

March 25, 2026

Secretary Lori Chavez-DeRemer
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Dear Secretary Chavez-DeRemer,

We, the undersigned organizations, support the Department of Labor's efforts to advance long-overdue, widely supported, and common-sense guardrails to address the currently unchecked influence of Pharmacy Benefit Managers (PBMs) over the prescription drug benefits that American employers provide to their workers and families. We welcome the opportunity to provide the following general comments on DOL's proposed rule, "Improving Transparency into Pharmacy Benefit Manager Fee Disclosure" and commend DOL for advancing a rule to help deliver much-needed transparency to the prescription drug pricing infrastructure and tangible benefits to employers, patients and the U.S. healthcare system writ large.

We have seen undeniable evidence that pharmacy benefit managers (PBMs) and their parent corporate insurers have leveraged market consolidation and vertical integration to accumulate outsized power in the healthcare and prescription drug marketplace. In doing so, they have constructed self-reinforcing pricing structures that inflate drug costs, penalize or restrict cost-saving practices, and undermine patient choice and access. The inclusion of PBM reform components in the Consolidated Appropriation Act of 2026, the Federal Trade Commission's recent [consent decree](#) with Express Scripts over insulin pricing, and the FTC's [earlier documentation](#) of PBM price manipulations should be considered positive first steps to much needed reforms and make clear the desire in the public policy sphere to fix this broken system. The DOL proposed rule is a critical component in this effort.

We are concerned, however, that PBMs will exploit any loophole, as they have many times in the past, to avoid necessary disclosures under the proposed rule. Investigative [reporting](#) has already revealed that the largest PBMs have established offshore subsidiaries known as group purchasing organizations (GPOs) to collect fees from drug manufacturers on top of the rebates negotiated by PBMs. By adding this additional layer of complexity, PBMs – and the insurance companies that own them – obscure how much money truly flows through their vertically integrated companies and avoid passing savings through to health plans as intended.

We believe that some improvements to the proposed rule, detailed below, would strengthen the proposal and enable DOL to more effectively crack down on some particularly egregious PBM practices, preventing these middlemen from steering business to their own affiliates and undermining patient choice and fair competition in the marketplace.

These improvements all focus on ensuring that DOL has the comprehensive information needed to ensure that PBMs are abiding by the law as intended and are not evading disclosure requirements or hiding the various sources of their profits. Toward that end, we recommend:

- **DOL should stipulate that all PBM compensation must be reported.** The rule should leave no gaps in PBM reporting requirements. For example, DOL should require that PBMs report all income derived directly or indirectly on prescription drug list price, acquisition cost, average wholesale cost, or any other metric for prescription drug pricing or fulfillment at any stage in the drug supply chain. This includes but is not limited to prescription drug markups, up-charging, spread pricing of any kind, manufacturer-derived revenues of any sort, which include but shall not be limited to price protection, group purchasing organization or “GPO” retained rebates or fees of any kind, aggregator administrative or any other fees charged or collected, coupon compensation and patient assistance compensation fees, retained discounts and rebates, and other manufacturer payments, and any other arrangements on price of prescription drugs. PBMs should be required to report pharmacy compensation for the chain and specialty pharmacies they own, as well as independent pharmacies, to shine a spotlight on whether PBMs are boosting profits through their affiliates.
- **All disclosed information should flow to DOL.** The proposed rule does not require that certain categories of information, such as aggregate compensation, conflict of interest disclosures, or fiduciary status be provided to DOL. We believe that DOL must have immediate access to this data so it can be empowered to proactively identify PBM abuses and evasions.
- **DOL should provide more specific information on the PBM fiduciary role.** The rule, as written, requires PBMs to disclose when they function as fiduciaries. However, it provides no hypothetical instances in which PBMs are likely to occupy a fiduciary role. This lack of specificity effectively allows the PBMs to decide for themselves when their functions qualify for reporting, making it easier for them to evade necessary disclosure. The rule should include specific examples of PBM fiduciary functions which are inconsistent with PBM pricing arrangements that increase the cost of medicines (e.g., spread pricing and GPO skimming) to eliminate PBM conflicts of interest.

Again, we support continuation of DOL work on a proposed rule that, once finalized and implemented, can help effectively address problems with PBM practices in the commercial market and improve how pharmacy benefits are managed for patients and employers throughout the United States. We encourage DOL to finalize the rule with the improvements we have listed above, and we are prepared to support any and all efforts to prevent PBMs from driving up prescription drug costs moving forward.

Sincerely,

PBM Accountability Project
ADAP Advocacy Association
Advocates for Responsible Care
AiArthritis
Alabama Independent Pharmacy Alliance

Alliance for Transparent & Affordable Prescriptions Action Network
America's Agenda
American Association of Clinical Urology
American Behcet's Disease Association (ABDA)
American Economic Liberties Project
American Pharmacies
Annapolis Rheumatology
Atlantic Apothecary
Axline Pharmacy
Bandy's Pharmacy
Becks Home Health Care Prod
Biomarker Collaborative
Black, Gifted & Whole Inc.
Cancer Active, Inc.
Cancer Support Community
CancerCare
Cape Fear Arthritis Care
Chronic Care Policy Alliance
Coalition of State Rheumatology Organizations
Community Access National Network
Community Liver Alliance
Connecticut Oncology Association
Conquer MG
Core Pharmacy
Delaware Nurses Association
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Empire Mental Health Support
Exon 20 Group
FORCE: Facing Our Risk of Cancer Empowered
HealthTree Foundation
HIV+Hepatitis Policy Institute
ICAN, International Cancer Advocacy Network
Illini Clinic Pharmacy, Inc
Kremer Pharmacy
League of United Latin American Citizens (LULAC)
LUGPA
Massachusetts Chain Pharmacy Council
Massachusetts Independent Pharmacists Association
MET Crusaders
Mills Pharmacy - Birmingham, AL
Mississippi Oncology Society
National Association of Nutrition and Aging Services Programs (NANASP)
National Community Pharmacists Association
National Consumers League



National Hispanic Council on Aging
National Hispanic Health Foundation
National Infusion Center Association
National Oncology State Network
NCODA
Neuropathy Action Foundation
Nevada Chronic Care Collaborative
NRG1 Energizers
Ohio Hematology Oncology Society
Organization for Latino Health Advocacy
Partnership for Innovation and Empowerment
Partnership for Safe Medicines
Patients Rising
PDL1 Amplifieds
Pharmacists United for Truth and Transparency
Pharmacy Plus, Inc.
PlusInc
PRN Pharmacies, LTD
Rare Access Action Project
Reed Pharmacies, LLC
Society of Utah Medical Oncologists
Star Discount Pharmacy
The Medicine Shoppe
The National Puerto Rican Chamber of Commerce
Valley Pharmacy & DME of East Alabama
WellCreek Pharmacy
Wyoming Epilepsy Association
Wyoming Nurses Association

