

HEALTH PLAN DRUG RULES

BILL WOULD ALLOW ONLINE PURCHASES GO TOWARD DEDUCTIBLES

WORKERS ARE increasingly turning to direct-to-consumer online drug platforms like Amazon Pharmacy, Mark Cuban Cost Plus Drug Company and the government-backed TrumpRx to buy prescription medications at prices that are sometimes far lower than what they would pay through their employer-sponsored health plans.

But in many cases, the money they spend on those drugs does not count toward their health plan deductible or annual out-of-pocket maximum.

A new bill in Congress aims to change that. The Every Dollar Counts Act, introduced by Rep. Greg Murphy (R-North Carolina), would require health insurers to apply out-of-pocket spending on covered prescription drugs toward a patient's deductible and out-of-pocket maximum, regardless of where the drugs were purchased.

Murphy, a physician and longtime critic of insurers and pharmacy benefit managers, said the legislation is designed to remove barriers that can discourage patients from using lower-cost prescription drug options.

Direct-to-consumer drug platforms have gained traction by bypassing some traditional distribution channels and offering discounted pricing, particularly for certain brand-name medications.

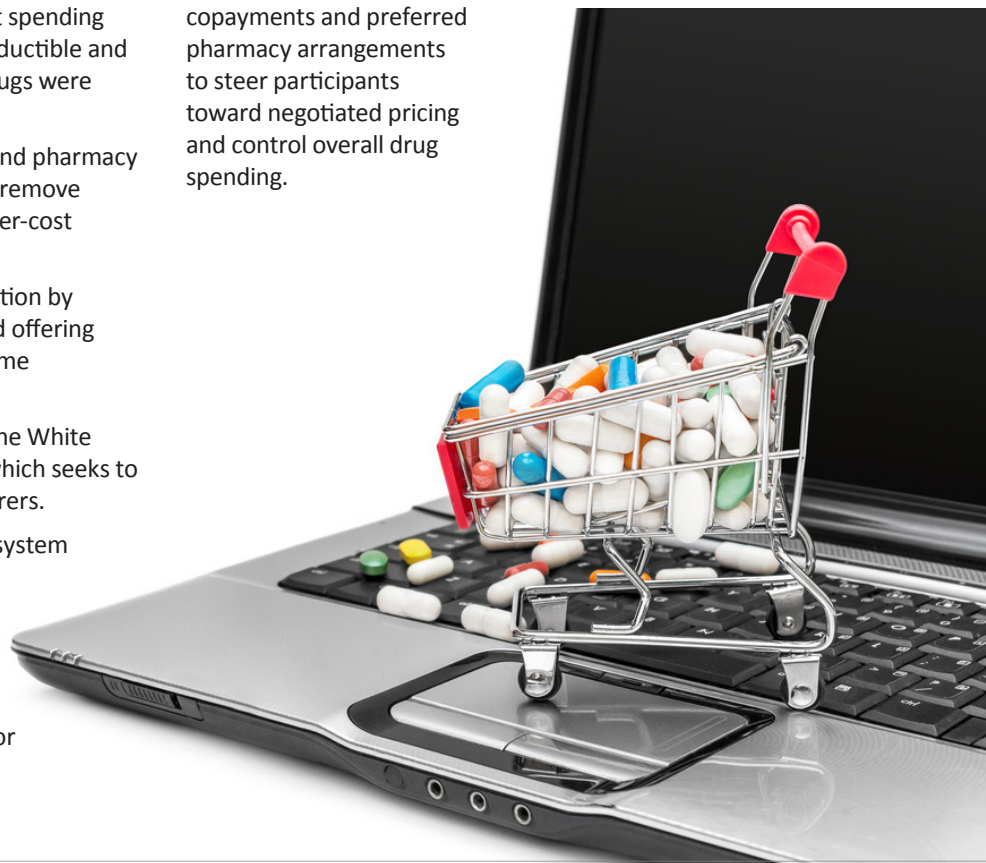
The issue has drawn additional attention following the White House-backed launch of TrumpRx earlier this year, which seeks to negotiate lower drug prices directly with manufacturers.

Supporters of the legislation argue that the current system can effectively force patients to "pay twice." Even if a worker saves money by purchasing a medication through a low-cost online platform, those expenditures often do not help satisfy the plan deductible unless the drug was purchased through a plan-approved pharmacy or pharmacy benefit manager network.

For employers, the proposal highlights a growing tension in prescription drug benefits.

On one hand, allowing employees to use lower-cost purchasing options could reduce out-of-pocket expenses and improve medication adherence. Employees who can afford their medications are more likely to stay on treatment and avoid more costly health complications later.

On the other hand, some employers and health plans may worry that the bill could weaken cost-management strategies tied to network pharmacies, formularies and benefit design. Plans often use deductibles, copayments and preferred pharmacy arrangements to steer participants toward negotiated pricing and control overall drug spending.



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Most Large Insurers Are Making Incremental Changes

Limits and ongoing concerns

Despite the reported progress, the initiative has notable gaps. The commitments are voluntary and not all insurers have set clear targets for reducing prior authorization requirements. In addition, reforms largely focus on medical services and do not yet fully address prescription drug approvals, which make up a significant share of requests.

Health plans continue to defend prior authorization as a tool to control unnecessary or overly expensive care. Providers,

meanwhile, argue that requirements are often excessive, slow and inconsistent across insurers. They also note that similar reform efforts dating back years have not fully resolved delays or administrative burdens.

For now, insurers are making incremental improvements like standardized data and reducing the number of procedures that require prior approval. Policymakers and regulators continue to weigh whether more formal rules are needed.