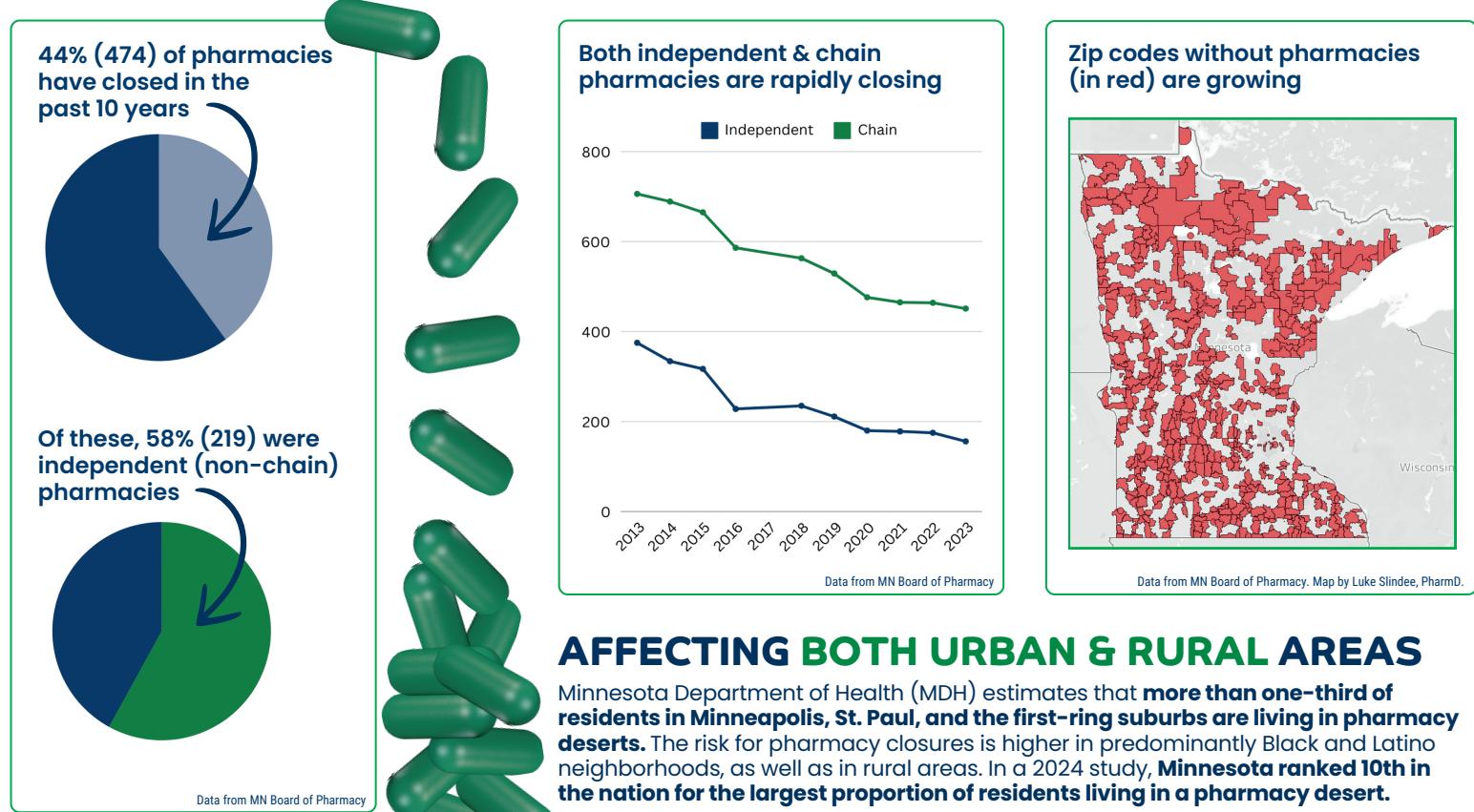


ACCESS TO A LOCAL PHARMACY IS CRITICAL FOR PATIENT & COMMUNITY HEALTH



Pharmacies provide access to prescriptions, as well as additional essential healthcare services like blood pressure checks, vaccinations, and over-the-counter medications. When pharmacies are local and accessible, patients are healthier: health outcomes improve, emergency room visits are prevented. When pharmacies are less accessible or unavailable, studies show this contributes to medication non-adherence, especially among elderly adults.

BUT PHARMACIES ARE RAPIDLY CLOSING IN MN, LEADING TO PHARMACY DESERTS & A CRISIS FOR ACCESS



AFFECTING BOTH URBAN & RURAL AREAS

Minnesota Department of Health (MDH) estimates that **more than one-third of residents in Minneapolis, St. Paul, and the first-ring suburbs are living in pharmacy deserts**. The risk for pharmacy closures is higher in predominantly Black and Latino neighborhoods, as well as in rural areas. In a 2024 study, **Minnesota ranked 10th in the nation for the largest proportion of residents living in a pharmacy desert**.

THE PRIMARY THREAT TO LOCAL PHARMACIES

is the **chronic under-reimbursement from pharmacy benefit managers**, as well as their **exclusions of certain pharmacies from their preferred networks, affecting pharmacies' profitability which leads to disparate closure rates**.

Pharmacy benefit managers (PBMs) serve as middlemen between pharmacies who fill prescriptions and payers (such as insurance companies or government programs like Medicaid or Medicare) **who cover the cost of patients' pharmacy care**.

Originally created to streamline the insurance claims process, they are now **vertically integrated** with insurance companies and influence **what drugs are available to and covered for patients, how much they cost, where patients can fill them, and how much the pharmacies who fill them are reimbursed**.