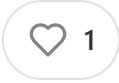


# Patients First PAC: How Arkansas Is Quietly Rewriting Healthcare Policy



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MAY 06, 2026



Patients First PAC is the first political action committee in Arkansas built by patients and independent medical providers, with a clear stated mission: cut red tape, curb abusive insurance practices, and keep quality care close to home. They represent independent providers, not large health systems or out of state corporations. In a state with over 40 rural hospitals at risk and growing consolidation pressuring independent practices, that distinction matters.

Most healthcare PACs in this country represent the dominant industry players. Patients First represents the people standing in front of them. That alone makes them worth watching.

What makes them especially worth writing about is that Arkansas has become one of the most aggressive states in the country on patient centered healthcare reform, and the legislative arc tells a story that residents of other states should be paying attention to.

## THE LEGISLATIVE WINS

Arkansas has been quietly building one of the strongest state level patient protection frameworks in the nation. Here is what's been passed.

Act 900 of 2015. This law required pharmacy benefit managers to reimburse pharmacies at no less than the national average that drugstores pay wholesalers for drugs. It was an early, foundational move to stop PBMs from squeezing independent pharmacies out of business by paying them below cost.

The 2018 Anti Steering Laws. Arkansas passed two laws in 2018 prohibiting PBMs from reimbursing their own affiliated pharmacies at higher rates than locally owned

independent competitors. The intent was simple: stop the practice of PBMs steering patients toward pharmacies the PBM itself owns by rigging the payment scheme.

Act 624 of 2025 (HB 1150). This is the big one. Signed by Governor Sarah Huckabee Sanders in April 2025, Act 624 made Arkansas the first state in the nation to prohibit pharmacy benefit managers from owning or operating retail pharmacies. The law was set to take effect January 1, 2026. It targets the vertical integration model where the same parent company owns the PBM, the insurer, and the pharmacy, a structure that has come under fire from the FTC, from 39 state attorneys general, and from independent pharmacists in nearly every state.

There is a complication worth naming. In July 2025, a federal judge issued a preliminary injunction blocking enforcement of Act 624 after CVS Health, Express Scripts, OptumRx, and the Pharmaceutical Care Management Association filed federal lawsuits. The case is now consolidated and headed to trial. The law is paused, not dead. The Arkansas State Board of Pharmacy has filed a notice of appeal.

## HOW THIS HELPS PATIENTS

Three large PBMs, CVS Caremark, Express Scripts, and OptumRx, process roughly 80 percent of all prescription drug claims in the United States and bring in 70 percent of specialty drug revenue. When that same parent company also owns the pharmacy, the insurer, and increasingly the provider, patients lose meaningful choice. They get steered toward the PBM's own mail order or specialty pharmacy. Their independent pharmacist gets reimbursed below cost and eventually closes. The pharmacy desert grows.

For Arkansans, the legislative arc has tried to address this directly. Reimbursement floors keep independent pharmacies viable. Anti steering provisions preserve patient choice. The ownership ban, if it survives the courts, would structurally prevent the conflict of interest that drives the squeeze in the first place.

The patients who benefit most from this kind of legislation are the ones living in rural counties, the ones who depend on a single local pharmacy that knows them by name, and the ones for whom a 40 mile drive to the next pharmacy is the difference between filling a prescription and going without.

## IMPACT ON INSURANCE COMPANIES AND PBMS

The impact on the dominant PBMs is exactly what they say it is. Disruptive. Their entire vertical model depends on capturing margin at every link in the chain. Tell them they cannot own the pharmacy, and a meaningful piece of the business case collapses.

That is not a bug of the Arkansas legislation. That is the point.

The pushback has been ferocious. The Pharmaceutical Care Management Association warned that Act 624 would result in the closure of more than 35 retail pharmacies, suspension of home delivery prescription drug programs, and restricted access to specialty pharmacies. Governor Sanders responded that those threats prove the priority is the bottom line, not the patient.

The federal courts have so far sided with the PBMs on narrow constitutional grounds, particularly the Commerce Clause and TRICARE preemption. Those are real legal questions and they deserve real answers. But the underlying policy fight, whether a single corporate entity should be permitted to own the insurer, the PBM, and the pharmacy that fills the prescription, is far from settled. Arkansas has forced that question into the open.

## IMPACT ON HEALTHCARE ORGANIZATIONS

Independent pharmacies in Arkansas are the most direct beneficiaries. The reimbursement floor and anti steering laws, when actually enforced, give them a fighting chance to stay open. The ownership ban would close the loophole that allows PBMs to undercut them while steering patients away.

Independent physician practices and rural clinics gain something subtler but equally important. When the local pharmacy stays open, the local clinic stays viable. When patients can pick up medications close to home, they are more likely to be adherent, less likely to end up in the emergency room, and more likely to keep their primary care relationship intact. The healthcare ecosystem in a rural county is fragile and interconnected. Patients First understands that.

Large health systems are largely on the sidelines of this fight. That is by design. Patients First explicitly does not represent them.

## MY TAKE

Arkansas is doing something most states are still afraid to do.

Every state in this country has talked about PBM reform. Most have passed something. Almost none have been willing to take on the structural question, which is whether a single parent company should be allowed to own the insurer, the PBM, and the pharmacy. Arkansas said no. They became the first state to draw that line, and they are now spending real political and legal capital defending it.

The federal lawsuits are not a sign that Arkansas overreached. They are a sign that Arkansas hit the actual target. PBMs do not file emergency federal lawsuits over symbolic legislation. They file them when their business model is genuinely threatened.

Patients First PAC deserves credit for the long game. Act 900 in 2015. The anti steering laws in 2018. Act 624 in 2025. That is a decade of patient and methodical work, layering protection on top of protection, building a legislative record that other states can borrow from. This is what real advocacy looks like. It is not one bill. It is not one election. It is sustained, technical, granular work that puts patients before profit, year after year.

For residents of other states, the question is simple. Who in your state is doing this work? Who is showing up at the legislature, year after year, to push for the boring, technical, structural reforms that actually move the needle for patients? If the answer is no one, that is the gap to fill.

Arkansas built a model. The rest of us should be paying attention.

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