

April 20, 2026

The Honorable Rick Allen
U.S. House of Representatives
462 Cannon House Office Building
Washington, D.C. 20515

Dear Congressman Allen,

On behalf of the undersigned [employer, union, patient, and consumer organizations], we write to express our strong support for the PBM Kickback Prohibition Act (H.R. 7895). This important legislation would amend the Employee Retirement Income Security Act of 1974 (ERISA) to prohibit pharmacy benefit managers (PBMs) from providing kickbacks or referral fees to brokers, consultants, advisors, or similar intermediaries in exchange for steering employer-sponsored health plan or insurer business to a PBM. These arrangements can create significant conflicts of interest, undermining the ability of employers to make informed, cost-effective decisions on behalf of their employees and beneficiaries.

As stakeholders deeply invested in the integrity, affordability, and sustainability of employer-sponsored health coverage, we are concerned that current compensation structures for brokers and consultants often lack transparency, and may incentivize advice, the structuring of request for proposal (RFP) structures, or the eventual selection of vendors that do not serve the best interests of patients or plan sponsors. Intermediaries offering advice and counsel to plans and plan sponsors should act solely in the interest of their clients, and payments from the vendors they are meant to be vetting and comparing undermines the integrity of this relationship.

Your legislation would address these concerns by eliminating inappropriate financial incentives that distort decision-making. By prohibiting kickbacks and referral fees in these contexts, the legislation promotes a more transparent and accountable marketplace—one in which employers, patients, and consumers can have greater confidence that decisions are guided by value, quality, and patient need.

Rising prescription drug costs remain a critical challenge, affecting both the affordability of coverage and the competitiveness of benefits offerings. This legislation represents a meaningful step toward better aligning incentives across the system, ultimately helping to control costs while preserving access to medications.

We strongly support this bill and look forward to working with you to advance it during the 119th Congress.

Sincerely,

AiArthritis
Alliance for Transparent & Affordable Prescriptions (ATAP) Action Network
Alliance of Community Health Plans
ALS Association
American Academy of Allergy, Asthma & Immunology
American College of Clinical Pharmacy

American Partnership for Eosinophilic Disorders
American Staffing Association
AnCan Foundation
Arthritis Foundation
Autoimmune Association
Beta Cell Action
The Biosimilars Forum
Blood Cancer United
Caregiver Action Network
Children with Diabetes
CHRO Association
Coalition of State Rheumatology Organizations
Community Oncology Alliance (COA)
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Employer Coalition of Louisiana
The ERISA Industry Committee
Florida Alliance for Healthcare Value
Floridians for Accountability in Health Care, Inc
Foundation for Sarcoidosis Research
GTMRx Institute
HIV+Hepatitis Policy Institute
Hometown Pharmacies of Wisconsin
Houston Business Coalition on Health
Hypertrophic Cardiomyopathy Association
Infusion Access Foundation
Labor Campaign for Single Payer
Lehigh Valley Business Coalition on Healthcare (LVBCH)
Lupus and Allied Diseases Association, Inc.
Maryland Association of Chain Drug Stores
Miles for Migraine
National Alliance of Healthcare Purchaser Coalitions
National Community Pharmacists Association
National Federation of Independent Business
National Hispanic Health Foundation
National Infusion Center Association
National Multiple Sclerosis Society
Patients Rising
Peggy Lillis Foundation
Point32Health
Purchaser Business Group on Health
Self-Insurance Institute of America, Inc.
Silicon Valley Employers Forum
Society of Professional Benefit Administrators
State of West Virginia Rheumatology Society
Warner Pacific