Federal agencies, including the U.S. Government Accountability Office and Federal Trade Commission, have found that PBMs help lower drug prices, slow the growth of drug spending, and promote “broader access” for patients. Our industry is helping employers and other drug coverage sponsors advance equitable care through patient-centered quality improvement initiatives in areas of clinical vulnerability and disparities, such as diabetes and other noncommunicable diseases.

That is why our industry supports policies that:

- Remove remaining barriers to the uptake of innovative payment and incentive structures that promote patient access to quality, affordable, and value-based care
- Support the availability and use of real-world evidence in coverage decisions and utilization management

ADDRESS DISPARITIES IN ACCESS, DISEASE BURDEN & OUTCOMES

Inequities and disparities affect every aspect of health—from access to care to disease burden to outcomes. PBMs are advancing a range of strategies to improve alignment between the accessibility and experience of care and individual patients’ needs, preferences, and goals.

Our industry also supports efforts to address structural barriers to care, including policies that:

- Update Medicare Part D to make it even more affordable for beneficiaries with extremely high drug costs, including, in part, by repealing the rebate rule and allowing Prescription Drug Plans to use Medicare Parts A and B claims data to inform pharmaceutical care management
- Improve affordable access to prescription drug coverage, vaccines, and preventative care, including preventive prophylaxis for HIV/AIDS, medication assisted treatment for substance use disorders (SUD), and overdose-reversal treatments for SUDs
- Improve the use of PBM tools to promote clinically appropriate and timely access care
- Build on the success of drug utilization reviews (IMPROVE Addiction Care Act)
- Promote partnerships to coordinate health and social needs (LINC to Address Social Needs Act)
- Support community approaches to address health disparities (Determinants Accelerator Act)
- Codify federal guidance allowing high-deductible health plans to provide pre-deductible coverage of preventative care for chronic conditions (Chronic Disease Management Act)

PROMOTE EQUITABLE, AFFORDABLE PHARMACY BENEFIT DESIGN

For America’s pharmacy benefit managers, PBMs, our mission is simple: increase affordable access to prescription drugs for everyone. We believe care should be patient-focused, equitable, and affordable. We commit to industry action and support of policies that advance a more equitable health care system, lower costs, reduce disparities in clinical outcomes, and improve the quality of pharmaceutical care. Our vision for a more equitable health care system is built on four patient-centered goals.
Without accurate and up-to-date data, it is difficult to identify the individual factors that drive disparities and how best to address them. PBMs are actively investing in and advancing new ways to use available data and other indicators to advance equitable care.

There is more work to be done, which is why we support policies that:

- Facilitate clear understanding of patient privacy, confidentiality, and terms of use for collected and reported data relating to disparities

PROMOTE EQUITABLE, AFFORDABLE PHARMACY BENEFIT DESIGN (continued)

- Promote cost-effective care and patients' abilities to make informed therapy decisions
- Encourage full adoption of electronic prescribing, electronic prior authorization, real-time benefit checks, and similar tools that help promote meaningful transparency
- Support mechanisms for testing innovative payment models with aligned financial incentives to promote investment in public health and social determinants of health
- Sustain public-private partnerships and private-sector convening of health care stakeholders to update consensus-based tools, practices, and processes

CREATE A CULTURE OF EQUITY & PERSON-CENTERED CARE

The quality, affordability, and accessibility of pharmaceutical care should not differ because of an individual's personal circumstance, nor should their health care. We commit to sustained industry action on diversity, equity, and inclusion (DE&I) within our own workplaces; in partnership with stakeholders across our shared health care system; and in collaboration on behalf of patients with drug coverage sponsors, health care prescribers, and pharmacists.

Our industry supports policies that:

- Promote culturally competent care
- Support industry initiatives to develop and use unconscious-biases awareness and conscious-inclusion training for all health care stakeholders
- Incentivize and remove barriers to the widespread adoption of patient- and family-centered care
- Update language access rights through improvements that clearly define and support “plain-language,” readability, and accessibility, including for patients with disabilities
- Promote a diverse and inclusive health care workforce by fostering DE&I dialogue throughout the health care ecosystem
- Eliminate racialized and harmful language from the health care lexicon
- Work with policymakers to integrate evidence-based solutions and address other policies that pose barriers to equitable care

INVEST IN MEANINGFUL DATA, EVIDENCE & MEASUREMENT

Without accurate and up-to-date data, it is difficult to identify the individual factors that drive disparities and how best to address them. PBMs are actively investing in and advancing new ways to use available data and other indicators to advance equitable care.

There is more work to be done, which is why we support policies that:

- Facilitate clear understanding of patient privacy, confidentiality, and terms of use for collected and reported data relating to disparities
- Improve health disparities data collection, quality measurement, and risk assessment
- Encourage use of standardized data, measures, and protocols to promote and streamline patient collaborative care initiatives
- Address gaps in clinical evidence data through more inclusive design of pharmaceutical clinical trials and sharing of subpopulation results