because I take medications from different doctors, and have recently onboarded some meds that the staff at Orchards Drug has not only made sure didn't contraindicate with my current medications, but also educated me about, as well as made sure to get the lowest cost for them. The staff at Orchards Drug really care about their patients, and get to know them as people, not numbers. If Orchards Drug closed, it would have a devastating impact on the community.

Insurance has made it a battle to get my medication on time and for a reasonable cost. I have had to spend no less than six hours on the phone with a speciality pharmacy to get one medication covered. I have had to switch pharmacies many times, and I've had to get some medications at one pharmacy and the rest at another at times, due to insurance rules and high costs. Formularies change so rapidly that I've been surprised at the pharmacy on more occasions than I care to count by seemingly random, sky-rocketing costs of my medications. There is no other reason for this than corporate greed, and it must be stopped.

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,

Elizabeth Jean Scott
Lawrence, Kansas

Proponent Testimony for Senate Bill 360
Christy Seufert, Pharmacist
Humboldt Pharmacy, Humboldt, KS

Chair Dietrich and Members of the Committee:

My name is Christy Seufert. I appreciate the opportunity to provide testimony in strong support of SB360. I have been a licensed pharmacist in Kansas for over 30 years. The majority of my career was spent in small town independent retail pharmacy. However, due to low PBM reimbursement the future of the job I loved at my local pharmacy came into question. A little over 4 years ago I became an inspector for the Kansas Board of Pharmacy. My inspection area is southeast Kansas. My days are spent in Kansas pharmacies speaking to pharmacists who are struggling to keep their doors open. The services they provide are vital to the health of our citizens. In barely over a year I have had at least 6 retail pharmacies in my area alone close due to low PBM reimbursements. These are pharmacies and pharmacists that provided outstanding service to their communities, but despite their best efforts could not afford to remain open, leaving countless Kansans searching for a way to replace their invaluable service. A mail order pharmacy can provide medications (although not always in a timely manner), but they cannot replace the expertise of a local pharmacist who knows them, their medical history, and goes above and beyond to give them the care they need. Kansans deserve nothing but the best healthcare and without PBM reform they simply won't have it.

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, I ask that your support SB360 today.

Thank you for your time and support of SB360.

Sincerely,

Christy Seufert, RPh

Dear Senate Committee Members,

My name is Ashley Shogren, and I live in Wichita, Kansas. I am a patient of a local independent pharmacy, Dandurand Pharmacy, and I am writing in support of SB 360, PBM reform legislation. **I respectfully ask you to protect Kansas patients and the local pharmacies we rely on for care.**

I am a pharmacist with more than 18 years of experience. For six years, I served as Pharmacist in Charge of the Dandurand West location before transitioning into my current role as an Ambulatory Care Pharmacist with Ascension Via Christi, where I work directly with clinics to help patients access medically necessary medications. From both community pharmacy and clinical practice, I can say with confidence that PBM practices are a major driver of the lack of transparency, rising costs, and care delays I see every day.

As a community pharmacist, my team provided services such as free medication delivery and compliance packaging, which are often not available at large chain pharmacies. For many Medicare and Medicaid patients, these services allowed them to remain safely in their homes instead of moving to higher levels of care, which are far more costly to both patients and the healthcare system. Unfortunately, harmful PBM reimbursement practices made it increasingly difficult to continue offering these services.

I was often forced to choose between accepting new patients based on their insurance or paying pharmacy staff. At one point, our leadership made the difficult decision not to dispense certain highly effective GLP-1 medications because PBM reimbursements—particularly from BCBS of Kansas—were frequently at least \$50 below the pharmacy's acquisition cost. Brand-name drug prices are fixed, and pharmacies cannot sustain these losses.

These were not abstract patients. They were people I vaccinated every year, families I supported through hospice care, and patients working to delay insulin use. Having to tell them I could no longer dispense a guideline-directed therapy was devastating.

PBM audits and contract practices further demonstrate the lack of transparency. I experienced high-dollar claim audits where funds were recouped, with no way to verify that money was returned to the plan sponsor. In my first year as Pharmacist in Charge, BCBS of Kansas terminated our contract based on a compounded prescription "threshold" calculated from total prescriptions dispensed, not insurance-billed volume. Appeals and requests for explanation were denied.

Our pharmacy was also removed from the Tricare network, limiting access for active-duty military members and veterans. As one of only two compounding pharmacies in Wichita, we were uniquely positioned to provide medications unavailable at chain pharmacies, yet PBM decisions eliminated that access.

In my current ambulatory care role, I see prior authorizations delaying or denying preferred therapy, and forced pharmacy steering to out-of-state mail-order specialty pharmacies that disrupt care. In one recent case involving a pediatric patient with ulcerative colitis, a PBM-mandated specialty pharmacy caused delays that resulted in a missed dose, despite a Kansas specialty pharmacy being able to dispense the medication within one day.

PBMs once served an administrative role, but today many are vertically integrated, owning the insurer, PBM, and pharmacy. This structure allows pricing and dispensing decisions with little transparency or accountability.

SB 360 is a critical step toward protecting patient care in Kansas. Employers and taxpayers deserve transparency, pharmacies deserve fair reimbursement, and patients deserve timely access to care close to home.

I urge you to **support SB 360** and stand with Kansas patients, providers, and local pharmacies.

Thank you for your time and service.

Sincerely,

Ashley Shogren, PharmD

Wichita, Kansas

Dandurand West Patient

Ascension Via Christi Ambulatory Care Pharmacist

To whom it may concern,

I am Spencer Dugan, a newly implanted resident of Wichita. I would like to thank the committee for taking the time to listen to my story, I know I am one of millions.

The way I see Pharmacy Benefit Managers is synonymous with a tick. At some point in everyone's life they are unavoidable, they suck on their victim and fatten themselves up before you notice, ruin the ecosystem around them, and they leave their victims sicker than they were before.

I am a patient of ulcerative colitis. I would say that I am a victim, but the only time I have felt preyed on is when the health insurance I had forced me to use their PBM. I have now changed my health insurance, which has freed me from a PBM, but this did not come without cost. I had to uproot my family, move away from my hometown, restart my career, all to get away from this predatory company.

I was a victim of Optum Pharmacy out of the Kansas City Area. When I moved over to the PBM I promptly received a letter stating that my physician has recommended that I move to home health infusions, instead of the hospital. I immediately called my doctor, whom I had been with for many years to ask why she recommended this for me. She explained that she had no such communication with the pharmacy. Early on, it was pretty easy to see, this company was willing to risk my health to save a buck.

I quickly realized this is a fight I cannot win on my own so I accepted that I will have to do home infusions as the pharmacy said. However, I did not realize that with home health, came the incredible responsibility of checking my own medicine. Something I was not prepared for nor comfortable with, but I did not have a choice. Shortly after my first couple of infusions, my nurse mentioned at some point I will be requested to start my own IV and prep everything myself. Let me remind you, I am not a nurse and never plan to be. Fortunately when I questioned this with the pharmacy customer service they said that I will not be expected to start my own IV, however I will be required to double the speed of my infusion time, per my physician's request. Yet again, the pharmacy lied, speaking as my physician, telling me what to do. In between all of this stress I was assigned a "Patient Navigator" who was supposed to clear the path for me to receive my medicine and make things as easy as possible. However, every single time I called I was reassigned to a different navigator. I was reassigned so many times I could not even leave a voicemail because I knew I would just get passed off. This evil company kept me confused and in the dark so I would just give up and accept their decisions they made on MY health. At this point I decided it was best to move on and find a job with a better health insurer that does not use a PBM. This is what caused me to move to Wichita away from my friends and family that I love dearly.

I love this country and I love the freedom that we Americans have been provided. I see that freedom being snuffed out by PBMs. They do nothing for the American people, they don't even employ Americans themselves!

I hope you make the right decision to put the American people first and save their health, towns, wallets, and jobs.

Thank you for your time,

Spencer Dugan

Dear Senate Committee Members,

My name is Miles Stotts and I live in Lawrence, Kansas. I am a patient at a local community pharmacy Orchards Drug. I am writing to support PBM reform legislation and to ask you to protect our local pharmacies and patients like myself.

I am retired from KDHE, and I believe local pharmacies provide many Kansans a choice: buy prescriptions and pharmaceutical goods from someone you know or from a big chain, that's probably many miles away. We would spend time and money unnecessarily, and hate the medical industrial insurance complex even more than now.

Pharmacy Benefits Managers, health insurance companies, doctors, pharmacists and hospitals that provide essential public goods and services are regulated, mostly, by state - not federal statutes and rules. Small local pharmacies in Kansas communities **need** your oversight of the pharmaceutical supply relationships between PBMs, pharmacies, insurance, hospitals and doctors. We patients know you are our last resort.

At 72, I've come to think that everything that could go wrong with my prescriptions and insurance **will** go wrong. I have two medications that are so expensive that I need charitable assistance to afford them, others add up to ensure I budget my Social Security and KPERS very carefully. I have times when there are very difficult choices between essentials. I have private health insurance and Medicare to pay for the raft of procedures and drugs that I need.

Pharmacies are where most of us get information and advice from a trusted professional. In the case of smaller pharmacies, we often have a personal relationship, and even at larger corporate pharmacies that can be the case. They treat us fairly and explain just as much as you want to know, often more.

At the community level, everyone knows and relies on the pharmacist, local law enforcement, first responders, schools, public works...everyone in town. Our community pharmacies need our respect and support. They are a lifeblood. My pharmacy helps me with complex and changing - sometimes confusing - prescriptions, medical conditions, doctors, and especially costs and insurance issues. I would be absolutely lost without Orchards Drug.

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies. Thank you for your time and service.

Sincerely,

Miles Stotts
Lawrence, Kansas

Proponent Testimony for Senate Bill 360
Jeff Tobae, PharmD
Medical Pharmacy – Holton, Kansas

Chair Dietrich and Members of the Committee,

My name is Jeff Tobae, and I am a pharmacist at Medical Pharmacy, an independent community pharmacy in Holton. Thank you for the opportunity to provide testimony in strong support of Senate Bill 360, the Kansas Consumer Prescription Protection and Accountability Act.

Every day, I see firsthand how pharmacy benefit manager (PBM) practices affect Kansas patients. The lack of transparency in PBM operations leads to higher out-of-pocket costs, restricted pharmacy choice, and delays in receiving essential medications. These aren't abstract policy issues, they impact real people in our communities.

Recently, one of my long-time patients was forced by her insurance plan to use a PBM-owned mail-order pharmacy. Her medication arrived late and was compromised during shipping, leaving her without the treatment she depends on. Situations like this are becoming more common, and they highlight why reform is urgently needed.

These reforms strengthen the free market, support small businesses, and help employers by curbing unnecessary PBM-driven costs that inflate premiums and copays. Most importantly, they protect patient access to timely, affordable, local pharmacy care.

For the health and welfare of Kansas patients and the stability of the community pharmacies that serve them, I respectfully ask for your support of SB 360.

Best Regards,



Jeff Tobae, PharmD

Dear Senate Committee Members,

Our names are Norman and Marcia Unruh and we live in Greensburg, Kansas. We are patients of the Kiowa County Pharmacy. We are writing to support SB360, PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

Our local pharmacy is very important to us, our closest pharmacy is 30 miles from where we live and would require us to drive 60 miles round trip, our pharmacy is very patient friendly and help us understand the importance of taking our medications and what the side effects are. They help us find the appropriate supplements for our Secondary insurance and the pharmacy plan. The inconvenience of not having a pharmacy would be difficult especially if we have just came from the dr. and medication has been prescribed, when you are not feeling well having the drive for your medication is not good. Our local pharmacy delivers to us, which is helpful . When our medications are close to needing to be refilled it is good that we can fill them and pick them up the day we order them, without having to drive but just a few blocks.

It is difficult for us to be able to afford the high cost of our medications, and even some denials in what medications , which means I still have to go out of town if I need that medication, the rising cost medications make it very difficult for us to decide if I want to fill that medication or eat a meal. I don't want to loose my local pharmacy, they do the very best they can to help not only us but our fellow residents, but their hands are tied when they have confusing rules.

Supporting PBM reform will help lower our drug costs, and protect my local pharmacy, and keep our care where it belongs close to home. Please support this very important SB360 AND STAND WITH KANSAS PATIENTS AND LOCAL PHARMACIES.

Thank you for your time and your service,

Norman and Marcia Unruh Greensburg, Ks.



Walgreen Co.
14400 Metcalf Ave
Overland Park, KS 66221
(913) 626-5366
Walgreens.com

Chair Dietrich and Members of the Committee:

My name is Brad Seiler, and I am a Pharmacist and Healthcare Supervisor with Walgreens here in Kansas. Thank you for the **opportunity to share my strong support for SB 360.**

I became a pharmacist to care for the people of Kansas. Kansans rely on their local pharmacists for guidance, safety, and continuity, often during the most stressful moments of their lives. That commitment to patient care led me to this profession, and it remains my purpose every day.

Unfortunately, PBM practices increasingly undermine our ability to provide that level of care. Before my current role, I ran a hospital-based specialty pharmacy with Walgreens, where we provided highly coordinated support for patients with complex and expensive conditions. We worked closely with physicians, helped with extensive prior authorizations, and helped patients navigate insurance barriers and financial assistance. Yet even after all that work, PBMs often forced patients to leave our care due to their reimbursement levels for our pharmacy and to use the PBM's vertically integrated mail-order pharmacy. These services routinely offer slower communication, delayed therapy starts, and far less personalized and local support. Patients lost access to the pharmacy team that knew their case best.

In my 17 years of community pharmacy practice, I've also seen PBMs retain manufacturer rebates rather than lowering the cost to patients or their employers, driving up premiums and out-of-pocket costs. I've watched independent pharmacies in my community close because PBM reimbursement practices made it impossible for them to survive. Even in a large chain setting like mine, these practices strain resources and limit the time pharmacists can devote to direct patient care.

SB 360 brings needed transparency and accountability to PBMs, ends harmful practices, and establishes fair reimbursement based on actual costs. Most importantly, it protects Kansas patients' access to affordable medications and local pharmacy care.

For the health and welfare of Kansas communities, I respectfully ask you to support SB 360.

Thank you for your time and consideration.

Bradley Seiler, Pharm.D.

January 23,2026

Dear Senate Committee Members,

My name is Connie Warkins and I live in Lawrence, Kansas. I am a patient at a local community pharmacy Orchards Drug and I am writing to support PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

I value our local pharmacy and want it to continue to be there for us. They keep track of everything and update us on what is necessary to stay current on vaccines. I also believe in supporting local business, it's what keeps our community going! They know who we are when we come in the door and provide excellent service!

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,

Connie Warkins,
Lawrence, Kansas

Dear Senate Committee Members,

My name is Carol A. Westfall, and I live in Lawrence, Kansas. I am a patient at Orchards Drug. I am writing to support PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

Orchards Drug has been a blessing to me. I moved to this city 2 years ago and have a complicated history of health issues. Since finding my pharmacy, they get my medicines on time and keep me informed when my order is ready. Their teamwork is friendly and constant and keeps everything confidential while making sure that I understand my medications.

Every year my insurance costs go up. I have refusals to pay for medication. Changes are made without consideration for me, the patient. I don't know what I would do without my pharmacy.

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,

Carol A. Westfall, Lawrence, KS

Dear Senate Committee Members,

My name is Chad Westhoff and I live in Lawrence, Kansas. I am a patient at a local community pharmacy – Orchards Drug. I am writing to support SB 360, PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

I and my family have recently dealt with multiple unplanned health concerns. Orchards has been patient, informative and reliable in filling my prescriptions and making sure they are handled in the manner most beneficial to my health and economic situation.

During a recent unanticipated hospital stay, the handling of my prescriptions was going to result in an unexpected cost in the hundreds of dollars. The hospital pharmacist was helpful, but did specifically mention they were limited by the constraints of the plans negotiated by the PBM(s) working on the LMH account. Orchards was able to work with me and ensure I received my medication at a reasonable price. Had I been forced to go to a chain pharmacy, I am confident the outcome would not have been geared towards the most optimal outcome for me.

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,

Chad Westhoff
Lawrence, Kansas



1410 Kasold Dr Ste A16 Lawrence, KS 66049 (785) 843-8555

Testimony in support of Senate Bill 360

January 28th, 2026

Chairwoman Brenda Dietrick and members of the Senate Committee on Financial Institutions and Insurance:

Thank you for the opportunity to share testimony in support of Senate Bill 360. My name is Will Anderson. I am the pharmacist and owner of Orchards Drug in Lawrence, and I'm testifying on behalf of my local business and on behalf of pharmacists and patients from across our state, who live and work in our communities and rely on our local pharmacies for their medications.

Every pharmacy and every patient in Kansas is facing a huge crisis. People are struggling with high prices on medications while pharmacies are struggling to keep their doors open due to below-cost reimbursement. Huge insurance monopolies control every aspect of our healthcare and they're using their power to raise prices and eliminate competition. At its core, **Senate Bill 360 is about Kansans standing up to the huge corporations profiting off our healthcare from the shadows.**

PBMs use a variety of anticompetitive tactics to reduce competition and enrich themselves. They are systematically eliminating local pharmacies by paying them below-cost, while overcharging patients every step of the way.

At my independent pharmacy last year, 20% of prescriptions filled were paid below the cost of the medication itself, with 73% of all prescriptions required to get back to break even—\$0 profit made above the cost of the medication. Those prescriptions cost over \$400,000 to fill (average cost to dispense is \$15.85/rx per KS Medicaid 2025 study). **When dispensing costs are included, losses from filling prescriptions exceed \$200,000 per year.** No matter how well your pharmacy cares for patients or how efficient the pharmacy is, **independent pharmacies cannot survive by filling prescriptions under current anticompetitive PBM reimbursement practices.**

Every community needs access to prescription medication, but pharmacies are closing in droves across the state, leaving communities with limited or no access to essential healthcare. **I urge you to support PBM reform that includes basic protections to restore competition, prevent pharmacy closures, and keep care in our communities.**

At the same time as PBMs are underpaying and closing independent pharmacies in Kansas, they pay their own pharmacies huge markups to fill the same prescriptions. **PBMs pay their own pharmacies more than independent pharmacies to fill the same drug for the same patient. These costs are passed on to consumers through higher premiums.** Multiple studies have documented this self-enriching and anticompetitive practice, including the FTC 2025 report showing frequent **markups over 1000%** and Mississippi Board of Pharmacy 2024 report showing payments **up to 22x higher** than independent pharmacies for the same medication. **Anticompetitive self-dealing hurts patients and employers by raising healthcare costs and premiums for no added value.**

The result of these abuses is that local, independent pharmacies who serve our communities are being forced out of business in an anticompetitive manner while PBMs have grown to be the largest companies on the planet. Service, quality, and demand no longer contribute to success for pharmacies. The deciding factor of success is whether or not you are integrated into the PBM monopoly. If you're not, you are being systematically eliminated.

Patients pay the price for these abuses through increased costs and decreased choice. I urge you to take action to pass Senate Bill 360 to lower costs and protect patient access to local healthcare.

PBMs have created a complex, opaque, and expensive healthcare system. Without transparency, we can't see where all the money goes. We can only see the effects, that under their control, our healthcare costs are skyrocketing, local pharmacies are closing, and they're profiting in the billions. **We can also see the real-world effects of PBM reform in other states.**

In 2018, the state of Ohio found that in just one year, PBMs overcharged their Medicaid program by \$224 million in spread pricing alone. This led Ohio to move to a single-PBM model with transparent pricing. **Ohio saved \$140 million in 2 years while at the same time increasing reimbursements to providers from \$0.73 to \$9.00 per prescription.** PBM reform increases transparency, lowers costs, and creates fair reimbursement to local healthcare providers.

I urge you to pass Senate Bill 360 to protect our patients and our local pharmacies, to protect the people instead of corporations. I urge you to stand with Kansans to bring transparency, accountability, and fairness back to our healthcare system.

Thank you for your consideration.

Sincerely,

Will Anderson
Pharmacist and owner
Orchards Drug
Lawrence, KS
will@orchardsdrug.com

Dear Senate Committee Members,

My name is Susie Wilson and I live in Lawrence, Kansas. I am a patient at a local community pharmacy Orchards Drug. I am writing to support PBM reform legislation and to ask you to protect our local pharmacies and those of us who rely on them.

I have been a client of Orchards Drug for over 30 years. Having a local pharmacy was important to me, having personalized service and being on a first name basis with my pharmacists. This pharmacy has seen me raise three children. This pharmacy answers all my questions and makes sure I get my prescriptions in a timely manner. Our community needs to protect the local, independent pharmacies. I have several autoimmune diseases and am currently being required to use a specialty pharmacy to get a medication. This speciality pharmacy has terrible customer service and I am already one week overdue on getting my prescription. This wouldn't happen at Orchards Drug. Will and his team would make sure I had my medication on time because they care about their clients!

PBM reform will help lower my drug costs, protect my local pharmacy, and keep care close to home. Please support SB360 and stand with Kansas patients and local pharmacies.

Thank you for your time and service.

Sincerely,

Susie Wilson

Lawrence KS

January 24, 2026

Chair Dietrich and Members of the Committee:

My name is Susan Witt. I get all my prescriptions from Vohs Pharmacy in Louisburg, Kansas. Thank you this opportunity to hear my concerns. I strongly support SB360.

The PBMs are forcing so many small pharmacies to close due to unfair reimbursement. This is such an impact to all the patients they serve. We really rely on Vohs pharmacy for all our medical needs. Our small town really needs them here, not only to help us all out, but to have people stay in our local community and do their business. As an older adult, my husband and I take quite a few meds and would be very upset if we couldn't get them local and had to depend on mail order, etc. That might be tragic.

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.

Thank you for your time.

Sincerely,

Susan Witt

Proponent Testimony for Senate Bill 360
Brian Caswell, President
Wolkar Drug, Baxter Springs, KS

Chair Dietrich and Members of the Committee:

I am Brian Caswell, pharmacy owner for 31 years in Southeast Kansas. I wish to thank the committee for the opportunity to provide testimony in favor of SB360.

I have witnessed over 31 years of pharmacy care and access here in Kansas. Pharmacy Benefit Managers, PBM's, have increasingly become more injected into the pharmacy decision making process between patient, doctor, and pharmacy. Nearly each decision by the PBM's has been centered on profit rather than patient care. I have seen patients forced into mail order, or drive 20 or more miles to another town, and even forced patients to go into another state to receive their medications. I have seen, in my professional judgement, poor decisions by the PBM's upon selection of a favored medication to a patient so that the PBM's rebates are maximized. I have witnessed preferred brand products over generics, which cost the consumer more, but was the only product covered.

Lately I have had numerous elderly patients being contacted by their PBM and coerced into transferring to a mail order pharmacy in another state. After visiting the patient, nearly all of them said they thought they didn't have a choice. A few of them literally live across the street from our pharmacy. I have made multiple complaints to Medicare, the Insurance Commissioners office, and the Kansas Board of Pharmacy. Each organization says their hands are tied and they need legislation in order to stop this overreach and intentional misrepresentation.

In a free and fair market, I have felt that our pharmacy has delivered excellent care and exceptional consumer service. When given the choice of where to receive care, our patients overwhelmingly select Wolkar Drug.....until they can't. Forced to go elsewhere or face non-coverage of their medication or a penalized copay, they feel they have no choice. In fact, many times the PBM's will not offer a contract to our pharmacy, or one that forces you to lose money on many of the covered medications. This becomes more frustrating when we find that the PBM's pay their own pharmacies much much more than what they reimburse us. It is **NOT** a free and fair market!

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.

Brian Caswell, RPH

