

My name is Selena Owen. I am the Director of GEM Pharmacy in Littleton. We have proudly been in business for over 35 years. In my 16 years of working at GEM, I have seen the direction of our Health Care take a turn down the wrong path. I support HB18-1097, and I ask that you vote YES. I ask that you give back the rights to the patients, my own rights as a beneficiary, and as a Provider. I ask that you vote yes to keep us, and many others like us open for the public. By voting no, this will slowly start a trend of seeing your local Community Pharmacies go out of business because PBMs are pursuing by waiving copays to leave our business. All we want is a fair business practices. The PBMs are already walking a fine line with current laws that are already in place to make things fair.

We pride ourselves in Patient care, easy access to their medications, having a face to face relationship with them, making them comfortable with their choice to use us, and knowing they can trust us with their health. We do not put ourselves through the amount of stress that is involved daily in Health Care to make money, because we are not making any money. We clearly are doing it for the Patient. If we continue the path we are on by allowing them to dominate the market, there will be a lot of local Pharmacies closing their doors. Thousands of Pharmacists, Technicians out of jobs. These local Pharmacies such as mine donate money to our local schools, police stations, fire departments, funded organizations that help communities etc. that will lose this support to if we slowly trend this way, and force local Pharmacies to close those doors. The decades of hard work we have put in caring for our Communities, all for nothing. We as Independent Pharmacies feel that this is what the PBMs want. The harder it is on us the greater the chance of us closing down our businesses for good. As they are skating on a fine line of Anti-Kick back, how are we allowing this? Essentially, they are offering a monetary reward for leaving their local community Pharmacy to use their mail order. They claim they will save money by business practices such as this. The amount of waste they create far offsets the true savings. Not to mention the many times a patient's important medication did not arrive in time at their home, and they are now left to pay out of pocket. The personal touch in Patient Care seems to be dwindling, but not in your local Community Pharmacies.

If you ask patients that take medication if they had a question on their health who they call first Pharmacy or Doctor? 9 out of 10 would probably say their Pharmacist because they are more accessible, and easier to get on the phone with the first Phone call. This is also another reason we pushed and implemented the Collaborative Health Care agreements. A Pharmacy such as ours, has these agreements in place with many Organizations. This will harm that. We are working on preparing to help our state hopefully for HM 1007 to inject Long Acting Injections for Medicaid recipients. How can we help if we will slowly be plucked away?

We specialize in Long Term Care services. In doing so, these services require special packaging. Compliance Packs, Single Dose Blister Cards, and Medication Reminder boxes. These assisted living homes, nursing homes, and agencies that we service are regulated by the state. These types of special packaging options ensure patients compliance, and medication safety.

When the patient's insurance requires them to use only a select few Pharmacies, it puts a hardship on the nurses that care for them as well as the Patient. Many of the insurance companies "Preferred Pharmacies" do not offer daily delivery. These patients cannot get out and drive to get their medications, nor their nursing staff that cares for them. What happens then? Many of the patients end up having to pay out of pocket for their medications since Mail Order Pharmacies do not do the special packaging that the homes require. These kinds of patients also have constant medication changes and

waiting for the mail is not an option. Not only are they paying the hefty premiums, high costs to live in an assisted living home, now they must pay out of pocket for their medication. These patients are not Medicare recipients. They have Commercial Insurance provided to them by their retirement plans.

Example: One patient has to pay \$418.00 every month for a very important drug called Xarelto. Her son will end up paying over \$5,000.00 annually. The claim is processed through the patient's insurance, but all they are doing is determining a price she has to pay. If her son were to use the preferred mail order Pharmacy, he would pay \$10.00 for a 90 day supply. That is \$40.00 a year. I cannot even bypass the insurance to give her a discount due to the GAG order on us. Even though we are listed as a Preferred Pharmacy, we are not really Preferred. This is where language gets tricky. What is the definition of Preferred? How can we be listed as a Preferred Pharmacy, but you will pay more because we are not the Preferred Preferred Pharmacy? We just recently lost a 25-year customer and their entire family because their Insurance told them they will not charge them any copays if they leave us and use their mail order. She did not want 90 day supplies, because she did not want that much medication around the house with all her kids, but she was told she will not pay anything doing it this way.

The future of Independent Pharmacies is in your hands. I ask that you please understand that we are relevant, that we are just as educated as the Mail Order Pharmacies, that all we are asking is to continue to be there for our Patients, and that we can continue to do what we love. Please vote YES on HB18-1097.