



The Pharmacist Activist

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“I will say of the Lord, ‘He is my refuge and my fortress; my God, in Him I will trust.’”

Psalm 103:13

Editorial

TWO MORE PHARMACY TRAGEDIES

As this June issue of *The Pharmacist Activist* was being finalized, I was made aware of the suicides of two CVS pharmacists that occurred just days apart in mid-June. The pharmacists worked at two stores that are approximately 5 miles apart. One of them had worked for CVS for more than 20 years and was well known to those in his community and also to other local well-connected pharmacists in a community that still has an active county association. The other pharmacist was a relatively recent graduate. I do not know the factors that may have resulted in their tragic decisions. It is my understanding that CVS management has “informed” the other employees in the two stores that they must not respond to questions about or discuss these events.

I called CVS corporate headquarters in Rhode Island to ask if CVS had prepared a statement such as a tribute to the service of these pharmacists. After being placed “on-hold” for about 10 minutes, I was informed that no information was available.

We pray for and extend our sympathy to the families and friends who are coping with the grief from the loss of these loved ones.

Thousands of pharmacies have closed and their prescription files are being transferred to those which remain. In many of these latter pharmacies, increased staffing will be required to handle the increased workload. If sufficient staffing is not provided, the number of errors will increase and pharmacists and other employees will be overwhelmed. Please do not place your patients or yourselves at risk! If you experience continued understaffing in your workplace, IGNORE the metrics and REDUCE your work and time commitment (e.g., the number of prescriptions for which you have responsibility) to the level that YOU consider to be SAFE for your PATIENTS and for YOURSELF. DO NOT come in early or work later to attempt to reduce a backlog that you did not cause and will not be able to resolve. DOCUMENT your experiences and discussions with leaders/managers/owners. CONFIDE in other pharmacists whom you know are experiencing similar challenges and stress for the purpose of supporting and “monitoring” each other. If you, or a family member or friend, feels your stress/anxiety are affecting your mental health (e.g., “I don’t like the person I have become”), SEEK PROFESSIONAL COUNSELING AND REQUEST MEDICAL LEAVE. You are loved, valued, and needed!

Daniel A. Hussar
DanH@pharmacistactivist.com

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The Rite Aid Bankruptcy Fall-Out

Founded in Pennsylvania in 1962, Rite Aid grew to be the nation's largest pharmacy chain company by 1987 with 1,680 stores in 22 states. Its growth continued and eventually it owned more than 5,000 stores, although CVS and Walgreens grew faster to totals of about 10,000 each. Rite Aid has sold or closed most of its stores in recent years and by 2025 the number of its stores had declined to approximately 1,250. Following the announcement of its second bankruptcy filing, all of the remaining stores are being closed or sold. Living in Pennsylvania in which Rite Aid has its headquarters and hundreds of stores, I am acutely aware of the multiple ramifications of Rite Aid's demise.

Rite Aid pharmacists

Pharmacists and other employees, many of whom have been employed by Rite Aid for decades, are the first victims of the company's dysfunctional executives/decision-makers, some of whom were also corrupt. These pharmacists will now be without a position at a time when other employment as a pharmacist is uncertain at best. At one Rite Aid with which I am familiar and which has not yet closed, one of the two pharmacist managers has retired, and the remaining one is even more overwhelmed with the workload than previously.

With whom will Rite Aid pharmacists now find employment opportunities? Ironically, it could be CVS, the largest employer of pharmacists which has stores in many of the same geographic areas in which the closing Rite Aids are located. CVS, by far, has purchased more locations and prescription files from the Rite Aids that are closing than any other company.

CVS pharmacists have criticized company management for understaffing its stores, with resultant workplace stress and increased errors. The common CVS management response is that staffing concerns exist because of a shortage of pharmacists, but many CVS pharmacists respond that there is not a shortage of pharmacists, and that CVS refuses to allocate additional pharmacist hours for stores, using its currently-employed pharmacists who want additional hours. If the CVS management claim is to be given any credibility, there is now an opportunity for CVS to resolve its shortage of pharmacists. Several thousand Rite Aid pharmacists are or soon will be looking for a new position. CVS is sufficiently large that it could offer employment to all Rite Aid pharmacists who apply for a position. Whether to apply for a position at CVS is a decision that only the unemployed Rite Aid pharmacists can make. Some will conclude that employment at CVS and the reduction of financial uncertainty is preferable to the stressful alternative of continuing unemployment if another opportunity is not available.

Patients

The abrupt closure and sale of Rite Aid stores has created a very disruptive situation for millions of patients who have obtained their medications at these stores. They are being informed that their prescription records are being transferred to another pharmacy that may or may not be in close proximity to the Rite Aid store that is closing. In many situations, there is no other chain or independent pharmacy within many miles of the Rite Aid they have been using. The patients who are disproportionately affected are the elderly, those in minority groups and/or those for whom English is

not their first language, those with disabilities, and those who are not able to travel to the pharmacy to which their prescription records have been transferred. These are the individuals who are at greater risk of confusion and hardship during the transition process, as well as interruptions of therapy with needed medications. Obtaining medications from a mail-order pharmacy has been suggested as an option by some, but this would be an even more confusing and problematic transition for those who most need personal access/communication with a pharmacist, and would be unsatisfactory when treatment with medications such as antibiotics and analgesics need to be started as soon as possible.

Independent pharmacies

In addition to the closure of all Rite Aid stores and hundreds of underperforming CVS and Walgreen stores, thousands of independent pharmacies have not been able to financially survive and have closed. The most important and often the only reasons that resulted in these closures is the dominant, non-negotiable, and oppressive policies of the largest PBMs, as well as the inequitable compensation provided to pharmacies. Prior to the time these PBMs captured monopolistic control of the prescription distribution system, these pharmacies were presumably profitable and their value was considered as an investment by the pharmacist owners that would be a source of financial support when they retired. The PBMs, while enriching themselves, have decimated these plans and devalued the struggling independent pharmacies to the point that they can't be purchased and must be closed.

The large number of closures of independent and chain pharmacies has created many more "pharmacy deserts." Not only do residents of these geographic areas have no or very limited access to local sources of medications and services, but the number of practices of primary care physicians

(PCPs) is also declining and numerous smaller local hospitals have closed.

Government actions

The dominance and plundering of the medication distribution and use system by the largest PBMs is increasingly recognized by legislators and officials at both the federal and state levels. Notwithstanding bipartisan support and concern voiced by the President, reform at the federal level has been agonizingly slow to occur although the budget proposal approved by the House of Representatives, as well as the one approved by the Senate includes provisions for PBM reform.

An increasing number of states have taken aggressive actions against the largest PBMs. As examples, officials in Ohio have successfully implemented PBM reforms and Arkansas has approved legislation that prohibits state permits to pharmacies that are owned by PBMs. Every state should actively consider and implement actions such as these and some other states have taken. They should also anticipate strong opposition from the largest PBMs, as is currently occurring in Arkansas, that could delay implementation of the reforms.

Even if/when the egregious programs and policies of the PBMs are terminated, the substantial damage they have already caused through pharmacy closures and pharmacy deserts must be addressed. The availability, scope, quality, and timeliness of medications and healthcare services for millions of patients are in serious jeopardy.

I am a member of the Pharmaceutical Assistance Advisory Board (PAAB) for the PACE (Pharmaceutical Assistance Contract for the Elderly) in Pennsylvania. In conjunction with the PAAB meeting on June 16, I submitted the following statement and recommendations.

Pharmaceutical Assistance Advisory Board (PAAB) Meeting – June 16, 2025

Statement from:

Daniel A. Hussar, BS (Pharmacy), PhD

Dean Emeritus

Philadelphia College of Pharmacy

I appreciate and commend the fine programs and services that PACE and the Department of Aging provide for elderly residents of Pennsylvania. The PACE program provides financial assistance for the elderly who are unable to afford needed prescription medications. However, a crisis is occurring with respect to the convenient and timely availability of prescription medications and immunizations, as well as the counseling and services provided by pharmacists. The elderly are among the residents who are most vulnerable with respect to disruption of treatment and serious health consequences of this crisis.

The crisis results from the recent and pending closures of several hundred local community pharmacies because of financial challenges. Independent pharmacist-owned pharmacies are often the only pharmacy in smaller communities but are not able to survive financially. Many have already closed and others soon will, creating a rapidly increasing number of “pharmacy deserts” in geographic areas that are underserved with respect to pharmacies and access to prescription medications and immunizations. Rite Aid’s recent bankruptcy filing and decision to close all its stores will greatly exacerbate an already extremely difficult problem.

The single most important factor in the closure of so many independent pharmacies is the monopolistic and anticompetitive actions of the three largest pharmacy benefit managers (PBMs)—CVS Caremark, Express Scripts, Optum—and the large health insurance companies with which they are affiliated. They have seized dominant control of the availability/selection, distribution, cost, and use of prescription medications that exceeds that of prescribers, pharmacists, pharmaceutical companies, and the payors/sponsors of prescription benefit programs. They impose non-negotiable contracts with egregious terms/policies and abysmal compensation for pharmacies to be included in their networks. For many prescriptions they compensate pharmacists in an amount that is substantially less than the amount the pharmacy must pay for the medication, a situation which is clearly unsustainable.

To a significant extent, the dominant control of the PBMs has also been a factor in the Rite Aid bankruptcy and closure of its stores. CVS and Walgreens are also closing hundreds of their “underperforming” stores, and the financial problems of Walgreens have resulted in its recent sale to the private equity company Sycamore Partners, the consequences of which are uncertain at this time. Although CVS has closed some of its stores, its position with its PBM Caremark in community pharmacy has become even more monopolistic with the closure of all Rite Aid stores, some Walgreens stores, and many independent pharmacies.

Legislative proposals to achieve PBM reform have received bipartisan support at the federal level and in many states, including Pennsylvania. However, in what is often a very time-consuming process to approve, implement, and enforce such legislation, pharmacies continue to close. Urgent actions are necessary!

I have provided recommendations below and, with the exception of the first one, I recognize that the scope and cost go beyond the authority and role of PACE and the Department of Aging. However, because the elderly take so many medications and are among the most vulnerable to the serious health consequences of the closures of pharmacies, I urge PACE and the Department of Aging to provide strong advocacy for the PBM reform and other interventions with the Governor, his administration, and legislators.

Recommendations:

- PACE should provide a professional fee of \$10.49 for each valid prescription claim submitted by pharmacies, regardless of other coverage. This action is enabled and expected by existing legislation and should be given a very high priority.
- The Pennsylvania state government (with support of the federal government) should require in government-sponsored prescription benefit programs, compensation to pharmacies that includes the cost of the medication plus a professional fee that is sufficient to cover operating costs and provide a reasonable profit.
- The pharmacies that remain in underserved areas (e.g., pharmacy deserts) should be provided financial support in an amount necessary to continue their practices/services to their patients and communities.
- Mobile pharmacies should be established that would travel to communities in underserved areas (e.g., pharmacy deserts) on a scheduled basis. Patients should make appointments and identify the medications needed prior to the visit.
- Financial incentives should be provided (and sustained) that would encourage pharmacists to open new pharmacies in underserved areas.

These actions will require substantial governmental financial support. However, further delays in addressing the worsening crisis associated with the increasing number of pharmacy and healthcare deserts will result in far greater costs (e.g., for hospitalizations, home health care).

I recognize costs associated with these recommendations will be of primary concern. However, there is a course of action that has been taken in our neighboring state of Ohio which has the potential to recoup overpayments extracted by large PBMs in government-sponsored prescription plans, in amounts that should surpass the costs inherent in these recommendations. There is an excellent summary of the Ohio experience, "Ohio Medicaid got rid of big middlemen, paid pharmacies more and saved \$140 million, report says," (by Marty Schladen, Ohio Capital Journal, April 17, 2025). I urge Pennsylvania officials to consult with their counterparts in Ohio, for the purpose of pursuing similar actions in our Commonwealth.

Daniel A. Hussar
June 17, 2025

Daniel A. Hussar
DanH@pharmacistactivist.com

Continued Learning from Reading Books

Before I “retired” I seldom had or took the time to read books to increase my professional knowledge and perspectives, or for pleasure. I regret that and am now reading more books, at least on healthcare-related topics. These have been valuable learning experiences that have increased my knowledge and motivation to learn more. They also trigger emotions that range from excitement about the remarkable advances in understanding the pathology of diseases and the development of new therapies, to anger about the extent to which greed, deception, and fraud exist, and my determination to increase the awareness of others regarding these occurrences. Most recently, I have read the books briefly described below. They are informative and insightful, and some of the situations they reveal are shocking. I particularly appreciate the boldness of the authors in addressing difficult/harmful situations and identifying the individuals and organizations which are responsible for them. Although some will disagree with certain of the opinions and perspectives provided, an awareness of differing views is important in confirming, or perhaps reconsidering, our own opinions and our boldness, or lack thereof, in sharing them.

RETHINKING MEDICATIONS: TRUTH, POWER, AND THE DRUGS YOU TAKE

Jerry Avorn, MD,
Simon and Schuster, New York, 2025.

Jerry Avorn’s long-term experience and prolific accomplishments as a physician, teacher, mentor, and advocate for effective, safe, and affordable drug therapy place him in an excellent position to provide knowledgeable analyses of the benefits, risks, and tragedies with respect to the use of medications, as well as the economic, political, and other factors that influence their development, approval, cost, and marketing. Recommendations (e.g., empowering the patient, shaping the prescribers of tomorrow) are also included. Although the curricula of pharmacy and medical schools are so intense/overloaded, a required reading list (perhaps as a component of a journal club) would be of great value in expanding the awareness of students of relevant and important experiences and issues. *Rethinking Medications* should be required reading!

UNMASKED: THE PAINFUL TRUTH BEHIND THE COVID-19 TRAGEDY

Steven J. Hatfill, MD,
Recursion Publishing, Ocala, FL, 2024.

Starting in early 2020, Steven Hatfill served in the Executive Office of the President of the United States as an advisor to White House Senior Counselor Peter Navarro. As an advocate for safe and affordable early treatment interventions for COVID-19 infections, his advice was ignored. He exposes the ineptitude, deception, and corruption of government and healthcare agency leaders during two Presidential Administrations with respect to treatment options and the effectiveness and safety of COVID-19 vaccines. In addition to the deaths and other catastrophic consequences of the pandemic, the public trust in the government healthcare agencies and their leaders has been seriously eroded. *Unmasked* provides important information and perspectives that many have attempted to suppress.

DOCTORED: FRAUD, ARROGANCE, AND TRAGEDY IN THE QUEST TO CURE ALZHEIMER’S

Charles Piller,
One Signal Publishers, New York, 2025.

Charles Piller is an investigational journalist who, with a neuroscientist whistleblower Matthew Schrag, exposes shocking fraud and deception on the part of some of the world’s most prominent scientists conducting research on Alzheimer’s disease. The flawed research published in highly-regarded journals and cited as the basis for many subsequent research studies, placed patients enrolled in clinical trials at risk, wasted billions of dollars in grant funding from government (i.e., taxpayer-funded) healthcare agencies and has delayed research of other treatment strategies for such a devastating disease. As Matthew Schrag summarizes: “You can cheat to get a paper. You can cheat to get a degree. You can cheat to get a grant. But you can’t cheat to cure a disease. Biology doesn’t care.”

Daniel A. Hussar

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Author/Editor/Publisher – Daniel A. Hussar, Ph.D.
Dean Emeritus and Remington Professor Emeritus at
Philadelphia College of Pharmacy
Assistant Editor – Suzanne F. Hussar, B.Sc. (Pharmacy)

The Pharmacist Activist, 756 Billy Drive, Lancaster, PA 17601
E-mail: info@pharmacistactivist.com

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