DIABETES LEADERSHIP COUNCIL

DIABETES PATIENT ADVOCACY COALITION

August 17, 2026

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Submitted electronically to drugs@finance.senate.gov

RE: Response to the Senate Finance Committee Minority Staff Request for Information, "Commonsense Policy Options to Lower Drug Prices for Patients" (June 16, 2026)

Dear Ranking Member Wyden and Members of the Committee:

We appreciate the opportunity to provide comments in response to the Senate Finance Committee minority staff's request for information (RFI), Commonsense Policy Options to Lower Drug Prices for Patients.

The Diabetes Leadership Council (DLC) unites former leaders of national diabetes organizations, dedicated to securing effective, affordable health care for every person with diabetes. The Diabetes Patient Advocacy Coalition (DPAC) is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of all 38 million Americans with diabetes. As an organization run by and for people with diabetes, DPAC seeks to ensure quality of and access to care, medications, and devices for people living with diabetes.

We appreciate the Committee's work to make drugs more affordable for patients. As DLC and DPAC, we have long advocated for policies that improve prescription drug affordability for patients because we know that affordability and access go hand in hand. We also know that lowering the list price of a drug does not necessarily mean patients will pay less out of pocket at the pharmacy counter, or that they will be able to access the drug they are prescribed. This is why we have long advocated for increasing pharmacy benefit manager (PBM) transparency and accountability. We appreciate the Committee's focus on this, including the reforms passed as part of the Consolidated Appropriations Act of 2026.

We encourage the Committee to continue to address the perverse dynamics and incentives in the drug supply chain that allow actors such as PBMs to game the system through their vertically integrated entities and capture higher rebates for profit while patients still face high out-of-pocket costs and issues accessing the drug that they need.

What often happens today is that a patient is prescribed a specific drug from their doctor, but cannot access it because of a number of barriers that PBMs and insurance companies put in place. This significantly impacts patients with chronic conditions such as diabetes who have a need for multiple prescriptions to manage their condition, often including the highest rebated drugs. We ask the Committee to focus on these and other barriers that insurance companies and PBMs put into place that make it difficult for patients to access the medications they need to survive.

- **Rebate Pass-through to Patients:** Rebates, or the payments made by a pharmaceutical manufacturer to a PBM to be included on the insurer's formulary, should be passed on to patients at the pharmacy counter to provide direct relief to patients whenever the patient's cost is based on the price of the drug.
- **Delinking PBM revenue from the list price of the drug:** PBMs should be paid through flat service fees for the services they provide, because receiving payments based on a percentage of the list price of drugs incentivizes them to favor higher-priced medications that yield larger rebates.
- **Transparency**: PBMs should be required to provide full transparency into their practices in order to protect patients from higher drug prices.
- **Generics and Biosimilar Access:** The lowest price medication in any drug class should automatically be available to patients, especially during the deductible period. This means that new offerings of generics and biosimilars should be immediately included in plan formularies.
- **Group Purchasing Organizations (GPOs):** PBM reform needs to include PBM-created GPOs that shift the rebate and other fees based on the cost of the drugs to these new shell companies owned and controlled by PBMs themselves. GPOs often operate outside the United States with few if any employees. Rebate reform policies may apply to PBMs but not GPOs depending on how the reform policies are defined, allowing PBMs to continue to game the system.
- **Copay Accumulator Adjustment Programs (CAAPs) and Copay Maximizers:** Copay assistance, including manufacturer coupons, should count towards patient's deductible and out-of-pocket maximum costs. All prescription drugs covered by a health plan should be considered "essential health benefits" subject to annual cost sharing limits. Plans should not be allowed to drop a drug previously covered and force patients to use manufacturer assistance when insurance previously covered it.
- **Non-Medical Switching:** Patients shouldn't be forced to switch from their current effective medications to an insurer-preferred drug without a medical reason. Medications should be grandfathered if a PBM makes a formulary change to avoid disruption of care.
- **Prior Authorization:** Patient access to medically necessary medication should not be delayed due to prior authorization requirements from their insurer. Administrative burdens on patients and providers should be reduced during the prior authorization process.

- **Pharmacy Network Access:** Pharmacy networks established by insurers and PBMs, or requirements that medications be sent from a specialty pharmacy, should not limit patient access to prescription drugs.

Thank you for your consideration of our comments. We would be happy to serve as a resource for the committee as it considers the patient impacts of proposed policy options. Please contact April Gutmann, Sr. Manager of Policy & Government Affairs, with any questions at agutmann@diabetespac.org or 202.820.7383.

Sincerely,

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