



A Day as a Kansas Pharmacist
Presented to the House Committee on Insurance
By Nate Rockers, PharmD.
Kansas Pharmacists Association - Topeka, Kansas
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Chairman Sutton and Members of the Committee:

Good morning, I am Nate Rockers, Pharm D. I am the owner of Rockers Pharmacy in Paola, Kansas and co-owner of Vohs Pharmacy in Louisburg, Kansas. I appreciate the opportunity to speak with you about the successes and challenges I face as an Independent Pharmacy owner in the great State of Kansas.

I purchased Rockers Pharmacy in 2009 and subsequently opened Vohs Pharmacy in 2012. As a 2002 graduate of the University of Kansas School of Pharmacy, it was my desire to be able to give back to my community in a meaningful way. It was my belief that operating an independent pharmacy in Kansas would provide me with the opportunity to take care of the healthcare needs of members of my community in a meaningful, efficient, compassionate, and responsive manner. By being my own boss, our business could easily adapt to the changing healthcare needs of our communities, without having to seek corporate approval from out-of-state decision makers. Examples of this include vaccine administration programs, medication synchronization programs, compliance packaging, home delivery, long term care and assisted living facility service, medication packaging for our county jail to name a few.

We have built two successful pharmacies through our hard work, our honesty, and our accountability to the patients who seek our services. Our ability to continue to operate is in jeopardy. Currently, Miami County Kansas has six pharmacies; one is a Wal-Mart, and the other three are owned by single individuals with over 20 stores in Kansas and Missouri. Neither of them are what I consider to be my competitor. My expectation is that my pharmacies can and should provide better patient care in a more personalized manner. We strive to know our patients and understand their barriers to care.

My competitor is the Pharmacy Benefit Manager or PBM as they are commonly referred to. The largest three, Express Scripts, CVS Caremark, and Optum Rx control around 80% of the PBM marketplace nationally. These entities have the computer network that resides between my pharmacy and the patients with which we are trying to serve. 8 out of 10 claims must pass through their computer networks in order for pharmacies to provide prescription care for their members. The PBMs have become increasingly aggressive over the last decade as their market share has grown to staggering size.

They dictate the reimbursement rate at which I am supposed to provide pharmaceutical care, they dictate the cost the consumer must pay in order to receive care at my pharmacies, they create closed formularies for so called “specialty drugs” which often times must be obtained through their own mail order or retail outlets. In most cases these “specialty drugs” are readily available at pharmacies like mine within 24 hours through our wholesale distribution channels. They utilize the data that I am required to submit to them to steer patients to their own entities (mail order/brick and mortar). Imagine your local plumber being forced to disclose his client list and service invoice to his competitor. Imagine the power that entity would hold over the competition.

They force consumers in many cases to pay more in copay if they choose a local independent pharmacy over the mail order or brick and mortar facility they own. DO NOT mistake this copay manipulation tactic as a cost saver. This is nothing more than a tool to steer consumer behavior. Patient copay manipulation does not, and clearly has not led to reductions in the total cost of pharmaceutical care in my 20 plus year career, in spite of the PBM’s claims that they are cost savers in the healthcare ecosystem.

PBMs extract rebates from Drug Manufacturers in return for formulary placement. They allege these rebates are passed back to patients and plans. The data, or lack of transparency into these practices would suggest otherwise. I encourage you to research the overseas Group Purchasing Organizations, or GPO’s owned by the PBMs and their affiliated Health Insurance companies that are now “negotiating” the rebates on behalf of their affiliated PBMs. Currently the Federal Trade Commission (FTC) is engaged in a 6B study into the practices of PBMs. The FTC last fall rescinded all of their prior statements that would suggest the PBM’s are cost savers in the marketplace.

My business is in jeopardy due to the reimbursement pressure, patient steering, and flat-out restriction of patients to choose my pharmacies with mandatory mail order requirements. In 2023, 20% of the prescriptions I dispensed were at a loss based on the take it or leave it nature of the contracts I am forced to sign with these PBM’s. That is over one day each and every week. Job satisfaction in retail pharmacy is in my estimation at an all-time low. Walkouts have occurred at two of the major chains in the Kansas City area in recent months due to the increasing pressures placed on pharmacists and their staff. The enrollment figures at the KU School of Pharmacy would support this observation.

Unless we take legislative action, I fear that access to pharmacies as we have known it in Kansas will cease to exist. I have two high school-aged children. I will not let them pursue a career in pharmacy, or healthcare for that matter, as I am not sure that there will be a future for them.