

- My constituents have expressed numerous concerns regarding the anticompetitive effects of continued consolidation in pharmacy benefits management (PBM) industry, which is dominated by three behemoth health care companies that control nearly 90% of the market. They have told me that consolidation has reduced patient choice, decreased access to pharmacy services and leads to higher prescription drug costs paid by plan sponsors and consumers. What should the antitrust agencies do to address these concerns and what measures can be taken as they review ongoing consolidation in the market? What can be done to ensure that purported merger efficiencies are passed on to plan sponsors and consumers? Should the antitrust agencies engage in a retrospective review of consummated mergers to assess their impact on plan sponsors and consumers?
- More and more transactions in the health care industry are vertical in nature such as the CVS/Aetna and Cigna/Express Scripts mergers. How should the antitrust agencies evaluate these transactions to ensure that plan sponsors and consumers will continue to have competitive choices?
- What can and should the antitrust agencies do to ensure that appropriate “firewalls” are implemented post-merger between vertically integrated health care companies to ensure that their pharmacy, PBM and health insurance businesses are not improperly sharing competitively sensitive information across business lines to harm competitors including other retail community pharmacies?
- I have concerns with the lack of PBM transparency and its impact on plan sponsors and consumers. This lack of transparency has enabled PBMs to increase profits and market share at the expense of plan sponsors and consumers. Given continued consolidation and the growing negotiation leverage that PBMs command in the market (the largest of which are now vertically integrated), what role should transparency play to enhance competition and consumer protections?
- PBMs are responsible for creating pharmacy networks, setting the price patients and health plans pay for prescription drugs, adjudicating claims, and reimbursing pharmacies for dispensed drugs. In addition, nearly all PBMs own proprietary pharmacies that directly compete with retail network pharmacies. PBMs routinely design plans that incentivize or require patients to use a PBM-owned pharmacy over a competing retail pharmacy. What should the antitrust agencies do to address such obvious anticompetitive conflicts of interest? Do you think these actions constitute an apparent, anticompetitive misuse of pharmacy and patient data?