DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Consumer Protection and Commerce
and
House Committee on Judiciary
Tuesday, February 12, 2019
2:35 p.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 1442, H.D. 1, RELATING TO PHARMACY BENEFIT MANAGERS

Chair Takumi, Chair Lee, and Members of the Committees:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to establish requirements for pharmacy benefit managers (PBMs) and maximum allowable cost within the purview of the Department, rather than the Department of Health.

By repealing Hawaii Revised Statutes (HRS) section 328-106 and amending HRS chapter 431-R, this bill shifts jurisdiction over the regulation of maximum allowable cost basis reimbursement from the Department of Health to the Insurance Commissioner and amends those regulations.

Page 7, lines 9 to 14 of the bill provides that if a maximum allowable cost is not upheld on appeal, a contracting pharmacy may "reverse and rebill the claim that is the subject of the appeal, and all claims for the same drug, until the maximum allowable cost list is updated pursuant to subsection (e), to be reimbursed at the maximum allowable cost established by the appeal." However, the bill does not clearly define the maximum allowable cost established by the appeal.

If the Committees choose to pass this measure, the Department respectfully requests that its budget ceiling be adjusted to cover the fiscal impact of this bill.

Thank you for the opportunity to testify on this bill.

TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019

ON THE FOLLOWING MEASURE:
H.B. NO. 1442, H.D. 1, RELATING TO PHARMACY BENEFIT MANAGERS.

BEFORE THE:
HOUSE COMMITTEES ON CONSUMER PROTECTION AND COMMERCE AND ON JUDICIARY

DATE: Tuesday, February 12, 2019 **TIME:** 2:35 p.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Clare E. Connors, Attorney General, or
Daniel K. Jacob, Deputy Attorney General

Chairs Takumi and Lee and Members of the Committees:

The Department of the Attorney General provides the following comments about the bill.

The purposes of this bill are to: (1) establish requirements for pharmacy benefit managers (PBMs) and maximum allowable cost, including the ability of pharmacies to receive comprehensive maximum allowable cost; (2) bring complaints regarding PBMs and maximum allowable cost within the purview of the department of commerce and consumer affairs rather than the department of health; (3) require PBMs to disclose where an equivalent drug can be obtained at or below the maximum allowable cost, when a maximum allowable cost is upheld on appeal, and to allow contracting pharmacies to reverse and rebill claims if the PBM establishes a maximum allowable cost that is denied on appeal and to pay the difference to the contracting pharmacies; and (4) clarify the available penalties for violations of maximum allowable cost requirements.

This bill may be subject to an Employee Retirement Income Security Act (ERISA) preemption challenge. ERISA is a comprehensive federal legislative scheme that "supersede[s] any and all State laws insofar as they may now or hereafter relate to any employee benefit plan." 29 U.S.C.A. § 1144(a).[1] A state law relates to an ERISA plan

[1] 29 U.S.C.A. § 1144(a), in full, provides as follows:

and is preempted if it has a prohibited connection with or reference to an ERISA plan. We believe this bill may be preempted because of (a) an impermissible connection with an ERISA plan or (b) an impermissible reference to an ERISA plan.

A state law has an impermissible connection with ERISA plans when it governs a central matter of plan administration or interferes with nationally uniform plan administration. *Pharmaceutical Care Management Assocation v. Gerhart*, 852 F.3d 722, 730 (8th Cir. 2017). The concern here arises from the fact the bill would compel PBMs to include specific information in contracts with contracting pharmacies, require PBMs to provide quarterly comprehensive reports, restrict the class of drugs to which PBMs may establish maximum reimbursement amounts and limit the sources from which they may obtain pricing information, require PBMs to notify contracting pharmacies in the event of an increase in the acquisition cost, and require PBMs to establish a clearly defined process for contracting pharmacies to appeal maximum allowable costs. All of these mandates may be found to implicate areas central to plan administration.

An impermissible reference to an ERISA plan is also problematic. The Eighth Circuit found that an Iowa law had an implicit reference to ERISA and ERISA plans because the Iowa law regulated PBMs that administer benefits for health benefit plans, employers, and other groups that provide health coverage. *Id*. PBMs are subject to ERISA regulation, and the Eighth Circuit found that the law affected benefits provided by these ERISA programs. This bill may be similarly challenged as containing an impermissible reference to ERISA.

In 2017, the United States Court of Appeals for the Eighth Circuit struck down Iowa's laws regulating PBMs as preempted by ERISA. *Id*. at 732. We note, however, that the United States Court of Appeals for the First Circuit upheld a law regulating PBMs as not preempted by ERISA. *Pharmaceutical Care Management Association v.*

> Except as provided in subsection (b) of this section, the provisions of this subchapter and subchapter III of this chapter shall supersede any and all State laws insofar as they may now or hereafter relate to any employee benefit plan described in section 1003(a) of this title and not exempt under section 1003(b) of this title. This section shall take effect on January 1, 1975.

Rowe, 429 F.3d 294 (1st Cir. 2005). Therefore, there may be a split between the Circuit Courts of Appeals. Nevertheless, this bill may be subject to a court challenge.

Thank you for the opportunity to comment.

February 11th, 2019

The Honorable Roy Takumi and Chris Lee
Chairmen, House Committee on Consumer
Protection and Commerce and Judiciary
415 S. Beretania St, Room 320
Honolulu, Oahu, HI, 96813-2425

Submitted Electronically

Re: H.B. 1442 HD1, a bill relating to pharmacy benefit managers

Dear Chairmen Takumi and Lee,

The Pharmaceutical Care Management Association (PCMA) appreciates the opportunity to provide comments on the provisions in H.B. 1442, a bill relating to pharmacy benefit managers and generic reimbursement using maximum allowable cost (MAC).

PCMA is the national trade association for America's Pharmacy Benefit Managers (PBMs), which administer prescription drug plans for more than 266 million Americans with health coverage through independent businesses, health insurers, labor unions, and federal and state-sponsored health programs.

For over two decades, PBMs have delivered innovative solutions based on payer and patient needs. In an age of high-priced and specialty drugs, payers continue to look to their PBMs for solutions to improve affordability, quality, and access for patients. PBMs bring value to their members and health benefit plan sponsors by limiting excessive prescription drug spending and curbing instances of waste, fraud and abuse.

We greatly appreciate the House Committee on Health's and Chairman Mizuno's consideration and incorporation of our proposed amendments to HB1442. However, PCMA is still concerned about the following provision in the bill and respectfully request the amendments indicated below.

Page 8 lines 1-10: (i) The insurance commissioner may adopt rules pursuant to chapter 91 to enforce the provisions of this section. ~~establish a process to subject complaints of violations of this section to an external review process and resolve disputed claims, which may be binding on a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made, except to the extent that the parties have other remedies available under applicable federal or state law, and which may assign the costs associated with the external review process to a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made."~~

Pharmaceutical Care Management Association
325 7th Street, NW, 9th Floor
Washington, DC 20004
www.pcmanet.org

Rationale: Private contracts between the PSAO and PBMs, or pharmacies and PBMs, should utilize the resolution process in their contract. We are concerned that having a external review process through the insurance commissioner would lead to frivolous complaints, and would drive up the costs of health care for health plans, employers, and ultimately consumers. If there are any contractual issues that arise between a PSAO and a PBM or a pharmacy and a PBM, they are handled by contract with appropriate remedies available to the parties under the law making an external review process unnecessary

We appreciate your consideration of our comments.

Sincerely,

Lauren Rowley
VP, State Affairs

cc: House Health and Human Services Committee Membe

Pharmaceutical Care Management Association
325 7th Street, NW, 9th Floor
Washington, DC 20004
www.pcmanet.org

Pharmaceutical Care Management Association
325 7th Street, NW, 9th Floor
Washington, DC 20004
www.pcmanet.org

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
Members, Committee on Consumer Protection and Commerce

The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
Members, Committee on Judiciary

From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems
Date: February 11, 2019
Hrg: House Committee on Consumer Protection and Commerce and Committee on Judiciary Joint Hearing; Tuesday, February 12 2019 at 2:35 PM in Room 329

Re: **Support for H.B. 1442 HD1, Relating to Pharmacy Benefit Managers**

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to testify in support of H.B. 1442, HD1, Relating to Pharmacy Benefit Managers. Under the insurance commissioner, this measure would establish requirements for pharmacy benefit managers (PBMs) and maximum allowable cost (MAC). Contracted pharmacies will be able to receive comprehensive MAC lists from PBMs as well as know, upon upheld appeal, where an equivalent drug may be obtained at or below the MAC. The measure also clarifies penalties for violations of MAC requirements.

Queen's contracts with over 15 PBMs, with each PBM having multiple MAC lists. Because PBMs control the formularies for prices like those through MAC lists, they have the ability create pricing uncertainty for pharmacies. In addition to price uncertainty, our pharmacies go through undue burdens when accessing MAC prices for any given drug and we currently do not receive data in a standard and comprehensive list format, and must obtain MAC prices on an individual prescription basis. With no guideline or standard approach when it comes to the disclosure of MAC list, each PBM has been able develop their own burdensome process which puts pharmacies at a disadvantage.

Over the past year, Queen's has been able to work with a major PBM and appreciate their willingness to meet, discuss, and address some of the challenges pharmacies face. However, the greater issue is by determining how we can make best practices the standard for doing business across the board for PBMs, therefore Queen's would like to request the following clarifying amendments:

Section 1, (1) (Page 3, line 8-12):

(1) Establish requirements for pharmacy benefit managers and maximum allowable cost, including the ability of pharmacies to receive comprehensive ~~for~~ maximum allowable cost ~~reimbursements,~~ list ~~provision of maximum allowable cost reports,~~ and moves enforcement ~~complaints process,~~ within the purview of the department of commerce and consumer affairs, rather than the department of health; and

Section 1, (2) (Page 3, line 14-18):

(2) Require pharmacy benefit managers to disclose where an equivalent drug may be obtained at or below the maximum allowable cost, ~~lower-priced equivalent drugs~~ when a maximum allowable cost is upheld on appeal, and allow contracting pharmacies to reverse and rebill all claims for an appealed drug if the pharmacy benefit manager establishes a maximum allowable cost is denied on appeal, and pay the maximum allowable cost approved after resolution of the appeal by ~~recoup any overpayment.~~ the contracting pharmacies.

Section 2, (c) (Page 4, lines 12 and 18):

" (c) The pharmacy benefit manager shall make available to a contracting pharmacy upon request, a comprehensive report for all drugs on the maximum allowable cost list for a plan, which contains the most up-to-date maximum allowable cost price or prices used by the pharmacy benefit manager for patients served by the pharmacy, in a readily accessible, ~~and~~ secure, electronic and searchable format, or ~~and~~ usable web-based or other comparable format that can be downloaded."

Queen's respectfully requests that the comprehensive report for all the drugs on the maximum allowable cost list include information such as:

- Name of the Drug
- Pharmacy benefit manager's maximum allowable cost price;
- National Drug Code;
- Generic Code Number;
- Generic Product Identifier;

This information would ease confusion and provide greater clarity for pharmacies when requesting MAC lists from PBMs.

Section 2, (f)(4) (Page 6, lines 16-21 and Page 7, lines 1-2)

(4) If the maximum allowable cost is upheld on appeal, the pharmacy benefit manager shall provide to the contracting pharmacy the reason therefor and the national drug code of an equivalent drug that may be purchased by a similarly situated pharmacy at a price that is equal to or less than the maximum allowable cost of the drug that is the subject of the appeal, with the name of the source, including but not limited to the wholesaler or distributor, where the drug may be purchased; and

Section 2, (f)(5) (Page 7, lines 3-14)

(5) If the maximum allowable cost is not upheld on appeal, the pharmacy benefit manager shall adjust, for the appealing contracting pharmacy, the maximum allowable cost of the drug that is the subject of the appeal, within one calendar day of the date of the decision on the appeal and allow the contracting pharmacy to reverse and rebill all claims for the appealed drug ~~the claim that is the subject of the appeal~~ submitted, provided that the pharmacy benefit manager shall pay the appealing contracting pharmacy the difference between the maximum allowable cost as adjusted by the pharmacy benefit manager after resolution of the appeal and the maximum allowable cost appealed by the contracting pharmacy. ~~and all claims for the same drug at the plan level, until the maximum allowable cost list is updated pursuant to subsection (e), to be reimbursed at the maximum allowable cost established by the appeal~~.

Section 2, (g) (Page 7, lines 15-20)

~~(g) A contracting pharmacy shall not disclose to any third party the maximum allowable cost list and any related information it receives, either directly from a pharmacy benefit manager or through a pharmacy services administrative organization or similar entity with which the pharmacy has a contract to provide administrative services for that pharmacy.~~ A contracting pharmacy or pharmacist shall have the right to provide to an insured the information regarding the amount of the insured's cost share or the total cost of pharmacist services for a prescription drug. A contracting pharmacy or a pharmacist shall not be penalized by a pharmacy benefits manager for discussing any information described in this section or for selling a more affordable alternative to the insured if a more affordable alternative is available.

We request that the language in Section 2, (g) be replaced with the above proposed language to ensure that are patients are given the option to select more affordable alternatives and reduce their prescription drug costs.

Section 2, (h) (Page 8, lines1-10)

(h) The insurance commissioner ~~may~~ shall adopt rules pursuant to chapter 91, as necessary. ~~to establish a process to subject complaints of violations of this section to an external review process, which may be binding on a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made, except to the extent that the parties have other remedies available under applicable federal or state law, and which may assign the costs associated with the external review process to a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made."~~

Section 3, (Page 8, lines 14-17)

~~""Contracting pharmacy" means an independent pharmacy that is not part of a regional or national chain, or part of a pharmacy services administration organization, and there is no other pharmacy within a ten mile radius.~~

We request deletion of the definition of a contracting pharmacy because it limits the efficacy of the bill to only Molokai.

Section 3, (Page 9, line 1-3)

"Maximum allowable cost list" means a list of the maximum allowable reimbursement costs of multi-source generic drugs ~~for which a maximum allowable cost has been~~ established by a pharmacy benefit manager.

Transparency in the data sources that PBMs utilize to derive costs will greatly benefit our pharmacies and patients. Thank you for the opportunity to testify on this measure.

An Independent Licensee of the Blue Cross and Blue Shield Association

February 11, 2019

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection & Commerce

The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
House Committee on Judiciary

Re: HB 1442 HD1 – Relating to Pharmacy Benefit Managers

Dear Chair Takumi, Chair Lee, Vice Chair Ichiyama, Vice Chair San Buenaventura, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1442, HD1, which transfers regulatory jurisdiction for pharmacy benefit managers from the Department of Health to Department of Commerce and Consumer Affairs, including provisions for reimbursement amounts, disclosure of information, complaints process, and enforcement.

HMSA would like to express concerns on this measure. PBMs play a vital role in addressing the rising cost of pharmaceutical drugs. Health insurance companies contract with PBMs to manage pharmaceutical drug plans providing both expertise and scale to negotiate better rates for prescription drugs; these savings are in turn passed along to our members. A similar measure considered last legislative session estimated an increase of annual prescription drug claims by over $5 million. This would be in addition to the normal increase in the cost of prescription drugs.

We have been working with community pharmacies since last year to address some of the concerns highlighted in this bill. While we appreciate the intent of this measure, we believe this bill will create additional regulations and pose administrative challenges that could increase costs for our members.

Thank you for the opportunity to provide testimony on this measure.

Sincerely,

Jennifer Diesman
Senior Vice President, Government Relations

To: The Honorable Roy M. Takumi, Chair and Members of the Committee on Consumer Protection and Commerce

The Honorable Chris Lee, Chair and Member of the Committee on Judiciary

---

The Hawaii Pharmacist Association is in SUPPORT of HB1442 HD1 with proposed amendments.

~~"Contracting pharmacy" means an independent pharmacy that is not part of a regional or national chain, or part of a pharmacy services administration organization, and there is no other pharmacy within a ten mile radius.~~

We request deletion of the definition of "Contracting pharmacy" because it contradicts the intent of the bill which is to strengthen the ability of pharmacies to receive timely maximum allowable cost lists, establish a complaints process for violations, and clarify penalties thereby encouraging transparency amongst pharmacy benefit managers while protecting the State's independent pharmacies and consumers.

The current definition of "Contracting pharmacy" will only benefit a couple of pharmacies within the entire state and will exclude the vast majority of local pharmacies who need protection from pharmacy benefit managers. This language deceptively limits the value and beneficiaries of the bill and it is our hope that the honorable chairs and committees will support local consumers and businesses by removing this definition.

Cynthia M. Laubacher
Senior Director
State Government Affairs
Office: 916.771.3328
Mobile: 916.425.6101
Cynthia_Laubacher@express-scripts.com

February 12, 2019

To: The Honorable Roy Takumi, Chair
Members of the House Committee on Consumer Protection and Commerce

The Honorable Chris Lee, Chair
Member of the House Committee on Judiciary

Fr: Cynthia Laubacher, Senior Director, State Affairs

Re: House Bill 1442 HD1: February 12, 2019 2:35 p.m.

Thank you for the opportunity to provide testimony regarding our concerns with House Bill 1442. Cigna recently completed its purchase of Express Scripts, one of the nation's leading pharmacy benefit managers.

In 2015, Express Scripts worked with plans, PBMs and local pharmacies on legislation ultimately enacted to address the pharmacies concerns with generic reimbursements ("MAC"). Last year we returned to the table to discuss issues that have arisen in the time since that initial agreement. We either reached agreement or were close when the session ended. In January, the discussions began again. We are committed to continuing to work with the local pharmacies with the hope of reaching agreement in 2019.

We appreciate the amendments to the bill taken in the House Committee on Health. We do have additional recommended amendments for your consideration.

1. P. 5, line 12, strike "that same day" and replace with:
    a. <u>The next calendar day</u>

RATIONALE: This issue was discussed at length during the 2015 negotiations and again last year. There is no way to update the list on "the same day." Price changes happen at all hours and updates take time to implement. PBMs need at least one calendar day to update. This also makes it consistent with subsection (f)(5) which requires updates within one calendar day when an appeal is upheld.

2. P. 7, line 10, insert a period after "appeal" and strike the remainder of the section.
(5) If the maximum allowable cost is not upheld on appeal, the pharmacy benefit manager shall adjust, for the appealing contracting pharmacy, the maximum allowable cost of the drug that is the subject of the appeal, within one calendar day of the date of the decision on the appeal and allow the contracting pharmacy to reverse and rebill the claim that is the subject of the appeal. ~~, and all claims for the same drug at the plan level, until the maximum allowable cost list is updated pursuant to subsection (e), to be reimbursed at the maximum allowable cost established by the~~ appeal.

RATIONALE: The language presumes that all pharmacies are buying at the same price and that all pharmacies were under-reimbursed, when that is not necessarily true. A PBM has no insight as to what any given pharmacy paid for a drug. Therefore, adjustments can and should apply only to the appeal under consideration. The language in the bill already requires that the MAC be updated at least every seven days or within one calendar day of the decision to approve the appeal.

3. Page 8, lines 1-10: External Appeals Process
(h) The insurance commissioner may adopt rules pursuant to chapter 91 **to enforce the provisions of this section.**

~~establish a process to subject complaints of violations of this section to an external review process, which may be binding on a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made, except to the extent that the parties have other remedies available under applicable federal or state law, and which may assign the costs associated with the external review process to a complaining contracting pharmacy and a pharmacy benefit manager against whom a complaint is made."~~

Rationale: Private contracts between the PSAO and PBMs or pharmacies and PBMs should utilize a resolution process in their contract. We are concerned that having an external review process through the insurance commissioner would lead to frivolous complaints, and would drive up the costs of health care for health plans, employers, and ultimately consumers. If there are any contractual issues that arise between a PSAO and a PBM or a pharmacy and a PBM, they are handled by contract with appropriate remedies available to the parties under the law making an external review process unnecessary.

Thank you for your consideration of our concerns and proposed changes.

HB-1442-HD-1
Submitted on: 2/12/2019 1:02:42 PM
Testimony for CPC on 2/12/2019 2:35:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Catalina Cross	Times Pharmacy	Comments	No

Comments:

To: The Honorable Roy M. Takumi, Chari

The Honorable Linda Ichiyama, Vice Chair

Members, Committee on Consumer Projection and Commerce

The Honorable Chris Lee, Chair

The Honorable Joy A. San Buenaventura, Vice Chair

Members, Committee on Judiciary

From: Catalina Cross, Director of Pharmacy, Times Supermarket

Date: February 12, 2019

Re: Support for H.B. 1442 HD1, Relating to Pharmacy Benefits Managers

Times Supermarket operates 13 pharmacies within our grocery stores on Oahu and Maui. We have had the honor to provide pharmacy services to people within our communities for generations.

I appreciate the opportunity to submit testimony in support of H.B. 1442, HD1, relating to Pharmacy Benefits Mangers (PBMs). I strongly believe this bill will establish much need oversight and transparency into the business practices of PBMs who do business in our state. I stand behind testimony submitted by The Queen's Health System, in that this measure will enable the insurance commissioner to establish requirements for pharmacy benefits managers and maximum allowable costs as well as clarifies penalties for violations.

I stand behind amendments submitted by The Queen's Health System dated February 11, 2019.

I **strongly oppose HMSA's amendment** (see below…) which would exclude over 70% of the community pharmacies in the state from protections established by the bill. The intent of the bill should be to provide protection for all pharmacies in the state through oversight and transparency to prevent unfair business practices by PBMs.

Oppose - HMSA's amendent:

SECTION 3. Section 431R-1, Hawaii Revised Statutes, is amended by adding four new definitions to be appropriately inserted and to read as follows:

""Contracting pharmacy" means an independent pharmacy that is not part of a regional or national chain, or part of a pharmacy services administration organization, and there is no other pharmacy within a ten mile radius.

HB-1442-HD-1
Submitted on: 2/12/2019 1:37:49 PM
Testimony for CPC on 2/12/2019 2:35:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashok Kota	Individual	Support	No

Comments:

Aloha Honorable committee members

I strongly support this bill bringing transparency and oversight on the PBM industry and protect small local community pharmacies. 10 Mile radius requirement will exclude 90% of Pharmacies and provide little protection to most businesses. I kindly request to remove the 10-mile radius requirement.

Thank you for the opportunity to provide the testimony

Ashok Kota Rph