



COMMITTEE ON ARMED SERVICES

Subcommittee on Personnel

Wednesday, July 15, 2026

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1 TO RECEIVE TESTIMONY ON THE TRICARE PHARMACY PROGRAM

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Wednesday, July 15, 2026

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U.S. Senate

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Subcommittee on Personnel

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Committee on Armed Services

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Washington, D.C.

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10 The committee met, pursuant to notice, at 2:30 p.m., in
11 Room SR-222, Russell Senate Office Building, Mr. Tommy
12 Tuberville, chairman of the subcommittee, presiding.

13 Committee Members Present: Senators Tuberville
14 [presiding], Scott, Schmitt, Warren, Blumenthal, and King.

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1 OPENING STATEMENT OF HON. TOMMY TUBERVILLE, U.S.

2 SENATOR FROM ALABAMA

3 Senator Tuberville: The subcommittee will come to
4 order.

5 This hearing gives us an opportunity to examine a
6 critical component of military health care, the TRICARE
7 pharmacy program. Our witnesses today have a wide variety
8 of experiences, from policy oversight of the program all the
9 way to TRICARE beneficiaries using its services. I want to
10 thank Dr. David Smith, Dr. Adam Kautzner -- is that it?
11 That's pretty good. Dr. Lansford, and Mr. Greg Reybold. As
12 someone who spent decades coaching young men and women to
13 perform at the highest level, I understand that success
14 depends on preparation, discipline, and access to the right
15 tools. The same principle applies to our military. We
16 cannot expect service members to maintain peak readiness if
17 they cannot reliably access the medications and treatments
18 they need. The TRICARE pharmacy program serves millions of
19 active-duty service members, retirees, and military
20 families. For many beneficiaries, access to prescription
21 medicines or medications is not a matter of convenience, it
22 is essential to managing chronic conditions, recovering from
23 injuries, maintaining health, mental health and ensuring
24 overall fitness for duty.

25 As Congress continues to oversee military health care

1 spending, we must strike the right balance between
2 controlling costs and maintaining access. Savings achieved
3 on paper are not real savings if they result in delayed
4 treatment, reduced readiness, or additional health care
5 costs down the road. I'm particularly interested in how the
6 pharmacy program supports preventive care, injury recovery,
7 behavioral health, and overall force readiness. We should
8 be asking whether beneficiaries can access medications in a
9 timely manner, whether military families in rural
10 communities face unique challenges, and whether the
11 Department is using modern tools and data to improve
12 outcomes while managing costs. I also want to understand
13 how the Department is preparing for future challenges,
14 including drug shortages, supply chain disruptions, and the
15 growing costs associated with specialty medications.

16 Ultimately, our goal should be to straightforward
17 provide America's service members and their families with
18 reliable access to high quality pharmacy services while
19 being responsible stewards of taxpayer dollars. I thank our
20 witnesses for appearing here today and look forward to their
21 testimony. We will have Senators coming in and out because
22 we have a lot of committee hearings today, so be patient
23 with us, but we also have a lot of questions that we want to
24 ask. So, thank you for being here today. And now, Senator
25 Warner, and her opening statement.

1 STATEMENT OF HON. ELIZABETH WARREN, U.S. SENATOR FROM
2 MASSACHUSETTS

3 Senator Warren: Thank you, Mr. Chairman, and thank you
4 to our witnesses for being with us today.

5 We're here today because the TRICARE pharmacy program
6 lacks meaningful oversight. Since 2022, 13,000 pharmacies
7 have left the TRICARE network. That means that's 13,000
8 local pharmacies that can no longer fill prescriptions for
9 our service members, and 400,000 military families have got
10 to get out there and find a new pharmacy. The consequences
11 of losing access to your local pharmacy can be immeasurable.
12 Think about veterans with complex medical needs who rely on
13 the personalized care of a local pharmacist, someone who
14 will check for drug interactions and package medications to
15 maximize adherence and comfort -- a caregiver who is
16 overwhelmed by their responsibilities. It is the kind of
17 care we want for our military families, and it is the kind
18 of care they deserve.

19 I have letters from 58 pharmacists who speak directly
20 to this issue. Mr. Chairman, I request that they be entered
21 into the record.

22 Senator Tuberville: So done.

23 [The information referred to follows:]

24 [SUBCOMMITTEE INSERT]

25 Senator Warren: This subcommittee has a responsibility

1 to understand why this kind of care is shrinking in TRICARE,
2 so we need to look at the contractor who is running this
3 program. Since 2003, DOD has awarded the TRICARE pharmacy
4 contract to Express Scripts, the largest pharmacy benefit
5 manager, or PBM, in the country. For 23 years, they have
6 had an exclusive contract, with the most recent contract
7 worth at least \$4.3 billion in revenues over 7 years. So,
8 what does Express Scripts do with billions of taxpayer
9 dollars? Well, they decide which retail pharmacies are in
10 the TRICARE network and what they're going to get paid for a
11 prescription. They process pharmacy claims, and they run a
12 mail order program through Express Scripts subsidiaries,
13 their own subsidiaries, called Express Scripts Pharmacy, and
14 Accredo, a specialty pharmacy.

15 Here's the kicker: Express Scripts both decides the
16 reimbursement rates for its competitors, and it provides its
17 own pharmacy benefit services. All of it gets billed to
18 TRICARE, and that seems to me to be a pretty clear conflict
19 of interest. And yet, DOD actually requires the TRICARE
20 pharmacy contractor both to own a PBM and its own pharmacy.
21 I don't know who talked them into that, but it is an open
22 invitation for Express Scripts to milk the Federal
23 Government, to kick out the competition, and to steer a lot
24 of money its own way.

25 The squeeze play is not hard to pull off. In a

1 traditional PBM contract, when the same company owns a PBM
2 and a pharmacy, it can leverage the vertical integration
3 through tactics like spread pricing, in which PBMs charge
4 insurers more than what they reimburse pharmacies for a drug
5 or engage in steering in which they under reimburse the
6 competitors and send more business to the PBMs own pharmacy.
7 DOD and Express Scripts are quick to clarify that TRICARE
8 pharmacy contract is not a traditional PBM contract. So,
9 they claim that these profit maximizing games don't apply to
10 them. The problem is the facts. Audits of express Scripts
11 and other government contracts show exactly the same
12 practices, but DOD and Express Scripts want you to believe
13 there is nothing to see here.

14 Okay, but if that were true, DOD and Express Scripts
15 should be rushing to provide this committee with proof. And
16 yet, for 3 years now, I have repeatedly asked for the terms
17 of DOD's contract with Express Scripts, only to be told for
18 3 years, that what DOD pays for prescription drugs is either
19 proprietary or a trade secret, and that people like the
20 chairman and me, whose job it is to conduct oversight on
21 exactly this issue are not allowed to see it.

22 After I pressed Assistant Secretary Keith Bass on the
23 Department's weak oversight of this contract during a
24 hearing before the subcommittee in May, he committed to
25 conduct an annual review of the contract, and to disclose

1 the differences in reimbursement rates and fees between the
2 retail pharmacies and the Express Scripts subsidiaries.
3 Nearly 2 months later, I am still waiting for those numbers.
4 If DOD and Express Scripts refuse to share this data, we can
5 draw only one conclusion: the contract that DOD and Express
6 Scripts want us to believe is so different is not really
7 different at all.

8 Now, I am glad that this committee included a
9 requirement in the Fiscal Year 2027 NDAA to audit this
10 contract, we need to pass that requirement into law. DOD
11 has also begun negotiating the next pharmacy contract, which
12 will take place in 2030. I urge DOD to flatly prohibit
13 vertical integration in the next TRICARE pharmacy contract.
14 A vertically integrated PBM has every incentive to line its
15 own pockets, and DOD should not be using taxpayer dollars to
16 fund these schemes. If DOD wants to use a PBM, then get one
17 that works exclusively for DOD and American taxpayers, and
18 not one that is simultaneously trying to increase profits
19 for its parent insurance company.

20 So, I look forward to discussing these topics. Thank
21 you again for having this hearing, Mr. Chairman.

22 Senator Tuberville: Thank you, Senator Warren. Before
23 we start, the Personnel Subcommittee has received a number
24 of statements for the record. Without objection, they will
25 be included in the record. Now, we have four witnesses.

1 Dr. Smith, we'll start with you. But I'd like to say this.
2 We have a lot of questions. I've read some of your opening
3 statements that are rather long. Please keep your
4 statements short. Now, at the end, if you want to continue
5 with your statement, we'll let you do that. But I'd like to
6 get to the questions because we have Senators here that need
7 to get on to other hearings. So, Dr. Smith, we'll start
8 with you, please.

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1 STATEMENT OF REAR ADMIRAL (DR.) DAVID J. SMITH, USN
2 (RET.), DEPUTY DIRECTOR, DEFENSE HEALTH AGENCY

3 Dr. Smith: Well, Chairman Tuberville, Ranking Member
4 Warren, and distinguished members of the committee, thank
5 you for the opportunity to testify before you today,
6 alongside my distinguished colleagues from the private
7 sector.

8 The Department is proud to deliver one of the most
9 comprehensive health benefits of any employer in the country
10 to include an exceptional prescription drug benefit offered
11 through three points of service the military treatment
12 facility, the TRICARE Mail Order Pharmacy team up, which
13 provides home delivery, and the TRICARE Retail Pharmacy
14 Network. My written statement provides much more detail, as
15 you pointed out, sir, of the TRICARE pharmacy program,
16 addressing our contract support as well as how the
17 government directly manages the benefit. I will, however,
18 touch on a few important items that I know are among the
19 greatest concerns you have raised with us.

20 Over 70 percent of all prescription medications are
21 provided through either the mail order or the retail
22 networks, which are managed by the Defense Health Agency
23 through our TRICARE pharmacy contractor, Evernorth Federal
24 Services. This contract is different from most civilian
25 models for administering prescription drug benefits. DHA

1 uses a pharmacy benefit administrator, or a PBA model,
2 rather than a traditional pharmacy benefit manager, or PBM
3 model, commonly used by many employers and health insurance
4 firms. The defining feature of the PBA model is that the
5 DHA pays the contractor a fixed administrative fee per
6 prescription, filled at retail or team up. The contractor
7 cannot generate revenue from price of drugs themselves at
8 either retail or mail order outlets. The civilian PBM model
9 often controls the formulary placement as another mechanism
10 to drive revenue streams, which cannot happen under our
11 contract due to the government's uniform formulary process.
12 The government provides these functions and generates the
13 savings for the program. We are essentially the PBM and
14 saving dollars for the taxpayer.

15 Through this model, the government ensures contractor
16 incentives are aligned with DHA pharmacy program goals
17 rather than revenue generated from drug pricing. The DHA
18 does recover costs on drug prices directly from the pharmacy
19 manufacturers, not the pharmacy contractor, thanks to the
20 statutory authority that Congress has provided us through
21 the TRICARE Retail Refund Program for drugs dispensed at
22 retail. Recovered refunds are returned to the government
23 and are independent of the TPharm5 contract.

24 Since the program was first introduced, the Department
25 has recognized over \$22 billion worth of savings, and in

1 Fiscal Year 2026, those savings are projected to reach \$2
2 billion. The DHA establishes access to pharmacy service
3 requirements. As part of the contract, the contractor must
4 offer at least one network pharmacy within a 15-minute drive
5 for 95 percent of all the beneficiaries, and maintains a
6 minimum network size of 35,000 pharmacies. Currently, there
7 are over 98 percent of our beneficiaries who are within a
8 15-minute drive time, and over 99 percent that are within a
9 30-minute drive time. The retail network consists of 46,000
10 pharmacies, 11,000 higher than the contractual floor.

11 The government has full visibility and control over the
12 cost of pharmaceuticals dispensed from our mail order
13 programs, and the Defense Logistics Agency procures and
14 replenishes through the Prime Vendor Program using the
15 established pricing off the Federal supply schedules.
16 Evernorth receives no reimbursement for the cost of drugs
17 themselves dispensed through and under TMOP. The government
18 determines the TRICARE pharmacy uniform formulary, or the
19 covered drug list through a physician-led Department of
20 Defense Pharmacy and Therapeutics (P&T) Committee, and the
21 Department of War PA Committee develops and recommends drugs
22 for formulary tiers, sets priority prior authorization
23 criteria, and ensures the pharmacy benefit is standardized
24 across all points of service based on medical needs, first
25 and foremost. The government-managed model has saved the

1 taxpayers over \$6.5 billion in Fiscal Year 2025 through
2 Federal supply schedule pricing and statutory refunds.

3 In conclusion, the DHA is proud of the comprehensive
4 worldwide pharmacy benefit it offers to our 9.5 million
5 beneficiaries, and similar, to the overall U.S. health
6 system, pharmaceutical cost growth remains an area of
7 intense focus and concern. The Department continues to
8 explore approaches that ensure continued timely access to
9 hard earned benefits in a fiscally responsible manner.

10 Thank you again for the opportunity to address our
11 approach to managing of this important program, and I
12 appreciate your vital support to the NHS and look forward to
13 answering your questions.

14 [The prepared statement of Dr. Smith follows:]

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1 Senator Tuberville: Thank you. Dr. Kautzner.

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1 STATEMENT OF DR. ADAM KAUTZNER, PRESIDENT, EXPRESS
2 SCRIPTS AND EVERNORTH CARE MANAGEMENT

3 Dr. Kautzner: Chairman Tuberville, Ranking Member
4 Warren, and members of the subcommittee, thank you for the
5 opportunity to appear before you today. My name is Adam
6 Kautzner. I serve as president of Express Scripts and
7 Evernorth Care Management. We are honored to serve more
8 than nine million TRICARE beneficiaries on behalf of the
9 Defense Health Agency.

10 Service members, retirees, and military families depend
11 on TRICARE pharmacy program, wherever they live and wherever
12 they serve. Ensuring they have reliable access to the
13 medications they need is a responsibility we take seriously
14 every day. I understand the importance of that
15 responsibility personally. I began my career as a hospital
16 pharmacist. Later, when I was diagnosed with stage 4
17 melanoma, I experienced firsthand how access to innovative
18 medicines can save a life.

19 Today, the TRICARE pharmacy program brings together
20 military, retail, specialty, and home delivery pharmacies.
21 It provides beneficiaries with safe, convenient access to
22 medications. It helps the Department manage rising drug
23 costs, and it maintains force readiness. Congress
24 established the program to provide consistent coverage to
25 TRICARE beneficiaries. Congress sets the structure of the

1 benefit and determines beneficiary cost sharing. The
2 Defense Health Agency determines what medications are
3 covered and how the program operates. The Defense Logistics
4 Agency purchases medications dispensed through both mail
5 order and military pharmacies.

6 Our role is straightforward: execute that design with
7 precision and care every day. We are accountable for
8 ensuring patients have reliable access to medicines, that
9 the program operates smoothly, and that taxpayer dollars are
10 spent responsibly. We build the broadest network of retail
11 pharmacies across the country at the best possible value for
12 the government, and we ensure service members can access
13 their medications no matter where they serve. That
14 responsibility matters. Behind every prescription is a
15 service member, a spouse, a child counting on us, and a
16 taxpayer who expects this program to deliver value.

17 I'm proud to report that the program is delivering
18 strong results. TRICARE beneficiaries currently have access
19 to more than 46,000 network pharmacies nationwide. This
20 exceeds Defense Health Agency requirements by more than
21 11,000 pharmacies. More than 98 percent of beneficiaries
22 live within 15 minutes of a network pharmacy, and more than
23 16,000 independent pharmacies nationwide participate in the
24 network. We continue to welcome any independent pharmacy
25 who wishes to join the TRICARE network through the TRICARE

1 Mail Order Pharmacy. We help ensure medications reach
2 service members and their families across the country and
3 around the world. In turn, government pricing generates
4 significant savings for beneficiaries, the Department, and
5 taxpayers.

6 Collectively, our work helps the Department deliver
7 reliable access to medications for TRICARE beneficiaries
8 while controlling costs. This preserves resources for other
9 mission critical priorities. According to GAO, this is one
10 of only two major TRICARE contracts that has decreased in
11 cost over time. We operate within the framework the
12 government has established, and we are committed to
13 continuous improvement as the needs of the military evolve.

14 We welcome the opportunity to discuss how we can
15 continue strengthening service for military families and
16 taxpayers. I look forward to your questions.

17 [The prepared statement of Dr. Kautzner follows:]
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1 Senator Tuberville: Thank you. You get bonus points
2 for cutting it down pretty good. Thank you. Dr. Lansford.
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1 STATEMENT OF DR. MICAH LANSFORD, PHARMACIST AND OWNER,
2 RODEN-SMITH PHARMACY

3 Dr. Lansford: Chairman Tuberville, Ranking Member
4 Warren, and members of the subcommittee, thank you for the
5 opportunity to testify before you today. My name is Dr.
6 Micah Lansford. I'm a pharmacist and owner of Roden-Smith
7 Pharmacy in Clovis, New Mexico, and sits next to Cannon Air
8 Force Base. It's a community of active-duty members, their
9 dependents and retirees, and we've been able to serve this
10 community for as long as I can remember. We did anyways, up
11 until 2023, when Express Scripts forced us out of the
12 TRICARE program.

13 For years, TRICARE beneficiaries could choose the
14 pharmacy that served them best. For most, that was a
15 community pharmacy like mine that provides a higher level of
16 personal care, easier access, same day medications,
17 packaging, med sync, immunizations, delivery, compounding,
18 and a pharmacist that knew their family and their situation.
19 Now, many pharmacies like mine have been forced out of the
20 TRICARE program. We were pushed out by contract terms that
21 made an already difficult participation impossible, leaving
22 beneficiaries with fewer choices and less access to the care
23 that worked best for them.

24 I reviewed all of the almost 7,000 prescriptions we
25 filled in 2022, our last year in the program, and we were

1 reimbursed on average 37 cents below the cost of the drug
2 itself without any additional allowance for overhead. After
3 ESI was awarded the TPharm5 contract, they drastically
4 reduced their reimbursements rates such that I would have
5 lost almost \$9 on every prescription I filled before
6 overhead, before any other expense. That would have been
7 catastrophic for our business's viability and for all the
8 other patients that we serve. Prescription care should not
9 be a loss leader. No pharmacy can continue serving patients
10 under a contract that requires it to lose money on the very
11 care that it provides.

12 ESI's contract had real-life consequences, and was felt
13 acutely by the families who live and depend on our care
14 locally. People like Len, a disabled retired Airman, and
15 Jelayne, his wife and also his full-time caregiver. Before
16 each monthly fill, I worked with Jelayne to reconcile
17 changes, identify concerns, and ensure his medications still
18 made sense. I can't take care of them anymore, like the
19 many military spouses holding down the fort at home while
20 their Airman is deployed abroad. They used to be able to
21 come through the pharmacy, drive through or pop in for an
22 antibiotic for a child. Now, they have to wade through
23 security lines trying to get on base pharmacy, hoping the
24 drug is in stock when they arrive, or all the elderly
25 retirees, they used to be able to come in, dump their

1 problems or confusion quite literally on the counter in
2 front of me, in front of somebody they knew and trusted. I
3 can't do that for them anymore. And it wasn't just the
4 patients that suffered under this contract change. I had to
5 look each of them in the eye and say: I am sorry. I can no
6 longer help you.

7 Mail order may deliver medication. Community pharmacy
8 is where care is delivered. These stories were not
9 inevitable. They were the purposeful result of network
10 terms ESI chose to impose and the conflicts of interest
11 inherent in the system. ESI decides which pharmacies can
12 participate, how much they will be paid, and then profits
13 when the patient is redirected to one of their mail order or
14 specialty pharmacy facilities. Then, ESI supplies most of
15 the data to judge whether or not the network is adequate or
16 if they are successful.

17 No contractor should be allowed to referee a game while
18 also competing in it. Military families experience the
19 consequences while the contractor reports that the system is
20 working just fine. Congress can and should correct this:
21 require an independent audit, measure real pharmacy access,
22 require transparent and sustainable reimbursement, protect
23 patient choice, and establish conflict of interest
24 safeguards that require a non-vertically integrated manager.
25 The question is not what pharmacy or what military families

1 can tolerate, it's what they deserve. Thank you.

2 [The prepared statement of Dr. Lansford follows:]

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1 Senator Tuberville: Thank you. Mr. Reybold.

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1 STATEMENT OF MR. GREG REYBOLD, VICE PRESIDENT OF
2 PUBLIC POLICY, AMERICAN PHARMACY COOPERATIVE, INC.

3 Mr. Reybold: Thank you, Chairman Tuberville, Ranking
4 Member Warren, and distinguished members of the committee.
5 My name is Greg Reybold, and I'm with American Pharmacy
6 Cooperative, consisting of approximately 1,500 independent
7 pharmacies throughout this country. Grateful for the
8 opportunity to speak, more grateful that Dr. Lansford here
9 had the opportunity to share his experience, which matches
10 the experience of thousands and thousands of independent
11 pharmacies across the State. I would lead with this: I
12 would posit that what Express Scripts did in the TRICARE
13 Retail Network is the poster child for why PBMs should not
14 be allowed to own pharmacies, mail order pharmacies, or
15 retail pharmacies. It speaks to the problems of vertical
16 integration.

17 Now, here's the thing. The law is complicated. Under
18 current law, TRICARE Federal law absolutely favors mail
19 order pharmacies. It's entrenched. It restricts retail
20 pharmacies from filling certain brand name maintenance
21 medications, and in the statute, penalizes beneficiaries for
22 choosing retail via higher cost sharing on paper. And every
23 chance Express Scripts gets, every chance they get, they
24 love to tout the savings of mail order pharmacy. But here's
25 the thing, under DHS own data, it turns out that despite the

1 Federal Code, over and over and over again, it's cheaper for
2 a TRICARE family, for TRICARE beneficiary to fill a
3 prescription at a retail pharmacy than it actually is at
4 ESI's Mail Order Pharmacy. It's cheaper on those cost
5 shares. Stunningly, filling a generic medication at a
6 retail pharmacy in TRICARE. Not only is cheaper for the
7 beneficiaries via lower cost sharing, it's cheaper for the
8 agency itself according to their own reports. Year over
9 year over year, generic medications, on average, are cheaper
10 at retail pharmacies than at Express Scripts Mail Order
11 Pharmacy. In 2018, they were cheaper by 85 percent, on
12 average, for a 30-day generic medication. And so, what
13 happens? Why on earth would Express Scripts in around 2022
14 want to cull between 13,000 and 15,000 retail pharmacies
15 from their network under the auspices of cost saving?

16 I would posit, and if you're anything like me and I
17 know I am, I would posit that you look at their self-
18 interest. You look at the vertical integration, and DHA's
19 own data shows that between 2018 and 2022, ESI's Mail Order
20 Pharmacy in the TRICARE Network lost about 9 percent of
21 utilization, 9 percent utilization. Beneficiaries were
22 choosing retail pharmacies to get the care that they
23 deserve. And so, what does Express Scripts, the PBM, do?
24 They cull around 13,000 retail pharmacies from their
25 network, right? I think the GAO figure was around

1 potentially 380 beneficiaries that lost access to their
2 pharmacy of choice. But you know who wins? Express Scripts
3 Mail Order Pharmacy. The pharmacy owned by Express Scripts.
4 That's the only winner here, the only winner here.

5 And I want to talk a little bit more about the retail
6 pharmacy network. And I'll be quick. But Express Scripts
7 loves to say: Dr. Costa said. Right? This program is
8 different. There's nothing to see here. We operate
9 differently. First of all, in Federal pleadings, Express
10 Scripts doesn't call themselves a PBA for TRICARE. They
11 call themselves a PBM. Additionally, in court filings,
12 Express Scripts has said that they manage the TRICARE retail
13 pharmacy network in a manner that's indivisible and
14 indistinguishable from their other networks, including the
15 Federal employee health plan that's Express Scripts words in
16 court filings. There's no difference with how they manage
17 that program.

18 That's stunning and it's damning, and the reason it's
19 stunning and it's damning is because the Office of Inspector
20 General for the Office of Personnel Management has looked at
21 Express Scripts practices in their retail network for two
22 Federal employee health plans. You know what they found?
23 They found the books didn't match. They found that the drug
24 prices they were reporting to the Federal employee health
25 plan clients didn't match the lower reimbursements. They

1 were negotiating with retail pharmacies to the tune of \$18
2 million. That tells you two things. One, they got two sets
3 of books, and two, spread pricing is alive and well in the
4 Express Scripts retail TRICARE Pharmacy Network.

5 I think the good news is there's things that we can do
6 absolutely immediately. I think DHA should engage in an
7 expansive audit using their Office of Inspector General,
8 with an interagency agreement with the Office of Personnel
9 Management Office of Inspector General. They've looked
10 under the hood and they know where those bodies are buried.
11 On top of that, I think certainly, the contract can be
12 improved to prohibit vertical integration and to close these
13 loopholes. And lastly, legislation is absolutely in order
14 to remove the entrenched favoritism towards mail order
15 pharmacy, increase patient choice and PBM steering, and take
16 away the ability of Express Scripts to manipulate drug
17 prices by moving to a market-based index.

18 Thank you, Chairman.

19 [The prepared statement of Mr. Reybold follows:]
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1 Senator Tuberville: Thank you very much.

2 So, obviously, we have some disagreements in here.

3 Let's get those out and see if we can make it better. For 6
4 years, I'm on the Health Committee and I've heard a lot
5 about this over the years. So, this would be good, and I'm
6 going to yield my time to pray that God knows more about
7 health care than anybody up here who has being a Senator in
8 the health care business for a long time. Senator Scott.

9 Senator Scott: Thank you, Chairman.

10 So, my background is I had 285,000 employees and I used
11 a PBM. I also owned, at one time when I was running a
12 hospital company, the third biggest PBM, and then I was the
13 -- I think, the largest shareholder in a pharmacy chain that
14 went through all the struggles of trying to make money where
15 things were moving to mail order, not just not just drugs,
16 but everything was moving to mail order. And so, you know,
17 you lose it more. So, everybody up here, I've sort of been
18 in your position.

19 So, Dr. Smith, before I get to the PBM part, can I just
20 ask you a very simple question. How many fighter jets do we
21 -- does America buy from China? Do you know of any? Have
22 you ever heard of any warships?

23 Dr. Smith: I haven't had of any either.

24 Senator Scott: It seems like a pretty stupid idea to
25 buy from them, wouldn't it, because we're building our

1 military because they are an adversary. Right?

2 Dr. Smith: Yes, sir.

3 Senator Scott: But at the same time, we buy drugs from
4 them every day, and it's my understanding that, you know,
5 that we part of the reason we don't buy fighter jets or
6 warships is from China is because, one, we don't want to be
7 reliant on them, and we probably could save some money.
8 Right? Probably, we might do it cheaper. So, why are we
9 continuing to buy Chinese drugs when we don't want to rely
10 on them for fighter jets or anything else?

11 Dr. Smith: So, sir, I'm -- we are well aware of some
12 of the dependencies that are in the system that we've had
13 this discussion with a number of you, the national security
14 concerns that we have, and I believe we try to only buy TAA-
15 compliant drugs, which is part of the reason for the
16 difference in the generic pricing depending on where you are
17 for the venue. But we are doing a number of different
18 efforts to try to shore up that chain, and in next year, in
19 that President's budget, you will see funding that is
20 dedicated to trying to do a number of efforts relative to
21 shoring up that supply chain.

22 Senator Scott: So, Dr. Smith, part of your job is you
23 want to make sure that every body that's relying on TRICARE
24 can get the drugs they need --

25 Dr. Smith: That's right.

1 Senator Scott: -- and you want to get the best price
2 you can because it's taxpayer money, right?

3 Dr. Smith: Absolutely.

4 Senator Scott: You're trying to do both of those. So,
5 under the under the contract with Express Scripts or
6 Evernorth, whatever it is, so how are they paid? Do they
7 have a profit incentive, or do they have where they're
8 making money off the drugs, or do they get a set fee and you
9 set the price of the drugs?

10 Dr. Smith: So, the basic way it works with -- it's
11 complicated because there's three different pieces to this,
12 but relative to the mail order pharmacy, they get basically
13 a fill fee from us. All of the drugs are bought by the
14 Defense Logistics Agency using the Federal pricing and our
15 negotiations directly with the manufacturers. And so, we
16 replace in kind anything that's used by their mail order
17 pharmacy, and then they get an administrative fee for that
18 fill.

19 On the retail side, we rely on the network that they
20 built, both for their commercial business and also for our
21 business, and they have provided in the contract a network
22 discount guarantee for us. If they do better than that,
23 there's incentives for them. If they do less than that,
24 then they basically have to make up the difference, then we
25 are the ones that go out and get the refunds based on the

1 TRICARE. The exact name is TRICARE Retail Refund Program
2 that you-all authorized us and we have that.

3 So, that brings it back down to about Federal supply,
4 and then our Pharmacy and Therapeutics Committee also then
5 works with manufacturers on volume discounts and all, and we
6 will go after additional discounts to save money. But none
7 of that -- and this is a distinct difference with all of the
8 other plans, including the FEHB plans that were referred to.
9 It does not go through Evernorth. It comes directly from us
10 back and forth with --

11 Senator Scott: So, you're --

12 Dr. Smith: -- and Evernorth actually -- one more
13 thing, sir. I'm sorry to interrupt.

14 Senator Scott: That's okay.

15 Dr. Smith: On the team, on the retail network, they
16 are using direct government funds to actually pay the bills
17 to the pharmacies.

18 Senator Scott: Okay. So, you said you decide the
19 price -- you're buying the drugs?

20 Dr. Smith: Yes, sir.

21 Dr. Smith: So, it's your drug and you're -- do you set
22 the copay for TRICARE?

23 Dr. Smith: That's set by you, the Congress.

24 Senator Scott: So, Express Scripts does not set in the
25 copay?

1 Dr. Smith: No, sir. They do not. Now, the pricing
2 within the network that is paid to the pharmacy is part of
3 Evernorth's work. We then come back and get refunds from
4 the pharmaceutical companies if that -- for the price that
5 is above the FSA, just to be clear on that.

6 Senator Scott: Right, and you use whether it's Express
7 Scripts or somebody else's use mail order because it's
8 cheaper. Right?

9 Dr. Smith: We use -- the advantage of mail order is
10 multifold. One is that it's convenient for the person that
11 needs to get their drug on a recurrent basis. But we also
12 buy all the drugs for mail order, so that makes it
13 significantly cheaper than what it costs in the retail
14 network.

15 Senator Scott: Okay. So, is it consumer-mandated to
16 use mail order?

17 Dr. Smith: If they are for brand name drugs, they are
18 after two fills in the retail network. We asked them to
19 move over to the top.

20 Senator Scott: And that's the decision you made
21 because you can save money?

22 Dr. Smith: Yes, sir.

23 Senator Scott: Okay. All right. And so, Dr.
24 Kautzner, how many pharmacies are there in the country?

25 Dr. Kautzner: Senator, there are over 60,000 retail

1 pharmacies in the country.

2 Senator Scott: So, how many and how many do you
3 contract with on behalf of the Department of War?

4 Dr. Kautzner: So, we contract today over 46,000. So,
5 11,000 more than the minimum that's met in the contract.

6 Senator Scott: So, when there's somebody like Dr.
7 Lansford that he loses the contract, what's the right --
8 what's the typical thing -- why does that happen? Why does
9 Express Scripts or Evernorth, whatever, change?

10 Dr. Kautzner: So, we have 16,000-plus independent
11 pharmacies that do participate and have chosen to serve as
12 TRICARE beneficiaries in our network today. We do go out
13 and contract. We want to have as many pharmacies in our
14 network as we possibly can. We would like to have an even
15 broader network than what we already have, but we do cover
16 over 98 percent of beneficiaries within a 15-minute drive
17 time today, and which exceeds the standard within the
18 contract. It depends on where those pharmacies are located.
19 Certainly, those that are in very rural areas, we may
20 contract with them even differently because there's an unmet
21 need and a gap that we need to fill. So, it really depends
22 on the location of that pharmacy and how many other
23 pharmacies are around it that a beneficiary will have access
24 to.

25 Senator Scott: Can I ask one more question?

1 Senator Tuberville: All right. One more.

2 Senator Scott: So, Dr. Smith, if you didn't work with
3 Express Scripts on their mail order, you could contract with
4 somebody else. Right? You could contract with another PBM
5 company. Right? There's no reason you have to do it with
6 Express Scripts.

7 Dr. Smith: Relative to the mail order, yes, sir. It's
8 a competitively bid contract each time.

9 Senator Scott: Okay. Thanks.

10 Senator Tuberville: Thank you, Senator Scott. Senator
11 Warren.

12 Senator Warren: Thank you, Mr. Chairman.

13 So, we know that insurance companies often contract
14 with the pharmacy benefit manager to manage the prescription
15 drug coverage. And at least in theory, the way it was
16 supposed to work is that the PBM would work for the
17 insurance company and for the people who have insurance with
18 them, but PBMs have gotten caught doing all kinds of self-
19 dealing. We've already mentioned several times today. It
20 was in much of your testimony, spread pricing, and that's
21 when the PBM reimburses an independent pharmacy, not its own
22 subsidiary, but an independent pharmacy, \$70 for a drug,
23 then bills the insurance company \$100 for the drug, and then
24 often, secretly pockets the \$30 difference. That's spread
25 pricing that we're talking about today.

1 Now, DOD and Express Scripts say the TRICARE pharmacy
2 contract is not a traditional PBM contract. It's a, "purely
3 administrative contract." They claim that Express Scripts
4 follows DOD directions and passes all of the savings through
5 to DOD, meaning there is no spread here. What you pay goes
6 straight on through and that's how we protect the taxpayer.
7 I taught contract law for many, many years. So, what I want
8 to see is not how DOD summarizes this contract or how the
9 PBM summarizes this contract. I want to see what the
10 contract itself actually says. I wanted to see it, but DOD
11 refuses to release the contract with Express Scripts.

12 However, I have a copy of the contract that Express
13 Scripts told the pharmacies that they would have to sign in
14 2022, or they couldn't get any reimbursement and be part of
15 the system. And so, you want to be part of TRICARE? You
16 had to sign this. So, I just want to take a look at one of
17 those terms. Section 3.5 states that Express Scripts
18 maintains the right to, "aggregate reimbursement
19 reconciliation and offset methodology. Dr. Kautzner, you're
20 the president of Express Scripts. So, tell us, does this
21 mean that Express Scripts can adjust what they pay
22 pharmacies after a claim has been processed?

23 Dr. Kautzner: I appreciate the question, Senator. I
24 haven't reviewed that document, and so that's the piece I
25 would have to take back and evaluate to be able to give you

1 a comprehensive answer on. If you're referring to things
2 like clawbacks, we don't engage in clawbacks.

3 Senator Warren: I'm referring to exactly what the
4 contract is that your company, Express Scripts, required
5 pharmacies to sign if they wanted to be part of the network.
6 And I'm just asking, does that mean after you've told the
7 DOD, for example, in my example, that it was \$100 per
8 prescription, that you can readjust that price with the
9 pharmacy after the fact, say, down to \$70, just sticking
10 with the same example. Is that what that phrase means?

11 Dr. Kautzner: As we've covered today, the contract is
12 a full pass-through contract.

13 Senator Warren: Well, that's what I'm trying to look
14 at. I'm just looking at the language of what you tell the
15 independent pharmacies who show up. Tell you what, let's
16 ask a lawyer what it means. Mr. Reybold, you've been
17 dealing with these contracts for a long time. Express
18 Scripts is supposed to reimburse the pharmacy at a
19 predetermined price, \$100 in my example. Is that what this
20 contract language says?

21 Mr. Reybold: Yeah. Thank you, Senator Warren. If I
22 heard you correctly, you said that that contract language
23 references aggregate reimbursement reconciliation and offset
24 methodology. And what I would say is that in about 20 years
25 of practicing law, that might be the biggest smoking gun

1 document I've seen in a hearing, right, because what that
2 means is they get to do post-adjudication offsets. So, what
3 they reimburse a pharmacy at the point of sale, they get to
4 move it around.

5 And with all due respect to Dr. Kautzner, you know, my
6 understanding is for years he was over at retail pharmacy
7 networks, so this term shouldn't be a real surprise to him.
8 But what I would say is this, when you take that provision,
9 which gives them the right to move money around after the
10 fact across plans, it's essentially, we're talking about
11 what a complex shell game. We're talking about a Fortune 20
12 company playing a shell game that you see on the street
13 corner in any city, and you combine that with the fact that
14 in their own court admissions, they admit that they
15 administer their retail network in a manner that's
16 indistinguishable and indivisible from their other networks.
17 And we know the OIG found in, "pass-through contracts and
18 Federal employee health plans," the spread pricing was
19 there.

20 Senator Warren: All right. So, let's follow through
21 on that, because the contract shows that Express Scripts can
22 do spread pricing in TRICARE, notwithstanding what DOD keeps
23 telling us. It's right there in the contract. It turns out
24 that Express Scripts has been caught doing exactly that in
25 other government contracts. An inspector general audit of

1 the Federal employee health benefit, Compass Rose Plan,
2 found that Express Scripts overcharged the government
3 millions of dollars by failing to pass through all retail
4 pharmacy discounts, and another inspector general audit of
5 the American Postal Workers Union Health Plan found millions
6 more in unallowable spread pricing.

7 In other words, they've already been caught with their
8 hand in the cookie jar on this. But still, DOD claims that
9 for TRICARE, "all savings --" meaning the difference between
10 \$100 and \$70 that you're getting, Dr. Lansford -- "go
11 directly back to the government," to DOD. So, Dr. Kautzner,
12 when Express Scripts exercises Section 3.5 and retroactively
13 reimburses -- and retroactively lowers the reimbursement
14 rates, are you contractually bound to pass that money
15 through, back to the DOD?

16 Dr. Kautzner: Appreciate the question, Senator. Our
17 focus is administering the contract with DHA. It's 100
18 percent pass-through --

19 Senator Warren: So, you are passing -- is it your
20 testimony today that when you tell Dr. Lansford that he is
21 only going to get \$70 and you've already told the DOD that
22 it cost \$100, you get \$30 back from Dr. Lansford, \$130 back.
23 Are you telling us that every penny of that gets sent back
24 to DOD? Is that your testimony today.

25 Dr. Kautzner: Senator, we don't engage in spread

1 pricing. This is a different type of --

2 Senator Warren: That is a description of spread
3 pricing. If you engage in no spread pricing, then you have
4 a really easy one-word answer here, and that is that you are
5 returning every penny when you retroactively adjust prices.
6 Is that your testimony today.

7 Dr. Kautzner: Senator, this is a pass-through
8 arrangement contract and --

9 Senator Warren: If it's a pass-through --

10 Dr. Kautzner: -- and all savings go back to DHA.

11 Senator Warren: Let's do it the other way then. If
12 this is a pass-through arrangement, would you support an
13 independent, public audit to verify that you are complying
14 with full pass-through.

15 Dr. Kautzner: We're honored to be able to serve the
16 TRICARE beneficiaries and the government's business is very
17 important to us, and we wouldn't be --

18 Senator Warren: And so, I take it that's a yes. You
19 would support --

20 Dr. Kautzner: -- happy to comply with --

21 Senator Warren: -- an independent audit to verify that
22 every penny is going back to the government. Is that right,
23 that you're not using this clause in the contract? Is that
24 right?

25 Dr. Kautzner: If Congress and DHA would like to do

1 those --

2 Senator Warren: I would like to do it. We are the
3 oversight committee here. I'm a member of Congress. This
4 is my job, oversight. Will you agree to an audit?

5 Dr. Kautzner: Our company will comply with what
6 Congress and DHA tell us that we need to do.

7 Senator Warren: Then you will. You know, look, DOD
8 and Express Scripts say there's no spread pricing in the
9 TRICARE contract, but the same language that Express Scripts
10 used to bilk other government plans out of millions of
11 dollars is also present in TRICARE. We may well find that
12 Express Scripts is playing the same games in TRICARE or not,
13 but we can't tell without an independent audit.

14 I am glad that we have a provision in this year's NDAA
15 that will require an audit here, but frankly, I'm pretty
16 outraged that you drag in billions of dollars from
17 taxpayers, and that you won't submit to an audit when it's
18 clear that you have the opportunity to bilk the Federal
19 Government, and you have used that opportunity in other
20 circumstances. So, yeah.

21 Thank you, Mr. Chairman. I appreciate the extra time.

22 Senator Tuberville: Thank you very much.

23 Dr. Lansford, as a pharmacist who previously
24 participated in TRICARE network and then made the decision
25 to leave, can you walk us through the factors that led to

1 that decision? Specifically, what challenges did you face
2 regarding reimbursement rates, administrative requirements
3 and other aspects of the program, and what changes would be
4 necessary for your pharmacy or others like it to rejoin the
5 network?

6 Dr. Lansford: Thank you for the question, Senator.
7 The direction of the industry has been unsustainable for a
8 long time. PBMs and their vertically-integrated
9 organizations, take every opportunity to underpay and
10 compromise the local health care networks that already are
11 in place and exist. In this particular instance, it would
12 have become the worst contract that we would have been a
13 part of, only second to New Mexico Medicaid at the time,
14 which later went on to recognize the problem with about half
15 of the rural pharmacies in the State closing over a short
16 time frame, and they pass legislation fixing it, a NADAC
17 plus model that supports pharmacies staying in business.

18 Senator Tuberville: Very good. Mr. Reybold, from the
19 perspective of the independent pharmacy community, what are
20 the most significant challenges pharmacies faces in
21 participating in TRICARE network today, and how have those
22 challenges affected beneficiary access to pharmacy services?

23 Mr. Reybold: Yeah. Thank you for the question, Mr.
24 Chairman. And, you know, what I would say is and just to
25 follow-up when I said earlier is, you know, when you have

1 vertically integrated, when you have the PBM that also owns
2 the mail order pharmacy -- and just to set the record
3 straight here, what happened is Express Scripts went to DHA
4 in late 2022, and they asked to reduce the pharmacy network
5 by up to 15,000, they got that permission and they wielded
6 underwater reimbursements as a sword. They wielded
7 underwater reimbursements to purge roughly 13,000 retail
8 pharmacies from their network, 13,000 competitors on the
9 heels of, in fact, them losing 9 percent utilization at
10 their mail order pharmacies between that 2018 and 2022.

11 So, you know, I think that in and of itself is damning.
12 And the other thing that I think is just so important to
13 understand here is when you have these vertically integrated
14 pharmacies and they're engaging in these practices that
15 favor their mail order pharmacy, it's so tricky because the
16 statutory code says -- and bear with me here really quickly,
17 I'll be fast -- but the statutory code essentially says,
18 hey, if you want to use a mail order pharmacy, you're going
19 to pay a \$14 copay. If you want to use a retail pharmacy,
20 you're going to pay a \$16 copay for 30 days times three.
21 And so, in the Code, it looks like using a retail pharmacy
22 is over 200 percent more than using a mail order pharmacy.
23 But in practice, here's what I see is doing, they're
24 reimbursing their mail order pharmacy over and over and over
25 again at the statutory ceiling of \$14, but they're

1 reimbursing retail pharmacies, sometimes as low as \$0.65 a
2 prescription.

3 And so, Express Scripts is telling beneficiaries, hey,
4 mail order is cheaper. But when you look at their data,
5 their mail order pharmacy can be as much as sometimes 500,
6 600, even 1,000 percent more. So, they love to tout the
7 savings of mail order, but the way they have implemented
8 this system, ESI is not giving the best prices at their mail
9 order pharmacy. They're not even giving it the best prices
10 on the block. We've got Express Scripts data in Georgia
11 that's required to be filed, and we've got beneficiaries in
12 commercial plans who are getting far, far better deals than
13 they are at ESI's mail order pharmacy. And then on top of
14 the \$14 cost share, they're also getting an admin fee. I
15 don't know how much that admin fee is. I'd sure like to
16 know. Thank you, Chairman.

17 Senator Tuberville: Thank you. Senator King.

18 Senator King: Thank you, Mr. Chairman. I appreciate
19 your allowing a non-member of the subcommittee, but a member
20 of the committee to join you today.

21 You'll have to pardon me because this doesn't make
22 sense. Mr. Smith, what's the purpose of the contract with
23 ESI? What does the contract do? What are you buying?

24 Dr. Smith: Yes, sir. So, the contract is basically a
25 pharmacy benefits administrator. So, what they do is they

1 help us with providing the retail network. They also
2 provide our mail order pharmacy. They do the actual mailing
3 --

4 Senator King: You say your mail order pharmacy. Is it
5 yours? Is it the government's mail order pharmacy?

6 Dr. Smith: Yes, sir. We're the ones that contracted
7 for it. So, I think it's reasonable to say it's run by --

8 Senator King: I thought this company owned the mail
9 order pharmacy.

10 Dr. Smith: Well, they own the mechanism for the mail
11 order pharmacy. We tell them how to run the --

12 Senator King: They own it or not? Sir, is the mail
13 order pharmacy one of your lines of business, Dr. Kautzner?

14 Dr. Kautzner: Senator, the government buys the drugs -
15 -

16 Senator King: Got it through a replenishment model.
17 We just do the physical dispensing of those within our
18 facility, and we're paid a flat fee to do that.

19 Senator King: You're paid a fee per prescription?

20 Dr. Kautzner: Yeah, we're paid a fee. One to
21 adjudicate the prescription. So, we adjudicate over 200
22 million prescriptions a year. For that, we are paid a flat
23 fee, and we do nearly 18,000 safety quality benefit checks
24 on every prescription. Additionally --

25 Senator King: But you also have these independent

1 pharmacies. What I'm puzzling here is you've got somebody
2 who you're hiring to manage the distribution of drugs, who
3 also is in the drug distribution business, and there's an
4 inherent conflict of interest there, it seems to me. I just
5 don't -- I'm a country lawyer from Brunswick, Maine, but I
6 don't get this arrangement.

7 Dr. Smith: Sir, they don't own retail pharmacies other
8 than --

9 Senator King: No, but they own the mail order. Why
10 wouldn't they, in every case, do whatever they could to move
11 people toward their business as opposed to these independent
12 pharmacies. Right?

13 Dr. Smith: In general, we are trying to move them to
14 mail order, because for us it is a cheaper venue, and our
15 goal is to make sure that the beneficiaries actually --

16 Senator King: Does the data validate what you just
17 said that the drug X to beneficiary Y is cheaper if it comes
18 by mail order versus from an independent pharmacy?

19 Dr. Smith: Yes, sir, because if some of the
20 restrictions that other mail order pharmacies don't have to
21 have that aren't serving us, for example, TAA compliance,
22 that means often they can buy much cheaper Chinese generics
23 and other things. So, when you do a drug-by-drug
24 comparison, you will clearly find there are places where we
25 pay a little bit more --

1 Senator King: I don't understand hiring somebody to
2 manage the distribution who also has a drug distribution arm
3 of their own company. Am I missing something here?

4 Dr. Smith: But we are the ones that actually provide
5 the drug to them for the mail order pharmacy. So, the drug
6 distribution is not relevant here. We are providing the
7 drugs and then they are simply packaging it and sending it
8 to the beneficiary.

9 Senator King: But they also manage this network of
10 independent pharmacies. Again, they have their running --
11 they got business X over here and 15,000 businesswise over
12 here. Why wouldn't they try to steer all the business to
13 the one that they get a \$14 fee every time? Well, I mean,
14 again, this contractual arrangement makes no sense.

15 Dr. Smith: Sir, it is very complex. But the mail
16 order, the \$14 fee is the mailing, et cetera. That is not
17 what it costs on the retail side. We have -- the copays are
18 set with Congress. It is -- we have a higher price on the
19 retail side, because it costs ultimately more for us because
20 we are not supplying the drug at the price that we can
21 supply.

22 Senator King: Help me out here, Mr. Reybold. Am I
23 just crazy?

24 Mr. Reybold: Yeah. Thank you, Senator, and I'd
25 respectfully disagree with the DHA's data, frankly, right,

1 because in your annual reports, you note that generic
2 medications are cheaper year over year at retail pharmacies
3 than they are at the mail order pharmacy in 2018, by as much
4 as 85 percent. You also note that your theory on why
5 beneficiaries continue to choose retail pharmacies over
6 Express Scripts mail order pharmacy is because Express
7 Scripts uses a lesser of logic, and what that means is they
8 are setting the copay for beneficiaries at \$14 at their mail
9 order pharmacy, when it may cost the beneficiary as low as
10 65 cents at a retail pharmacy. So, I absolutely dispute the
11 notion that for generic medications, it's cheaper at ESI's
12 mail order. Your own data disputes that.

13 Dr. Smith: And of course, that's where it has to be
14 apples to apples, and I was not saying generics exclusively,
15 which is what you've been concentrating on.

16 Senator King: All right. Let me let me change the
17 subject a bit. Access concern. I'm from a very rural
18 state. We've got something like 45 percent of the people in
19 our State are in pharmacy deserts. And that's a real
20 problem. Apparently, my understanding is DHA does not audit
21 the information about access that's provided by the by the
22 company. Is that true?

23 Dr. Smith: No, sir, that is not true. We have had
24 Guidehouse Consulting actually do an independent audit of
25 the access numbers that Evernorth has been providing us, and

1 we have found that they are in compliance with the contract.

2 Senator King: And the company you just mentioned is
3 independent of Evernorth?

4 Dr. Smith: Yes, sir. It's the Federal arm originally
5 of PwC.

6 Senator King: Final concern -- well, two other
7 concerns. One is the differential for reimbursement. I
8 mean, if by definition the reimbursement is minus \$9 for an
9 independent pharmacy, that's your That's a model for getting
10 rid of all independent pharmacies.

11 Dr. Smith: So, sir, when we've looked at it, the NADAC
12 price is basically about comparable across the independents
13 and the -- what we're doing with the chain drugs. I can't
14 speak on -- its Evernorth that deals with the fill fees.
15 But I'm not sure I understand because, at least on balance,
16 that's what we see in the data. Now, I will say if there's
17 a fair number of pharmacies in the location, then clearly
18 the one with the best pricing is the one that potentially
19 ends up being in the network. But I can't speak for that.
20 That's really Evernorth and what we rely on them to do for
21 us.

22 Senator King: Just one final note. I'm concerned
23 about the Coast Guard. We have a series of Coast Guard
24 stations in Maine. Their very remote access is very -- is a
25 significant problem, and I hope that's something that can be

1 addressed.

2 Dr. Smith: Yes, sir. We certainly are aware of that.
3 In your great State of Maine and Wisconsin, there's a number
4 of places where they're clearly in desserts, both for the
5 health care side and the other, and we work closely with
6 them. I will say our partner has been very good about when
7 we point out that there's an area where there's clear access
8 issues, trying to work with the pharmacies in the area and
9 often they end up in the network.

10 Senator King: Does this contract go out for bid
11 periodically?

12 Dr. Smith: Yes, sir.

13 Senator King: How often?

14 Dr. Smith: The last time was in -- this one started in
15 2023, and the next round will be in 2029.

16 Senator King: Thank you. Thank you, Mr. Chairman.

17 Senator Tuberville: Thank you, Senator King. Without
18 taking any warm up pitches, I'm going to throw Senator
19 Schmitt into the game.

20 [Laughter.]

21 Senator Schmitt: All righty. Thank you, Mr. Chairman.

22 Admiral Smith, do you prefer admiral or doctor, by the
23 way, you have doctor here, but I have -- what do you prefer,
24 sir?

25 Dr. Smith: Anything works, sir, or Dave works, too.

1 Senator Schmitt: Okay. Well, when I was attorney
2 general of Missouri, people would call me general. I was
3 always very uncomfortable with that, especially when I was
4 around real generals, so I -- anyway, Dr. Smith.

5 Dr. Smith: I'm a real admiral, but.

6 Senator Schmitt: Well, I'm going to call you Admiral.
7 [Laughter.]

8 Senator Schmitt: I'm going to call you Admiral. I
9 want to I just wanted to ask you some -- a few questions
10 about on the pharmacy side. In your view, what unique
11 capabilities does the mail order pharmacy provide to the
12 Department?

13 Dr. Smith: On the mail order side, it provides a
14 convenience store. It does provide -- you know, we're a
15 worldwide organization and so they will send to APO and FPO
16 addresses along with when I deploy, they will adjust the
17 medications for my deployment length so that I make sure
18 that I actually get the drugs that are required for that
19 period of time. So, they're very helpful on that side. We
20 also then have it set up to where it's just a fill fee and
21 we supply all of the drugs using FSS pricing or better
22 through DLA.

23 Senator Schmitt: And it may seem like maybe an obvious
24 question, but I think worth asking. And how do you since
25 given the nature of this committee, how do you think that

1 this -- as how do you view this as a component of readiness
2 for our men and women?

3 Dr. Smith: I think it's absolutely critical. We
4 talked about the worldwide distribution of our personnel and
5 the fact that our partners help us with that. Clearly, we
6 have to make sure that we have that logistics chain, if you
7 will. Additionally, having good access means that I can
8 start the drug sooner and hopefully have a quicker result to
9 make me more fit and deployable sooner or my family recover
10 faster. So, having a robust pharmacy benefit is what we
11 clearly want to have, but we also want to be cognizant of
12 the pricing and pharmacy and make sure that we're getting
13 the best value for the taxpayer.

14 Senator Schmitt: Is your assessment that Express
15 Scripts has performed well in that regard, because as --

16 Dr. Smith: Yes, sir.

17 Senator Schmitt: Yeah. And how do you measure success
18 as it relates to how Express Scripts is doing?

19 Dr. Smith: Well, we have a whole number of criteria
20 that we look at, everything ranging from claims accuracy to
21 our customer satisfaction rates, and they routinely run, in
22 the 90s percents. So, we think that -- certainly, my
23 impression is that the contract is great value and for the
24 government.

25 Senator Schmitt: When Congress established the TRICARE

1 pharmacy benefit, you know, my understanding is it
2 envisioned multiple points of service, retail facilities,
3 mail order, all kind of working together. How have you seen
4 some of the utilization shifts over the years is how people
5 access?

6 Dr. Smith: Yeah, it has waxed and waned, quite
7 frankly. And part of it depends on our MTFs. And clearly,
8 as you know, over time, that access has decreased somewhat
9 with our continually rationalizing the system, but recently
10 the retailers actually bumped up. And I think part of it is
11 the fact that the generic pricing, when we buy the drugs, we
12 have to be NDA -- sorry, have to be a trade agreement TAA
13 compliant, and so at times we can't buy the generic that's
14 coming from China or India. And so, if I go into a retail
15 network, then I pay whatever that cost is versus the set
16 copay.

17 Senator Schmitt: So, that flexibility is obviously
18 important because people have different ways to access.

19 Dr. Smith: That's right.

20 Senator Schmitt: How would you assess Express Scripts
21 ability or capability as they've demonstrated to -- for
22 people to access pharmaceuticals or drugs in a flexible way?
23 How would you assess? What have they done that has
24 impressed you in that way?

25 Dr. Smith: First of all, it's just the access. You

1 know, we went from a mileage to an actual time because I
2 think that's much more realistic as to what it really takes.
3 And when you look at how accessible we are, I think that's
4 one of the strongest criteria that we see with what they are
5 -- what they have put together for us.

6 Senator Schmitt: Well, the pitch clock has run down,
7 Mr. Chairman. But I want to thank you for your time, your
8 testimony, Admiral.

9 Senator Tuberville: Thank you, Senator Schmitt.
10 Senator Blumenthal.

11 Senator Blumenthal: Thank you, Mr. Chairman.

12 Dr. Kautzner, maybe you can explain, when Express
13 Scripts makes formulary decisions, do the manufacturer
14 rebates have a role?

15 Dr. Kautzner: Senator, I appreciate the contract. And
16 this is one area where normal PBM operations what we do for
17 our employer is very different than what we do here for DHA
18 and for TRICARE beneficiaries. So, in this instance, DHA
19 makes all clinical decisions on formularies, prior
20 authorizations, and those types of things. So, they make
21 all the clinical decisions. They also negotiate all of the
22 drug discounts and rebates for those products. So, we
23 simply, one, adjudicate the prescriptions and ensure that
24 there is a high clinical quality and safety on those
25 prescriptions. And then, in some cases, as we've discussed

1 today, we may dispense those products through our TRICARE
2 Mail Order Pharmacy, and if that is the case, we're paid a
3 flat dispense fee.

4 Senator Blumenthal: So, you're saying for TRICARE
5 formulary decisions are unaffected by the manufacturer
6 rebates?

7 Dr. Kautzner: I'm saying for our portion of what we do
8 as the contractor for TRICARE, we aren't involved in any of
9 those decisions or processes. All that's done by DHA.

10 Senator Blumenthal: Do they affect others decision
11 makers, the manufacturer rebates?

12 Dr. Kautzner: In terms of TRICARE, I couldn't speak to
13 what decisions the Defense Logistics Agency and DHA may make
14 around their negotiations with drugs and the preferencing of
15 those drugs. In this instance, we are simply the
16 contractor, and we're focused on providing broad access,
17 providing strong clinical quality and service, and
18 ultimately, then value to beneficiaries and taxpayers.

19 Senator Blumenthal: Well, one reason I ask is that, as
20 you know, finding the right mental health medication can
21 sometimes take months or even years. Once a patient has
22 found a productive treatment, disrupting it can take can
23 have serious consequences, and there are concerns that the
24 pharmacy benefit managers are changing members' medication
25 regimens even when their mental health is stable. Have you

1 encountered that concern?

2 Dr. Kautzner: In practice, I have encountered those
3 types of concerns, and it's a piece that we take very
4 seriously, especially for patients that are on mental health
5 drugs, their stability on those drugs and ensuring that once
6 they get on a drug that works for them, because many of
7 those drugs do have unique side effects that once you're
8 able to tolerate those on a product, that you're able to
9 stay on the product, be able to refill the drug as you need
10 to for those types of medications. But in these instances,
11 around these clinical decisions for the TRICARE contract,
12 those that are left to DHA to make those decisions and we
13 carry those out.

14 Senator Blumenthal: Let me ask you, Dr. Smith, does
15 DHA monitor whether formulary changes or coverage decisions
16 result in disruption or interruption in the mental health
17 care treatment of patients?

18 Dr. Smith: Sir, we, as you're probably aware, have a
19 Pharmacy and Therapeutics Committee. And they meet
20 periodically to review all the new drugs that come out from
21 FDA, but also, every quarter go through classes of drugs to
22 figure out placement within the formulary. And we have
23 primary -- when there are drugs that have similar effects,
24 we will choose one to be on the primary formulary, but that
25 doesn't mean that I don't have access to the others with

1 prior authorization and some paperwork as a provider that I
2 need to do. So, I think it's fair to say that our
3 beneficiaries have wide access to what is required for them
4 clinically.

5 Senator Blumenthal: What is the single most important
6 improvement that you could see being made in the health care
7 system, TRICARE?

8 Dr. Smith: For the overall system, clearly, we are in
9 a similar situation to the rest of the country, which is
10 being able to attract and retain our health care staff. And
11 we clearly have on the civilian side some constraints
12 because of the amount that we can actually pay. And so --
13 but my biggest issue is the personnel issues that we're
14 competing with everybody else in the country. And there's
15 clearly a substantial manpower shortage in the health care
16 industry.

17 Senator Blumenthal: Thank you. Thank you, Mr.
18 Chairman.

19 Senator Tuberville: Thank you, Senator Blumenthal.

20 I got a question for everybody. Take about a minute
21 each. We'll start with you, Mr. Reybold. What can
22 pharmacies. What role can they play in improving medication
23 and helping beneficiaries maintain healthier lifestyles?
24 You got about a minute.

25 Mr. Reybold: Yeah. Thank you, Mr. Chairman. You

1 know, retail pharmacies are amongst the most accessible
2 health care providers in the Nation, right? They're
3 accessible in inner cities, which can also have pharmacy
4 deserts, and they're absolutely some of the most accessible
5 providers in rural. And I think, you know, there's really
6 studies that show access to retail pharmacies improve
7 medication adherence and improve outcomes. And I think
8 leaning into that and leaning into all of the skill sets
9 that pharmacists have to do, makes a lot of sense from a
10 policy perspective. And it's going to improve outcomes,
11 improve medication adherence, and ultimately reduce costs.
12 That said, obviously I am not a pharmacist and would greatly
13 defer to Dr. Lansford in that regard.

14 Dr. Lansford: You know, I think that retail pharmacy
15 is special in this country, and in every State, in every
16 community, it is the most accessible place for people to go
17 and get the questions that they have answered. And we don't
18 -- it's an uncompensated component of health care that
19 there's no data on that happening, but it happens all day
20 long, every day. And one thing that I find really
21 compelling, you know, I've overheard that that ESI is
22 receiving a flat fee for their services on a drug that they
23 do not have to pay for, and I can't help but ask the
24 question what that fee maybe? I might take that deal
25 instead of Express Scripts if it were offered to me.

1 Senator Tuberville: Dr. Kautzner?

2 Dr. Kautzner: Mr. Chairman, we put a great deal of
3 effort into the clinical side of the work and in working to
4 help TRICARE beneficiaries, military families, and retirees.
5 And so, we would focus on continued focus on adherence and
6 helping patients ensure that they're able to refill those
7 medications from an automatic perspective so they don't have
8 to think about it. So, once they're on the drugs that work
9 for them, those drugs are going to continue to arrive either
10 from a mail order perspective or from a retail perspective.

11 One of the things that we've recently done as part of
12 this new contract with DHA is implemented a clinical
13 insights hub. So, with pharmacy being the most utilized
14 benefit, this hub allows us to go and preidentify patients
15 that have complex conditions where they may have the
16 potential to worsen with those conditions. We can then
17 intervene on that patient's behalf, help them be able to get
18 healthier and be able to prevent them from progressing with
19 a disease state. It's been a nice win for the organization
20 to work with DHA, and be able to truly help TRICARE
21 beneficiaries stay healthy and prevent conditions from
22 getting worse.

23 Senator Tuberville: Dr. Smith?

24 Dr. Smith: I agree with virtually everything that's
25 been said relative to making sure that -- and the

1 pharmacists are a critical component of making sure that our
2 beneficiaries are actually educated about the drugs that
3 they have along with, obviously, their providers. We also
4 work a number of their key to us working, for example,
5 antibiotics and making sure that we're putting them on the
6 right antibiotic to prevent unnecessary use of broad-
7 spectrum antibiotics, and I think everybody is aware that
8 there's a significant national and international problem
9 with multidrug resistance. And so, I think all of that, our
10 pharmacy community is actively engaged in helping us with.

11 Senator Tuberville: Thank you. Senator Warren.

12 Senator Warren: Thank you, Mr. Chairman.

13 So, I just want to dig in a little bit more on the
14 comparison between the mail order pharmacy price for a drug
15 and what an independent pharmacy charges. So, DOD and
16 Express Scripts say repeatedly, it's in all your stuff, that
17 the mail order program saves money. But DOD actually
18 reported data to Congress on this in Fiscal Year 2023.
19 That's the most recent we've got. So, Dr. Smith, did
20 filling a 30-day supply of generic drugs at Express Scripts
21 pharmacy cost DOD on average more or less than filling the
22 same prescription at a retail pharmacy?

23 Dr. Smith: Ma'am, I'm actually going to have to take
24 that one back for the record.

25 Senator Warren: You don't have to. I actually have

1 it. It's the DOD report on this, and the answer is Express
2 Scripts cost 12.5 percent more than the retail pharmacy when
3 you put them all together on the generic drugs 30-day
4 supply. So, I want to dig just a little bit into how that
5 could happen. Because the way you describe the business
6 model, it shouldn't be able to happen. So, where does the
7 money come from that goes to the different parties here?
8 And one is a flat administrative fee. We've been talking
9 about this flat administrative fee on every claim that its
10 mail order pharmacies process and one lawsuit. That's where
11 I got to look for data alleges it's \$17 that Express Scripts
12 gets every time they fill a prescription.

13 Let's look at the cost from the perspective of military
14 families. The TRICARE Express Scripts website claims
15 military families will save money by using mail home
16 delivery, and Federal law states that for all non-active-
17 duty TRICARE beneficiaries, the copay for a generic drug is
18 \$14 with mail order versus \$16 at retail. So, I'm sitting
19 there, military member and I say, okay, I get it. It's a \$2
20 difference. And the retail pharmacy is more expensive.

21 But let's pause for a minute. Lots of generic drugs
22 cost less than \$14, so DOD requires all of the other
23 independent pharmacies to use a lesser of requirements. So,
24 Dr. Lansford, under a lesser of requirement that's part of
25 your contract with DOD, if a drug costs \$3, how much do you

1 charge the patient, \$16 or \$3?

2 Dr. Lansford: Well, the pharmacy benefit manager would
3 decide that, and in this case, it would absolutely be the
4 lesser of \$3.

5 Senator Warren: That's right. So, you only get 3
6 bucks, right? If the thing costs 3 bucks, that is actually
7 the law that's in your DOD contract. But what about Express
8 Scripts? Well, I have an explanation of benefits right here
9 that shows that Express Scripts Mail Order pharmacies charge
10 TRICARE and the Federal Government -- oh, I'm sorry, charge
11 beneficiaries, the full \$14 copay even when the cost of the
12 drug is cheaper. So, there's a big difference in what the
13 customer is actually paying on the cheaper drugs.

14 Now, in addition to the customer's copay, we've just
15 done there's a Federal Government copay, maybe \$17, that's
16 the best I can tell from the lawsuit on every prescription
17 filled. So, that means a \$3 prescription, that it costs \$3,
18 can earn Express fees \$31, a \$14 copay from the customer,
19 from our service member, and then a \$17 administrative fee
20 from the Federal Government. Express Scripts is supposed to
21 save money for DOD, but it appears to me, I mean, we just
22 work the example here, and that's what your own data show is
23 that it costs more.

24 So, this raises the question that's really bothering
25 me, and that is it goes back to what Senator King was asking

1 about -- and that is why on earth is DOD requiring vertical
2 integration so that the very company that's supposed to be
3 doing the managing also owns this pharmacy that is competing
4 with our independent pharmacies. And in fact, we've got the
5 data charging more, at least in some of the cases, charging
6 both our service members more and charging our Federal
7 Government more. Do you think, Dr. Smith, that maybe it is
8 time for DOD to revisit this requirement of vertical
9 integration, and in fact, considering saying, no, you only
10 work for the Federal Government and there is no vertical
11 integration. That is, you do not own your own pharmacy at
12 the same time that you're trying to manage pharmacy claims
13 for the United States Government.

14 Dr. Smith: Ma'am, the -- using the generic example is
15 a little bit problematic because the real cost drivers are
16 the brand name drugs and the specialty drugs over -- I
17 believe it's 50 percent -- 56 percent of my costs come from
18 1 percent of the prescriptions.

19 Senator Warren: Look --

20 Dr. Smith: Let me just say, I do think that the
21 generic question needs to be looked at. I frankly will have
22 to take for the record to figure out why we don't decrement
23 the cost of the drug part of the -- but of course, when
24 you're mailing it, there is a cost associated with the
25 mailing, et cetera, that we have to work through. The other

1 thing is, as I've said multiple times, and hopefully, you
2 recognize we have to go with TAA-compliant sources. So,
3 Kuban doesn't need to do that, we do.

4 Senator Warren: I'm sorry, maybe I wasn't clear in my
5 question, Dr. Smith.

6 Dr. Smith: I'm sorry, I may have --

7 Senator Warren: No, no, it's my fault. I'm just
8 trying to ask do you think maybe it's time to revisit
9 whether or not the person or the entity that manages
10 prescription drugs does not also own a competing
11 prescription drug dispensary that competes with every
12 independent pharmacy in America and creates incentives to
13 prefer your own subsidiary over all of the independent
14 pharmacies out there. Do you think it's time, maybe just
15 for DOD to rethink that? You're getting ready to
16 renegotiate a contract here.

17 Dr. Smith: Ma'am, we're always willing to look at how
18 we can do this better, and certainly, we can look at it.
19 But most of what ESI is doing, quite frankly, is how we have
20 set it up and what we've told them to do it and perform it
21 as. So, I think it's reasonable for us to look at it. We
22 clearly will. I still -- because of the way our contract is
23 set up, I don't get the issue that clearly we need to have
24 more discussion on relative to conflict of interest, because
25 we're the ones that are driving people to go to the retail.

1 All our rule sets say you need to go to retail for brand and
2 specialty because it's dramatically cheaper through mail
3 order than it is via the retail network.

4 And so, and that's why, for example, with Accredo, the
5 specialty provider that is an affiliate of Cigna, that is
6 the owner also of Evernorth, we make 92 percent of those
7 come through us because we buy the drugs rather than the
8 specialty provider, but happy to look at the system and see
9 for our next contract whether there is a better way to set
10 it up.

11 Senator Warren: Dr. Smith, let me just say it may be
12 cheaper to do some things by mail. I fully understand that.

13 Dr. Smith: Dramatically.

14 Senator Warren: But I do not know why it is that the
15 company that is administering how we're going to get
16 prescription drugs out to our people and how they're going
17 to get reimbursed for it, needs to own the mail order
18 pharmacy and be in direct competition with every individual
19 pharmacist out there, and have an incentive to drive all of
20 our prescriptions in a way that will maximize profits for
21 this company if we're not in alignment on that central
22 question. I just don't know how we go forward here, but
23 thank you for having this hearing today. We need
24 independent audits and we need to rethink these DOD
25 contracts.

1 Senator Tuberville: Senator King, you got any other
2 questions?

3 Senator King: No, sir, but thank you.

4 Senator Tuberville: You sure? You look like you got
5 something on your mind over there.

6 [Laughter.]

7 Senator King: I'm sitting here thinking, what if these
8 guys didn't have the mail order pharmacy, but they owned
9 CVS? Would it make sense to have them administering this
10 program for all these other pharmacies around the country,
11 if they also own CVS? I mean, you don't have to define what
12 I mean. The conflict is obvious, and it seems to me you're
13 basically saying we've got this company and we're hiring
14 them to help us distribute drugs, but they also have their
15 own distribution. I mean, to me, Doctor, or Admiral, the
16 conflict is obvious. It's just I don't want to -- we've
17 beaten this horse pretty hard, but I don't understand.
18 Again, I'm coming to this as sort of a novice, but the model
19 makes no sense. What if they own CVS? Would that be okay?
20 They own CVS, and they also deal with all these independent
21 contractors.

22 Dr. Smith: At the end of the day, frankly, what we are
23 most interested in is making sure that our beneficiaries
24 have great access and that we are saving the taxpayer money.

25 Senator King: And I applaud you for that. That's

1 exactly what the mission is.

2 Dr. Smith: The question I would hope so, sir.

3 Senator King: The structure of this contract serves
4 those purposes. That's the question.

5 Dr. Smith: I think there's a need to prove that it
6 doesn't.

7 Senator King: I hope you will. Thank you. Thank you,
8 Mr. Chairman.

9 Senator Tuberville: We're going to give everybody
10 about a minute closing arguments. Mr. Reybold, we'll start
11 with you.

12 Mr. Reybold: Yes. Thank you, Mr. Chairman.
13 Obviously, a lot to go over here. I would absolutely echo
14 the points of Senator King and Senator Warren with regard to
15 the vertical integration. It's funny how it always works
16 out to cost beneficiaries more, harms retail pharmacies, but
17 boy ESI's Mail Order Pharmacy comes out looking pretty good.
18 The other thing I want to talk about really quickly, just to
19 record set is Federal Code absolutely provides that the
20 Federal Government gets the same discounts, whether they're
21 filled with mail order or whether they're filled at retail,
22 they get those same discounts. And so, I think that's
23 really important to preserve in the record. Mail order
24 isn't getting better discounts than retail pharmacies, and
25 again, like that's so important because that gets lost here.

1 Lastly --

2 Senator Tuberville: The price is the me.

3 Mr. Reybold: It means the price is the same, right?

4 And so, I'd absolutely push back on that.

5 The last thing that I would say, and I'll say it really
6 quickly is, yes, the Department of Defense contract bars,
7 literally bars fees, rebates, discounts specific to
8 processing TRICARE prescriptions. That's what the contract
9 said. It was in a court filing filed by the Ohio attorney
10 general for anti-competitive practices against Express
11 Scripts. That's what it says. But what we know Express
12 Scripts does is they negotiate aggregate discounts, non-
13 claim specific discounts from drug manufacturers, from
14 pharmacies, administrative fees from pharmacies. They are
15 engaging in aggregate pricing that allows them to continue
16 to capture revenue from what is one of their biggest
17 clients, and that is the Federal Government and this TRICARE
18 program. They're finding multiple ways to leverage that and
19 to recoup money. Are they negotiating claim specific
20 discounts? No, but boy, I'll bet you that if there's an OIG
21 audit, they're going to absolutely find that money there.
22 And if I were the Federal Government, if I were DHA, if I
23 were any one of Express Scripts commercial clients, I would
24 be running to an auditor, based on what we've seen here
25 today and based on the contract language that you provided.

1 Thank you.

2 Senator Tuberville: Dr. Lansford?

3 Dr. Lansford: Chairman Tuberville, thanks again for
4 the opportunity to testify. There's a lot of layers to
5 this, and something that is just apparent to me with my
6 colleagues is that we have a strong desire to serve these
7 people. We want to be there for them. We used to be able
8 to be there for them, and we want to be there for them
9 again. All we expect is reasonable reimbursement in that
10 process. And whenever I hear the admiral say: well, there's
11 an expense to mailing it. I think there's an expense to the
12 other components of delivering the drug within my pharmacy
13 as well that do not get accounted for in terms that are sent
14 to me. And, you know, we just want a fair shake at it.
15 That's all we want. We just want a fair deal to be able to
16 provide service to these members. Thank you.

17 Senator Tuberville: Thank you. Dr. Kautzner?

18 Dr. Kautzner: Mr. Chairman, thank you for the
19 opportunity today to be able to testify. I would first
20 point to again, our organization is proud to serve the men
21 and women of the military, military families, and retirees.
22 We get up every day to ensure that we can do that on the 200
23 plus million prescriptions that we service for them every
24 single year. We've been doing this for over 20 years and
25 hope to do it for many years to come. It is a passion of

1 our organizations.

2 If we look at the facts, 98 percent of beneficiaries
3 have a pharmacy within 15 minutes of their home exceeding
4 DHA standards. We focus on service. 90-plus percent
5 beneficiary satisfaction is high with the TRICARE benefit
6 and the services that we provide. If we look at the
7 savings, we are providing to date, given this contract, over
8 \$140 million of savings that has gone back to the government
9 for other real defense components that they can utilize
10 those dollars for. This agreement is 100 percent pass-
11 through. We do not retain that \$14 that is collected at the
12 mail order pharmacy. That goes back to DHA. Those
13 components, again, are misunderstood.

14 Appreciate the time today though and behalf on behalf
15 of the over 1,000 veterans that work for our company. Proud
16 of the opportunity today to be able to testify, and proud of
17 what we do each and every day, getting up to ensure that we
18 take care of our servicemen and women.

19 Senator Tuberville: Thank you. Dr. Smith? Admiral,
20 General.

21 [Laughter.]

22 Dr. Smith: Admiral, sir. Chairman Tuberville, and
23 Ranking Member Warren, along with Senator King, I appreciate
24 the opportunity to testify today. I do think that this is a
25 high quality, very good contract that we actually are saving

1 significant amounts of money for the taxpayer, but most
2 importantly, doing a remarkably good job in a complicated
3 system, taking care of our beneficiaries, and making sure
4 that they get the access and the support for whatever their
5 pharmaceutical needs are. So, we appreciate the opportunity
6 and the various questions. And, once again, thank you for
7 the opportunity.

8 Senator Tuberville: Thank you. Very complex issue.
9 One day, I think even a football coach might be able to
10 understand all of it. I don't know whether I can or not,
11 but it is pretty complex. It kind of reminds me of one of
12 my favorite movies, Cool Hand Luke. What we have here is a
13 failure to communicate in a lot of areas, and a lot of that
14 is a lot in politics and in Federal Government. But thanks
15 to all of you for being here. And hopefully, we got
16 something out of this, and maybe we can do it again and
17 continue to try to work out all the kinks, but we appreciate
18 all of you being here. We really do.

19 Thank you very much. We're adjourned.

20 [Whereupon, at 4:03 p.m., the hearing was adjourned.]

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42:1	60:18	45:11	2025	4
\$100	\$6.5	15-minute	12:1	
33:23	12:1	11:4, 8	2026	4
35:7, 19	\$70	32:16	11:1	14:16
37:10, 22	33:22	16,000	2027	45
\$130	35:9	15:23	7:9	46:18
37:22	37:10, 21	16,000-plus	2029	46,000
\$14	\$9	32:10	48:15	11:9
41:19, 25	19:5 47:8	18,000	2030	15:19
42:14	1	43:23	7:12	32:4
45:13, 16		2	285,000	4:03
46:8	1		27:10	69:20
59:18, 22	1		3	5
60:11, 18	61:18	2		
68:11	1,000	7:3	3	50
\$140	42:6	20	6:16, 18	61:17
68:8	68:15	35:24	60:5, 6	500
\$16	1,500	36:11	3.5	42:5
41:20	23:6	67:24	34:17	56
59:18	100	200	37:12	61:17
60:1	37:17	41:22	30	6
\$17	68:10	43:21	41:20	
59:11	11,000	67:22	30-day	6
60:15, 19	11:10	2018	24:12	27:3
\$18	15:21	24:11, 19	58:20	60,000
26:1	32:5	41:10	59:3	31:25
\$2	12.5	46:3	30-minute	600
11:1	59:2	2022	11:9	42:6
59:19	13,000	18:25	35,000	65
\$22	24:14, 24	24:13, 19	11:6	46:10
10:25	41:7, 8	34:14	37	
\$3	15	41:4, 10		
59:25	15:22			
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7	A			
7,000 18:24	ability 26:16 51:21	abroad 19:20	accountabl e 15:7	acutely 19:13
70 9:20	able 18:9 19:20, 25 34:25 38:15 54:8, 9 55:10 57:6, 17, 18, 20 59:6 67:7, 15, 19 68:16 69:9	absolutely 23:18 26:6, 13 29:3 46:10 50:3 56:4 60:3 65:13, 19 66:4, 21	accounted 67:13	Adam 14:1, 5
8			Accredo 63:4	addition 60:14
85 24:11 46:4		access 11:2 12:8 14:12, 17, 21 15:8, 12, 18 16:7 18:16, 22 20:21 25:1 32:23 40:22 46:17, 21, 25 47:24 48:7 50:7 51:5, 8, 18, 22, 25 53:16 54:25 55:3 56:6 64:24 69:4	accuracy 50:20	additional 19:2 30:6
9			across 11:24 15:11 16:2 23:11 36:10 47:12	Additional ly 25:11 43:24 50:7
9 24:20, 21 41:9			active- duty 18:8	address 12:10
9.5 12:4	about 24:20 25:5 27:5, 6 30:3 33:25 35:24 36:10, 11 40:14 46:21 47:12, 23 48:6 49:10 50:4 55:20, 24 57:8 58:2 59:9 60:7 61:1 65:10, 18		actively 58:10	addressed 48:1
90-plus 68:4			actual 43:2 52:1	addresses 49:16
90s 50:22		accessible 52:3 56:1, 3, 4, 16	actually 24:3 30:12, 16 34:10 44:15 45:4 46:24 49:18 51:10 55:12 58:2, 17, 23, 25 60:6, 13 68:25	addressing 9:16
92 63:6		according 16:9 24:8		adequate 20:15
95 11:5				adherence 56:7, 11 57:5
98 11:7 15:21 32:16 68:2	above 31:5			adjourned 69:19, 20
99 11:8				adjudicate 43:21 52:23
				adjust 34:21 38:5 49:16

admin 42:14, 15	affect 53:10	agree 39:4 57:24	53:9 54:20 56:8, 19 58:9, 16 59:3, 16, 22 62:13 63:1, 19 64:10, 20 67:9, 15 69:10, 15, 17, 18	40:10
administer 36:15	affected 40:22	agreement 26:8 51:12 68:10	alleges 59:11	also 7:11 19:15 20:18 27:11 29:20 30:4 31:11 39:11 41:1 42:14 43:1, 25 44:3 45:2, 9 46:4 49:20 50:11 52:21 54:21 56:3 58:3 61:3 62:10 63:6 64:11, 14, 20
administering 9:25 37:17 63:15 64:9	affiliate 63:5	Air 18:7	allowance 19:2	
administrative 10:5 29:17 34:3 40:2 59:8, 9 60:19 66:14	after 6:22 19:2 30:6 31:18 34:22 35:6, 9 36:9	Airman 19:14, 20	allowed 6:21 20:17 23:14	
administrator 10:1 42:25	again 7:21 12:10 24:1 41:25 45:10, 14 64:18 65:25 67:3, 9, 20 68:13 69:6, 16	aligned 10:16	allowing 42:19	
admiral 9:1 48:22 49:5, 6, 8 52:8 64:15 67:10 68:19, 22	alignment 63:21	alive 26:3	allows 57:14 66:15	
admissions 36:14	all 7:7 9:20 11:5, 24 18:24 19:7, 24 25:9 27:14 29:13 30:5, 7 31:12, 23 33:1, 18 34:4 36:5, 20 37:3, 9 38:10 45:12 46:16 47:10 48:21 49:21 51:3, 25 52:19, 21	against 66:10	almost 18:24 19:5	
admit 36:14	agency 9:2, 22 11:13 14:9 15:2, 4, 20 24:8 29:14 53:13	agency 9:2, 22 11:13 14:9 15:2, 4, 20 24:8 29:14 53:13	along 49:16 58:3 68:23	
advantage 31:9	aggregate 34:18 35:23 66:12, 15	agency 9:2, 22 11:13 14:9 15:2, 4, 20 24:8 29:14 53:13	alongside 9:6	
adversary 28:1			already 18:21 32:15 33:19 37:7, 21	
				America 27:21 62:12 American 7:17 23:2, 5 37:5 among 9:18

amongst 56:1	anybody 27:7	52:15 68:14, 23 69:5, 17	57:9	60:25
amount 55:12	anymore 19:18 20:3	approach 12:11	as 9:14, 16 10:9 11:3 14:6, 15 16:13 18:10 32:11, 13, 14 35:11 39:23 41:6 42:1, 5 44:11 46:3, 4, 9 50:1, 15, 18 51:8, 21 52:2, 25 53:8, 19 54:9, 18 55:1 57:11 62:1, 21 64:18 67:13	aspects 40:3
amounts 69:1	anything 24:16 28:10 29:16 48:25	approaches 12:8		assess 51:20, 23
annual 6:25 46:1		approximat ely 23:6		assessment 50:14
another 10:9 33:4 37:4	anyway 49:4	area 12:6 48:7, 8 52:16		Assistant 6:22
answer 35:1 38:4 59:1	anyways 18:10	areas 32:19 69:13		associated 61:24
answered 56:17	AP0 49:15	arguments 65:10		at 7:7 8:4 10:6, 7, 21 11:4 15:11 19:19 24:3, 5, 10, 17, 18 25:20 27:11 28:3 33:15 34:16 35:14, 18 36:3, 6 40:13 41:9, 25 42:4, 8, 13 45:20 46:2, 3, 8, 10, 11 47:11, 15 50:20 51:13 52:3 58:20, 22 59:13, 18 61:5, 11,
answering 12:13	apparent 67:5	arm 45:2 47:4		
anti- competitiv e 66:10	Apparently 46:20	around 16:3 24:13, 24, 25 32:23 36:4, 9 49:4 53:14 54:11 64:10	ask 27:20 32:25 35:16 49:9 53:19 54:14 56:23 62:8	
antibiotic 19:22 58:6	appear 14:5	arrangemen t 38:8, 12 44:6 45:14	asked 6:16 31:18 41:4	
antibiotic s 58:5, 7	appears 60:21	arrive 19:24	asking 35:6 49:24	
any 9:9 15:24 19:2, 6 27:21, 22, 23 34:14 36:13 48:18 53:8 64:1 66:23	applaud 64:25			
	apples 46:14			
	apply 6:9			
	appreciate 12:12 34:23 37:16 39:21 42:18			

21 62:17, 18, 21 63:8 64:22 65:21 67:14 68:2, 6, 11 69:20	authorized 30:2	base 18:8 19:23	52:1 54:6 55:12 59:5 61:15 62:22, 24 63:2, 7 65:25	18:13, 22 23:21 24:7, 21 25:1 32:12, 16 38:16 42:3, 11 44:15 46:5, 8 52:18 53:18 55:3, 23 57:4, 21 58:2 59:17 60:11 64:23 65:16 68:2 69:3
attorney 49:1 66:9	automatic 57:7	based 11:24 29:25 66:24, 25	become 40:12	
attract 55:10	average 19:1 24:9, 12 58:21	basic 29:10	before 6:24 7:22 9:5 14:5 18:5 19:5, 6, 15 27:19	
audit 7:9 20:21 26:7 36:25 37:4 38:13, 21 39:4, 13, 15, 17 46:20, 24 66:21	awarded 19:3	basically 29:12, 24 42:24 47:12 64:13	began 14:15	
	aware 28:11 48:2 54:18 58:7	basis 31:11	begun 7:11	beneficiary 15:1 24:2 32:23 40:22 44:17 45:8 46:9 68:5
	away 26:16	Bass 6:22	behalf 14:8 32:3 57:17 68:14	
	B	bear 41:16	Behind 15:14	benefit 9:10, 17 10:1, 2 11:23 12:4 15:1 33:14 37:1 43:23 50:10 51:1 53:24 57:14 60:2 68:5
	back 30:3, 10 31:3 34:25 37:11, 15, 22, 23 38:10, 22 58:24 60:25 66:4 68:8, 12	beaten 64:17	believe 6:12 7:6 28:14 61:17	
auditor 66:24	background 27:10	because 8:6 25:19 27:25 28:1, 6 29:2, 11 31:7, 21 32:20 36:1, 21 41:15 42:21 44:14, 19 45:19 46:1, 6 47:15 50:15 51:18	below 19:1	
audits 6:10 63:24	balance 47:15		beneficiar ies 11:5, 7 12:5 14:8, 21, 25 15:18, 21 16:4, 7	
auspices 24:15	bars 66:6, 7			
authority 10:20				
authorizat ion 11:22 55:1				
authorizat ions 52:20				

benefits 9:9, 25 12:9 42:25 60:8	bilk 39:10, 18	48:4 61:6	27:25	43:25 44:5, 9 45:4, 9, 15 47:15, 19 48:23 49:5, 24 50:11 51:9 52:7 54:10, 21, 24 55:13 56:19, 23 58:17 59:21 60:7, 21 61:23 62:19 63:8, 14, 22 64:3, 8, 14, 17, 18 65:16 66:11, 20 69:1, 11, 14, 17
best 15:11 18:14, 23 29:1 42:8, 9 47:18 50:13 60:16	billion 10:25 11:2 12:1	bothering 60:24	built 29:20	58:17 59:21 60:7, 21 61:23 62:19 63:8, 14, 22 64:3, 8, 14, 17, 18 65:16 66:11, 20 69:1, 11, 14, 17
bet 66:20	billions 39:16	bought 29:13	bumped 51:10	buy 27:21, 25 28:3, 5, 9, 14 31:12 44:22 51:11, 13 63:7
better 27:3 29:22 42:12 49:21 62:18 63:9 65:24	bills 30:16 33:23	bound 37:14	buried 26:10	buying 30:19 42:23
between 7:1 24:14, 19 37:9 41:10 58:14	bit 25:5 44:25 46:17 58:13 59:4 61:15	boy 65:17 66:20	business 6:6 27:8 29:20, 21 38:16 40:17 43:13 44:3, 11 45:11, 12 59:5	buys 43:14
block 42:10	Blumenthal 52:10, 11 53:4, 10, 19 54:14 55:5, 17, 19	brings 14:19 30:3	business's 19:7	by 9:22 10:3 15:20 18:20 19:13
bid 33:8 48:10	bodies 26:10	broad 53:16	businesswi se 45:11	
big 60:12	body 28:23	broad- 58:6	but 6:12, 14 8:1, 5 23:24 25:2, 6 27:16 28:3, 17 29:12 30:6 31:11 32:15 33:18, 22 34:10 36:8 37:8 39:9, 13, 15 41:17, 23, 25 42:4, 7, 19	
biggest 27:12 35:25 55:13 66:16	bonus 17:1	broader 32:15		
	books 25:23 26:3	broadest 15:10		
	both 15:4 29:4, 20	Brunswick 44:5		
		bucks 60:6		
		budget 28:19		
		build 15:10		
		building		

24:11	24:22	certainly	46:16	44:22
25:3	27:7, 8	26:11	changes	choice
26:17	40:10	32:19	19:17	20:23
29:13, 16	48:5	48:2	40:3	25:2
30:23	54:17	50:22	54:15	26:15
37:3 41:5	55:6, 10,	62:18	changing	choices
43:7	15 56:2,	cetera	53:24	18:22
44:18	18 68:18	45:16	charge	choose
46:3, 21	69:3	61:25	6:3 60:1,	18:13
47:8	career	chain	9, 10	46:5
48:22	14:15	27:13	charges	54:24
53:5, 9	caregiver	28:18, 21	58:15	choosing
59:15	19:15	47:13	charging	23:22
63:12	carry	50:6	61:5, 6	24:22
66:9	54:13	chairman	cheaper	chose
C	case	6:20 7:21	24:1, 4, 6,	20:10
call	44:10	9:3 14:3	7, 9, 11	chosen
25:10, 11	53:2 60:3	18:3 23:3	28:8	32:11
49:2, 6, 8	cases	26:18	31:8, 13	Cigna
Cannon	52:25	27:9	42:4	63:5
18:7	61:5	33:12	44:14, 17,	circumstan
cannot	catastroph	39:21	22 46:2,	ces
10:7, 10	ic	40:24	11 60:12,	39:20
capabiliti	19:7	42:16, 18	13 63:2,	cities
es	caught	48:16, 21	12	56:3
49:11	33:18	52:7, 11	checks	city
capability	36:24	55:18, 25	43:23	36:13
51:21	37:7	57:2	child	civilian
capture	ceiling	58:12	15:15	9:24 10:8
66:16	41:25	65:8, 12	19:22	55:11
care	central	67:3, 18	23:13	claim
14:2, 7	63:21	68:22	China	6:9 34:3,
15:7	cents	challenges	27:21	22 59:9
18:16, 22	19:1	40:1, 20,	28:6	66:13, 19
19:8, 11,	46:10	22	51:14	claims
13, 18	certain	chance	Chinese	37:8
20:8	23:20	23:23	28:9	
		change		
		20:4 32:9		

50:20	26:12	30:9	27:12	36:11
59:14	closely	44:17	33:5, 17,	45:15
61:12	48:5	65:17	23 35:4	57:15
clarify	closing	coming	36:12	69:8, 11
6:7	40:15	51:14	39:5 43:8	compliance
classes	65:10	64:18	45:3	44:21
54:21	Clovis	commercial	46:22	47:1
clause	18:7	29:20	47:2 61:2	compliant
38:23	coach	42:12	63:15, 21	28:15
clawbacks	69:9	66:23	64:13	51:13
35:2	Coast	committed	68:15	complicate
clear	47:23	6:24	comparable	d
31:5	code	16:12	47:12	23:17
39:18	24:1	committee	comparison	29:11
48:7 62:4	41:16, 17,	6:15 7:8	44:24	69:2
clearly	21 65:19	9:4	58:14	comply
44:24	cognizant	11:20, 21	Compass	38:20
47:17	50:11	23:4 27:4	37:1	39:5
48:4	colleagues	30:4 39:3	compelling	complying
50:5, 11	9:6 67:6	42:20	56:21	38:13
51:7	collected	49:25	competes	component
55:8, 11,	68:11	54:19	62:11	50:1
15 62:22,	Collective	commonly	competing	56:18
23	ly	10:3	20:18	58:1
clients	16:6	communicat	55:14	components
25:25	combine	e	61:3	67:12
66:17, 23	36:13	69:13	62:10	68:9, 13
clinical	come	community	competitio	n
52:19, 21,	19:21, 25	18:8, 10,	63:18	18:17
24 53:17	31:3	15 20:7	competitiv	e
54:11	54:20	40:19	ely	comprehens
57:3, 12	59:7	56:16	33:8	ive
clinically	61:17	58:10	competitor	9:9 12:3
55:4	63:7	companies	s	35:1
clock	67:25	31:4	6:6 41:8	compromise
52:6	comes	33:13	complex	40:10
close		company		
		6:1 7:19		

concentrating 46:15	38:25 39:3, 6 45:18 50:25 58:18	continued 12:8 57:5	54:11 57:12 59:25 60:7 62:16, 22 63:9 65:3 66:6, 8, 25 68:7, 25	controls 10:9
concern 12:7 46:17 47:6 54:1	consequences 19:12 20:19 53:23	continues 12:7		convenience 49:14
concerned 47:22		continuing 28:9		convenient 14:21 31:10
concerns 9:19 19:17 28:14 47:7 53:23 54:3	considering 61:9	continuous 16:13	contracted 43:6	cookie 37:8
conclusion 7:5 12:3	consistent 14:24	contract 6:1, 8, 17, 23, 25 7:5, 10, 11, 13 9:16, 24 10:11, 23 11:3 18:20 19:3, 10, 12 20:4 26:11 29:5, 21 32:3, 4, 5, 7, 13, 18, 20 33:3, 4, 8, 13 34:2, 3, 7, 8, 9, 10, 11, 12 35:4, 11, 12, 20, 22 36:21, 23 37:17 38:8, 23 39:9 40:12 42:22, 23, 24 47:1 48:10 50:23 52:15	contractor 9:23 10:5, 6, 15, 19 11:3 20:17, 19 53:8, 16	Cool 69:12
conditions 57:15, 16, 21	consisting 23:6		contractor s 64:21	Cooperative 23:2, 6
conduct 6:20, 25	consists 11:9		contracts 6:11 16:10 35:17 36:17, 25 63:25	copay 30:22, 25 41:19, 20 46:8 51:16 59:17 60:11, 14, 15, 18
conflict 20:23 44:4 62:24 64:12, 16	constraint s 55:11			copays 45:17
conflicts 20:10	Consulting 46:24		contractual 11:10 45:14	copy 34:12
confusion 20:1	consumer-mandated 31:15		contractually 37:14	corner 36:13
Congress 10:20 14:23, 25 20:20 30:23	continuall y 51:9		control 11:11	correct 20:20
	continue 8:4 15:24 16:15 19:9 46:5 57:9 66:15 69:17		controllin g 16:8	correctly 35:22
				cost 11:12, 16 12:6 15:1 16:11

19:1	16:2 23:7	23:18	DAVID	9, 13
23:22	31:24	currently	9:1	54:11, 12,
24:4, 7, 15	32:1 44:5	11:6	day	15
37:22	55:9, 14	15:18	14:14	decreased
42:14	56:15	customer	15:7	16:10
46:9	64:10	50:21	18:16	51:8
51:15	course	60:13, 18	28:4	decrement
58:21	46:13	customer's	56:19, 20	61:22
59:2, 13,	61:23	60:14	64:22	dedicated
22 60:11	court	cutting	67:22	28:20
61:15, 23,	25:11, 16	17:2	68:17	defense
24 65:16	36:14	CVS	69:9	9:2, 22
Costa	66:9	64:9, 11,	days	11:13, 20
25:7	cover	19, 20	41:20	14:9
costs	32:15		deal	15:2, 3, 20
10:18	coverage	D	56:24	29:14
14:23	14:24		57:2	53:13
16:8	33:15	damning	64:20	66:6 68:9
31:13	54:15	25:18, 19	67:15	defer
45:17, 19	covered	41:11	dealing	56:13
56:11	11:19	data	33:19	define
59:25	15:3	7:4 20:15	35:17	64:11
60:6, 17,	35:11	23:25	deals	defining
23 61:17	crazy	24:19	42:12	10:4
could	45:23	42:4, 10	47:14	definition
18:13	creates	44:16	decide	47:8
28:7	62:12	45:25	30:18	deliver
33:3, 4	criteria	46:12	60:3	9:8 15:16
44:10	11:23	47:16	decides	16:6 20:7
55:6 59:5	50:19	56:19	20:11	delivered
couldn't	52:4	58:18	decision	20:8
34:14	critical	59:11	31:20	delivering
53:12	16:9 50:3	60:22	39:24	15:17
counter	58:1	61:5	40:1	67:12
20:1	cull	date	53:10	delivery
counting	24:14, 24	68:7	decisions	9:13
15:15	current	Dave	52:13, 19,	14:20
country		48:25	21 53:5,	
9:9 15:11				

18:17	deployment	38:10, 25	differenti	discount
59:16	49:17	39:6 41:3	al	29:22
demonstrat	DEPUTY	46:20	47:7	discounts
ed	9:2	52:17, 18	differentl	30:5, 6
51:21	describe	53:9, 13	y	37:4
Department	59:5	54:12, 15	25:9	52:22
9:8 10:24	descriptio	57:12, 20	32:20	65:20, 22,
11:19, 21	n	66:22	difficult	24 66:7,
12:7	38:2	68:4, 12	18:21	12, 13, 20
14:22	deserts	DHA's	dig	discuss
16:4, 6	46:19	24:18	58:13	16:14
32:3	56:4	45:25	59:4	discussed
49:12	deserve	DHS	direct	52:25
66:6	21:1	23:25	30:16	discussing
Department	24:23	diagnosed	63:18	7:20
's	design	14:16	direction	discussion
6:23	15:6	difference	40:7	28:13
depend	desire	25:16	directions	62:24
14:10	67:6	28:16	34:4	disease
19:13	despite	29:24	directly	57:19
dependenci	23:25	30:7	9:17	dispensary
es	desserts	33:24	10:18	62:11
28:12	48:4	37:9	29:15	dispense
dependents	detail	59:20	30:9	53:1, 3
18:9	9:14	60:12	37:11	dispensed
depending	determines	difference	DIRECTOR	10:21
28:16	11:18	s	9:2	11:12, 17
depends	15:1, 2	different	disabled	15:4
32:18, 21	develops	7:6, 7	19:14	dispensing
51:7	11:21	9:24 25:8	disagree	43:17
deploy	DHA	28:17	45:25	dispute
49:16	9:25	29:11	disagreeme	46:10
deployable	10:5, 16,	38:1	nts	disputes
50:9	17 11:2	51:18	27:2	46:12
deployed	12:3 26:6	52:17	disclose	disrupting
19:20	37:17	59:7	6:25	53:22

disruption	22, 25	14:1, 3	18 55:8	25 10:17,
54:16	60:7, 21	16:17	56:13, 14	18 11:19
distinct	61:1, 8	17:2	57:1, 2,	14:22
30:7	62:15	18:1, 3, 5	23, 24	19:1, 24
distinguish	63:24	21:2 23:8	58:19, 23	25:23
hed	DOD's	25:7	59:24	26:16
9:4, 6	6:17	27:19, 23	60:2	30:21
23:4	doing	28:2, 11,	61:7, 14,	31:11
distribute	28:17	22, 25	20 62:5,	33:15, 22,
64:14	33:18	29:3, 10	6, 17	23 44:3,
distributi	36:24	30:12, 15,	63:11, 13	17 45:2,
on	41:23	20, 21, 23	64:22	5, 20 50:8
44:2, 3	47:13	31:1, 9,	65:2, 5	52:22
45:2, 6	50:18	17, 22, 23,	67:2, 3,	54:6, 9
50:4	61:3	25 32:4,	17, 18	56:22
64:15	62:19	6, 10	68:19, 22	58:14
DLA	67:24	33:2, 7	drag	59:17, 25
49:22	69:2	34:19, 23	39:16	60:12
doctor	dollars	35:11	dramatical	61:23
48:22, 23	7:15	36:5	ly	62:11
64:15	10:14	37:10, 11,	63:2, 13	66:13
document	15:9 37:3	16, 20, 22,	drasticall	drug-by-
34:24	39:11, 16	25 38:7,	y	drug
36:1	68:10	10, 15, 20,	19:3	44:23
DOD	done	25 39:5,	draw	drugs
6:7, 12,	51:23	23 40:6	7:5	6:18
14, 18	53:9	42:24	drive	10:7, 21
7:4, 5, 10,	57:11	43:6, 10,	10:10	11:16, 21
12, 15, 16,	60:15	13, 14, 20	11:4, 8, 9	27:15
17 34:1,	down	19 45:4,	19:21	28:3, 9,
4, 5, 8, 10	17:2	15 46:13,	32:16	15, 24
35:7	19:19	23 47:4,	63:19	29:8, 9, 13
36:22	30:3 35:9	11 48:2,	drivers	30:19
37:8, 11,	52:6	12, 14, 25	61:15	31:12, 17
15, 21, 24	Dr	49:4, 5, 13	driving	43:14
39:7	8:1, 7	50:3, 16,	62:25	44:2 45:7
58:15, 17,	9:1, 3	19 51:6,	drug	47:13
21 59:1,	12:14	19, 25	6:4 9:10,	49:18, 21
	13:1	52:12, 15		51:11, 22
		53:7, 12		53:14, 15
		54:2, 14,		

54:5, 7, 20, 21, 23 57:8, 9 58:2, 20 59:3, 21 60:13 61:16 62:10 63:7, 16 64:14	easy 38:4	encountere d 54:1, 2	26:14	34:25
due 10:11 36:5	echo 65:13	end 8:4 48:9 64:22	envisioned 51:2	even 32:14, 20 42:6, 9 53:21, 25 60:11 69:9
dump 19:25	educated 58:2	ends 47:19	ESI 19:3 20:10, 11, 14 42:8, 23 56:21 62:19	ever 27:22
during 6:23	effects 54:7, 23	engage 6:5 26:6 35:2 37:25 38:3	ESI's 19:12 24:4, 19 42:13 46:11 65:17	Evernorth 9:23 11:16 14:2, 7 29:6 30:9, 12 32:9 46:25 47:3, 14, 20 63:6
duty 59:17	effort 57:3	engaged 58:10	especially 49:3 54:4	Evernorth'
E	efforts 28:18, 20	engaging 41:14 66:15	essentiall y 10:13 36:10 41:17	s 31:3
each 19:16 20:5 33:8 55:21 68:17	elderly 19:24	ensure 12:8 15:12 16:1 19:17 52:23 57:6 67:22 68:17	establish 20:23	every 7:14 14:14 15:7, 14 19:5 23:22, 23 28:4, 23 37:23 38:5, 22 40:9 43:24 44:10 45:13 54:21 56:15, 20 59:9, 12 60:16 62:11
earlier 40:25	else 28:10 33:4 55:14	ensures 10:15 11:23	establishe d 11:15 14:24 16:12 50:25	
earn 60:18	else's 31:7	ensuring 14:12 15:8 54:5	establishe s 11:2	
earned 12:9	employee 25:15, 22, 24 36:18 37:1	entity 62:9	et 45:16 61:25	
earth 24:13 61:1	employees 27:10	entrenched 23:19	evaluate	
easier 18:16	employer 9:9 52:17			
	employers 10:3			

63:18	7:17	14:1, 6	40:1	24:2 50:9
67:22, 23	46:14	18:11	faces	far
68:17	execute	23:12, 23	40:20	42:12
everybody	15:6	24:10, 13,	facilities	fast
27:17	exercises	23 25:2,	20:14	41:17
55:14, 20	37:12	3, 6, 9, 12,	51:2	faster
58:7 65:9	exist	15, 21	facility	50:10
everything	40:11	26:4, 16	9:12	fault
27:16	expansive	29:5	43:18	62:7
50:20	26:7	30:24	fact	favor
57:24	expect	31:6 32:9	35:9	41:15
evolve	67:9	33:3, 6	36:10, 13	favorite
16:13	expects	34:1, 3,	41:9 50:5	69:12
exact	15:16	11, 12, 17,	51:11	favoritism
30:1	expense	20, 21	61:4, 9	26:14
exactly	19:6	35:4, 17	factors	favors
6:11, 21	67:11	36:21, 24	39:25	23:18
35:3	expensive	37:2, 12	facts	FDA
36:24	59:20	39:8, 9, 12	6:10 68:2	54:21
65:1	experience	41:3	failing	feature
example	20:18	42:3, 10	37:3	10:4
35:7, 10,	23:9, 10	46:6	failure	Federal
19 44:21	experience	50:14, 18	69:13	9:23
58:4	d	51:20	fair	11:15
60:22	14:17	52:12	47:17	12:2
61:14	explain	56:25	55:2	23:18
63:4	52:12	58:16, 20	67:14, 15	24:1
exceeding	explanatio	59:1, 11,	families	25:9, 15,
68:3	n	14 60:7,	14:10	22, 24
exceeds	60:8	9, 18, 20	16:2, 15	29:14
15:20	explore	66:10, 11,	19:13	30:3
32:17	12:8	23	20:18, 25	36:18
exceptiona	express	extra	57:4	37:1
l	6:7, 10,	39:21	59:14, 15	39:18
9:10	12, 14, 17	eye	67:21	47:4
exclusivel	7:2, 4, 5	20:5	family	59:16
y		F	18:18	60:10, 15,
		face		

20 61:6, 10 65:19, 20 66:17, 22 69:14	filing 66:9	10:4	12:7 37:17 57:5 68:4	25:10, 20, 21 27:3, 8 28:10, 15, 17 29:17, 20, 22, 23 30:22
fee 10:5 29:8, 13, 17 42:14, 15 43:18, 19, 20, 23 45:13, 16 49:20 53:3 56:22, 24 59:8, 9 60:19	filings 25:11, 16	first 10:24 11:24 25:9 51:25 67:19	focused 53:16	31:4, 10, 12, 17 33:16, 17, 22, 23 34:7
fees 7:1 47:14 60:18 66:7, 14	fill 19:16 24:2 29:13, 18 32:21 47:14 49:20 59:12	firsthand 14:17	follow 36:20	35:7, 17 36:6 37:9 40:4, 6, 7, 23 41:20 43:7, 10, 22 44:14, 21 45:5, 19 46:8, 11 47:7, 8, 9, 19, 20 48:4, 10 49:17, 18 50:2, 13, 23 51:21 52:5, 7, 16, 17, 18, 22 53:4, 7, 8 54:4, 6, 10, 11 55:3, 8, 20 56:16, 22, 23 57:9, 19 58:4, 14, 24 59:11, 16, 17, 21 60:21 61:8, 10, 13, 22 62:15, 21 63:1, 4, 9,
FEHB 30:8	filled 10:6 18:25 19:5 60:17 65:21	Fiscal 7:9 11:1 12:1 58:18	follow-up 40:25	
felt 19:12	filling 23:20 24:5 58:20, 21	fiscally 12:9	follows 12:14 16:17 21:2 26:19 34:4	
few 9:18 49:9	fills 31:18	fit 50:9	football 69:9	
fewer 18:22	final 47:6, 22	fixed 10:5	for 6:4, 16, 17, 18 7:3, 17, 19, 21, 24 9:5, 25 10:13, 14, 21 11:5, 16, 22 12:10 14:4 15:7, 11 16:4, 7, 8, 15 17:2 18:4, 10, 13, 14, 23 19:2, 7, 21, 22 20:3 23:7, 13, 21 24:1, 2, 6, 7, 12	
fighter 27:20 28:5, 10	find 39:11 44:24 56:20 66:21	fixing 40:16		
figure 24:25 54:22 61:22	finding 53:20 66:18	flat 43:18, 22 53:3 56:22 59:8, 9		
filed 42:11 66:9	fine 20:20	flatly 7:12		
	firms	flexibilit y 51:17		
		flexible 51:22		
		floor 11:10		
		focus		

17, 20, 23 64:10, 25 66:10 67:3, 7, 8, 13, 18, 23, 24, 25 68:9, 10, 15 69:1, 4, 6, 15	found 25:22, 23 36:17 37:2, 5 47:1 53:22 four 7:25 FPO 49:15 frame 40:16 framework 16:11 frankly 39:15 45:25 51:7 61:21 62:19 64:22 from 9:6, 24 10:7, 17, 18 11:12 23:20 24:15, 24 25:14 27:21, 25 28:3, 6 29:13 30:9 31:3 36:16 37:22 39:16 40:18 41:8 44:5, 18 46:17	50:20 51:14 52:1 54:20 56:9 57:7, 10, 18, 21 59:7, 13 60:16, 18, 19, 20 61:17 66:13, 14, 16 front 20:2 FSA 31:5 FSS 49:21 full 11:11 35:12 38:14 60:11 full-time 19:15 fully 63:12 functions 10:12 fund 7:16 funding 28:19 funds 30:16 funny	65:15 G game 20:17 36:11, 12 48:19 games 6:9 39:12 GAO 16:9 24:25 gap 32:21 general 25:20 26:7, 9 36:25 37:4 44:13 49:2 66:10 68:20 generals 49:4 generate 10:7 generated 10:17 generates 10:12 16:3 generic 24:5, 9, 12 28:16 46:1, 11 51:11, 13	58:20 59:3, 17, 21 61:14, 21 generics 44:22 46:14 Georgia 42:10 get 7:16 8:6, 7 17:1 19:23 23:23 24:22 27:3, 19 28:24 29:1, 8, 12, 17, 25 31:3, 11 34:14 36:2, 3 37:21, 22 44:6 45:13 49:18 54:6 56:17 57:17 59:19 60:5 62:23 63:15, 17 65:22 67:13, 22 69:4 gets 23:23 37:23 59:12
---	--	---	--	--

65:20, 25	goals	58:19	50:23	happening
getting	10:16	59:11	57:2	56:19
37:10	God	61:4	64:24	happens
42:12, 14	27:6	64:1, 4, 13	greatest	24:13
47:9	goes	69:15	9:19	56:19
50:12	34:5 59:7	gotten	greatly	happy
57:22	60:25	33:18	56:12	38:20
62:15	68:12	government	Greg	63:8
65:24	going	6:11 9:17	23:1, 5	hard
68:17	27:6	10:12, 15,	growth	12:9
give	37:21	22 11:11,	12:6	64:17
34:25	38:22	17 15:12	guarantee	harms
65:9	41:18, 20	16:3, 12	29:22	65:16
given	48:18	30:16	Guard	having
49:25	49:6, 8	36:25	47:23	7:21
68:7	56:10	37:2, 11	Guidehouse	50:7, 10
gives	57:9	38:22	46:24	63:23
36:9	58:23	39:10, 19	gun	health
giving	63:15, 16	43:14	35:25	9:2, 9, 22
42:8, 9	65:9	50:24	guys	10:3 12:5
glad	66:21	60:10, 15,	64:8	14:9
7:8 39:14	gone	20 61:7,		15:2, 20
go	68:8	10, 13	H	25:15, 22,
29:25	good	65:20		24 27:4,
30:6, 9	17:2 26:5	66:17, 22		7, 8 36:18
32:12	27:5	68:8		37:1, 5
37:10	40:18	69:14	half	40:10
38:10	48:6 50:7	government	40:14	48:5
48:10	65:17	's	hand	53:20, 25
51:14	68:25	10:11	37:8	54:4, 16
54:21	69:2	38:16	69:12	55:6, 10,
56:16	got	43:5	happen	15 56:2,
57:14	26:2 41:5	government	10:10	18
62:2, 25	42:10, 11	-managed	32:8	healthier
63:1, 22	43:16	11:25	59:5, 6	55:23
65:13	44:1	grateful	happened	57:18
goal	45:11	23:7, 8	41:3	healthy
44:15	46:18	great		57:21
	55:20, 24	48:3		

hear 67:10	41:3, 13, 16 44:1	68:3	18 51:3, 4, 20, 23	63:21
heard 27:4, 22 35:22	45:3, 6, 11, 12, 22 48:23 52:17	honored 14:7 38:15	52:3 59:4, 25 62:17, 19 63:15, 16, 22 65:15	64:7, 11, 19 66:20, 22 68:2, 6
hearing 6:24 7:21 36:1 63:23 69:20	59:7 60:8, 22 62:16 63:22 64:7 65:13, 25 66:24 69:12, 15, 18	hood 26:10	however 9:17 34:12	immediatel y 26:6
hearings 8:7		hope 47:25 65:2, 7 67:25	hub 57:13, 14	immunizati ons 18:17
heels 41:9	here's 23:17, 24 41:23	hopefully 50:8 62:1 69:15	I	implemente d 42:7 57:12
help 16:1 20:6 43:1 45:22 50:5 56:23 57:4, 17, 20 64:14	hey 41:18 42:3	hoping 19:23	idea 27:24	importance 14:14
helpful 49:19	high 52:24 68:5, 25	horse 64:17	identify 19:17	important 9:18 12:11 38:17 41:12 51:18 55:5 65:23, 25
helping 55:23 57:6 58:10	higher 11:10 18:15 23:22 45:18	hospital 14:15 27:12	if 6:14 7:4, 16 8:4 20:16 24:16 27:3 29:22, 23 31:4, 17 33:2 35:1, 5, 21 38:3, 9, 11, 25 41:18, 19 44:17, 19 47:8, 16 50:6 51:14 53:2 56:25 59:25 60:6	importantl y 69:2
helps 14:22 16:6	hiring 44:2 45:1 64:13	how 9:16 14:17 15:3 16:14 20:12 25:16 27:20 29:6 31:24 32:2, 22 34:6, 8 40:21 42:15 43:11 48:13 49:24, 25 50:1, 17,		impose 20:10
here 6:13 8:6 23:8 25:4, 8 27:2, 7, 17 34:5 38:4 39:3, 15	holding 19:19	home 9:13 14:20 19:19 59:15		impossible 18:21
				impressed 51:24
				impression 50:23
				improve 56:6, 7,

10,11	14,15,17,	67:9,13	47:3,9,10	innovative
improved	22,23,24	69:2,13,	58:15	14:17
26:12	37:6,7,8,	14	59:23	insights
improvement	25 38:3,	INC	61:4	57:13
t	23 39:8,	23:2	62:12,13	inspector
16:13	11,12,14,	incentive	63:24	25:19
55:6	16,19,24	7:14 29:7	64:20	26:7,9
improving	40:11,15,	63:19	independent	36:25
55:22	17,20,21	incentives	ts	37:4
in	41:4,9,	10:16	47:12	instance
6:3,5,24	11,14,21,	29:23	index	40:11
7:1,9,12,	23 42:10,	62:12	26:17	52:18
13,25 9:9	11 44:3,	include	India	53:15
10:25	10,13	9:10	51:14	instances
12:1,3,9	46:1,3,	included	indistinguishable	54:10
15:23	18,19	7:8,25	25:14	instead
16:3,10	47:1,16,	including	36:16	56:25
18:7,25	17,19,24	25:14	individual	insurance
19:21,24,	48:3,4,8,	30:8	63:18	7:19 10:3
25 20:1,	9,14,15	increase	indivisible	33:13,17,
2,5,11,18	49:10	7:18	e	23
23:12,21	50:15,21	26:15	25:13	insurers
24:6,11,	51:22,24	independent	36:16	6:4
13,20	52:18,25	t	industry	integrated
25:9,11,	53:8,12,	10:23	40:7	7:14
13,15,21	15 54:2,	15:23,24	55:16	20:24
26:3,6,13	10,16	20:21	inevitable	41:1,13
27:2,7,	55:6,8,	23:6,10	20:9	integration
13,18	14,15,22	32:10	information	n
28:12,16,	56:2,3,5,	33:21,22	46:21	6:2 7:13
18 29:16,	13,15	35:15	inherent	23:16
21 30:24	57:3	38:13,21	20:11	24:18
31:13,18,	58:10,13,	39:13	44:4	26:12
24 32:1,	16,18	40:19	inner	61:2,9,11
5,12,13,	60:3,7,	43:25	56:3	65:15
19 33:15,	12,14	44:11,18		intense
20 34:13	61:4,5,9	45:10		12:7
35:2,7,	62:4,12	46:24		
19,24	63:18,20,			
36:1,13,	21 64:23			
	65:23			
	66:9,15			

interagency	55:13	56:16, 19,	59:1, 11,	just
y	it	25 57:8	19 61:17	20:3, 20
26:8	6:2, 20, 21	59:1, 6, 19	62:7, 8,	27:15, 19
interest	12:4	60:3, 17,	14, 21	31:5
20:10, 23	14:21, 22,	21, 23, 25	63:2	34:16
24:18	23 17:2	61:7, 24	64:16	35:6, 9, 14
44:4	19:10, 11	62:18, 20,	65:15	40:24
62:24	20:3, 18	21 63:3,	items	41:2, 12
interested	23:15, 19,	10, 11, 14,	9:18	43:17
64:23	25 24:3	17 64:9,	its	44:4, 16
internatio	27:3, 17,	12 65:5,	7:14, 19	45:23
nal	24, 25	15 66:3,	33:21	47:2, 22
58:8	28:8	5, 9, 11	47:14	49:9, 20
interrupt	29:6, 10	67:11, 14,	59:9	51:25
30:13	30:3, 9	25 69:10,	itself	58:13
interrupti	31:12, 13,	11, 16	19:2 24:8	59:4
on	15 32:18,	it's	34:10	60:14, 21
54:16	21, 23	18:8 21:1	41:11	61:20
intervene	33:5, 15,	23:19		62:7, 14
57:17	19 34:10	24:1, 4, 7	J	63:11, 22
into	35:7, 16	25:18, 19		64:16
7:10	36:4, 23	28:4	jar	65:18
48:19	37:19, 22	29:2, 10	37:8	67:5, 14,
51:14	38:11, 18	30:21	Jelayne	15
56:8 57:3	39:2	31:6, 7, 10	19:15, 16	K
59:4	40:4, 11,	33:7 34:2	jets	Kautzner
introduced	16 41:21	36:10, 23	27:20	13:1
10:24	42:9	37:17	28:5, 10	14:1, 3, 6
involved	43:4, 5, 7,	38:9	job	16:17
53:8	12, 16	39:17	6:20	31:24, 25
issue	44:4, 14,	41:15	28:22	32:4, 10
6:21	17 45:7,	43:7	39:4 69:2	34:19, 23
55:13	15, 17, 18,	46:11	join	35:11
62:23	19 46:9,	47:4	15:25	36:5
69:8	13 47:11	49:20	42:20	37:11, 16,
issues	49:13, 14,	50:3	judge	25 38:7,
48:8	20, 23	51:25	20:15	10, 15, 20,
	50:18	54:3 55:2		25 39:5
	51:1, 6, 7,	56:10, 18		43:13, 14,
	10 52:2	57:19		
	53:22	58:16		

20 52:12, 15 53:7, 12 54:2 57:1, 2 67:17, 18	knew 18:18 20:2	21:2 23:8 32:7 37:10, 20, 22 39:23 40:6 56:13, 14 59:24 60:2 67:2, 3	lawyer 35:16 44:5	59:22
keep 8:3	know 9:18 24:17 25:2, 22 26:10 27:16, 21 28:4 33:13 36:5, 17 39:7 40:24, 25 41:11 42:15, 16 49:14 51:1, 8 52:1 53:20 56:1, 5, 14, 21 63:14, 22 66:11 67:14 69:10	largest 27:13	layers 67:4	lesser 46:7 59:23, 24 60:4
keeps 36:22		last 18:25 48:14 66:5	lead 23:11	let 8:5 46:16 54:14 61:20 63:11
Keith 6:22		lastly 26:13 66:1	leader 19:9	let's 27:3 35:15 36:20 38:11 59:13, 21
key 58:4		late 41:4	leaning 56:8	level 18:15
kind 29:16 51:3 69:11		later 7:3 14:16 40:14	least 11:4 33:15 47:15 61:5	leverage 6:2 66:18
kinds 33:18		Laughter 48:20 49:7 64:6 68:21	leave 39:25	life 14:18
King 42:17, 18 43:4, 8, 12, 16, 19, 25 44:9, 16 45:1, 9, 22 46:16 47:2, 6, 22 48:10, 13, 16, 17 60:25 64:1, 3, 7, 25 65:3, 7, 14 68:23	knows 27:6	law 7:10 23:17, 18 34:7 35:25 59:16 60:7	leaving 18:21	lifestyles 55:23
kinks 69:17	Kuban 62:3	lawsuit 59:10 60:16	led 39:25	like 6:3, 19 8:1, 5 18:15, 19 19:14, 18 24:16 27:24 32:6, 14 35:2 38:25 39:2 40:4 41:21 42:15 46:18
	L		left 54:12	
	language 35:14, 20, 22 39:9 66:25		legislatio n 26:13 40:16	
	Lansford 17:2 18:1, 3, 6		Len 19:14	
			length 49:17	
			less 18:22 29:23 58:21	

49:23	50:6	lose		53:2
64:4	53:13	19:10	M	57:10
65:25		27:17		58:14, 17
line	long	loses	Ma'am	59:10, 15,
7:14	8:3 18:10	32:7	58:23	18 60:9
lines	27:8	losing	61:14	63:2, 12,
19:23	35:17	41:9	62:17	17 64:8
43:13	40:8	loss	made	65:17, 21,
list	56:20	19:9	18:21	23 68:12
11:19	longer	lost	19:18	mailing
literally	20:6	19:5	31:20	43:2
20:1 66:7	look	24:20	39:24	45:16
little	7:20	25:1	55:6	61:24, 25
25:5	12:12	65:25	mail	67:11
44:25	16:16	lot	9:12, 21	Maine
58:13	20:5	8:2 27:4	10:8	44:5
59:4	24:17, 18	56:9	11:12	47:24
61:15	34:16	65:13	15:4 16:1	48:3
live	35:13	67:4	20:7, 13	maintain
14:11	39:7 42:4	69:13, 14	23:14, 18,	55:23
15:22	50:20	Lots	24 24:4,	maintains
19:13	52:3	59:21	10, 19	11:5
local	59:11, 13	love	25:3	14:23
40:10	61:19	23:24	26:14	34:18
locally	62:17, 18,	42:6	27:15, 16	maintenanc
19:14	21 63:8	loves	29:12, 16	e
located	64:4	25:7	31:7, 9,	23:20
32:18	68:2, 6	low	12, 16	major
location	looked	42:1 46:9	33:3, 7	16:10
32:22	25:20	lower	41:2, 10,	make
47:17	26:9	24:7	15, 18, 22,	27:3, 14
logic	47:11	25:25	24 42:4,	28:23
46:7	61:21	lowers	5, 7, 8, 13	29:24
logistics	looking	37:13	43:2, 4, 5,	42:21
11:13	35:14	Luke	8, 10, 12	44:15
15:3	65:17	69:12	44:9, 14,	49:17
29:14	looks		18, 20	50:6, 9, 12
	41:21		45:5, 15	52:20
	loopholes		46:3, 6, 8,	53:13
	26:13		12 49:11,	
			13 51:3	

54:12	managing	matter	54:25	19:17
63:6 64:9	12:11	15:13	60:21	23:21
makers	61:3	matters	64:11, 12,	24:9
53:11	manipulate	15:14	15	46:2, 11
makes	26:16	maximize	meaning	49:17
31:12	manner	63:20	34:5 37:9	54:10
45:14	12:9	maximizing	means	57:7
52:13, 19	25:13	6:9	35:10, 16	medicines
56:9	36:15	maybe	36:2	14:18
64:19	manpower	49:23	44:22	15:8
making	55:15	52:12	46:7 50:7	meet
29:8	manufactur	56:24	60:17	54:19
57:25	er	60:15	66:3	melanoma
58:1, 5	52:13	61:7	measure	14:17
64:23	53:5, 11	62:4, 8, 14	20:21	member
69:3	manufactur	69:16	50:17	9:3 14:3
manage	ers	me	mechanism	15:15
14:22	10:19	6:20 20:2	10:9	18:3 23:4
25:12, 16	29:15	24:16	43:10	39:3
33:14	30:5	41:16	med	42:19
44:2	66:13	42:21	18:17	59:19
45:2, 9	many	44:4	Medicaid	60:19
61:12	10:3	45:22	40:13	68:23
managed	18:19	46:16	medical	members
9:22	19:19	49:2 50:9	11:24	9:4 14:4,
Management	27:20	54:14	medication	10 15:12
14:2, 7	31:24	56:25	20:7	16:2
25:20	32:2, 13,	60:21, 25	24:5, 12	18:4, 8
26:9	22 34:7	61:20	53:20, 24	23:4 61:6
manager	54:6	63:11	55:22	67:16
10:2	67:25	64:12, 15	56:7, 11	members '
20:24	market-	66:2	medication	53:24
33:14	based	67:5, 14	s	men
60:2	26:17	69:11	9:20	50:2
managers	match	mean	14:13, 22	67:20
53:24	25:23, 25	34:21	15:2, 4, 13	mental
manages	matches	35:6	16:1, 7	53:20, 25
9:17 62:9	23:9	45:13	18:16	54:4, 16
		47:8		

mentioned	mine	30:6	20:14	9:14
33:19	18:15, 19	31:21	40:20	20:12
47:2	minimum	36:9	55:5	27:1
met	11:6 32:5	37:14	56:1, 4, 16	33:20
32:5	minus	58:17	57:13	39:22
methodolog	47:8	59:7, 15	58:19	42:5, 15
y	minute	60:21	62:19	44:22
34:19	55:20, 24	64:24	64:23	46:3 52:2
35:24	59:21	66:19, 21	69:1	59:25
Mexico	65:10	69:1	move	69:19
18:7	minutes	monitor	31:19	multidrug
40:13	15:22	54:15	36:4, 9	58:9
Micah	68:3	monthly	44:10, 13	multifold
18:1, 6	missing	19:16	movies	31:10
mileage	45:3	months	69:12	multiple
52:1	mission	7:3 53:21	moving	51:2 62:1
military	16:9 65:1	more	26:17	66:18
9:11	Missouri	6:4, 6	27:15, 16	my
14:10, 20	49:2	9:14 14:7	Mr	9:6, 14
15:5	misunderst	15:19, 20,	7:21 22:1	14:5, 15
16:13, 15	ood	21, 22	23:1, 3	18:5 23:5
19:19	68:13	23:8 25:5	26:19	27:6, 10
20:18, 25	model	27:6, 17	33:12	28:4
28:1 57:4	10:1, 3, 4,	30:12	35:16, 21	35:7, 19
59:13, 15,	8, 15	32:5, 25	39:21	36:5 39:4
19 67:21	11:25	33:1 37:6	40:18, 23	46:20
million	40:17	41:22	42:18, 22	49:17
12:4 14:8	43:16	42:6	45:22, 24	50:9, 22
26:2	47:9 59:6	44:25	48:16, 21	51:1
43:22	64:18	45:19	52:7, 11	55:13
67:23	models	50:9 52:2	55:17, 21,	61:17
68:8	9:25	58:13, 21	25 57:2	62:4, 7
millions	money	59:2, 20	58:12	67:5, 12
37:3, 5	19:10	60:23	65:8, 10,	69:12
39:10	27:14	61:5, 6, 7	12 66:3	
mind	28:7	62:24	67:18	N
64:5	29:2, 8	65:16	MTFS	NADAC
		most	51:7	40:16
		9:8, 24	much	47:11
		18:14		

name	61:21	networks	66:20	63:14, 21
14:5 18:5	63:17	9:22	non-	67:13
23:5, 20	69:5	25:14	66:12	68:11
30:1	negotiate	36:7, 16	non-	69:10
31:17	52:21	40:10	active-	note
61:16	66:12	new	59:16	46:1, 4
Nation	negotiatin	18:7	non-member	47:22
56:2	g	40:13	42:19	nothing
national	7:11 26:1	54:20	non-	6:13 25:8
28:13	66:19	57:12	vertically	notion
58:8	negotiation	news	20:24	46:11
nationwide	ns	26:5	none	notwithsta
15:19, 23	29:15	next	30:6	nding
nature	53:14	7:11, 13	normal	36:22
49:25	network	18:7	52:16	novice
NDA	9:14	28:18	not	64:18
51:12	11:4, 6, 9	48:15	6:8, 21	now
NDAA	15:10, 19,	63:9	7:6, 15, 18	6:16 7:8,
7:9 39:14	22, 24, 25	NHS	10:19	25 8:4
nearly	20:9, 15	12:12	19:8	18:19
7:3 43:23	23:13	nice	20:8, 15,	19:22
necessary	24:15, 20,	57:19	25 23:13	23:17
40:4	25 25:6,	nine	24:6	31:1 34:1
need	13, 21	14:8	27:15	47:16
7:10 8:6	26:4	no	30:9, 24	60:14
14:13	29:19, 21	11:16	31:1	number
28:24	30:15	15:13	33:21	7:23
32:21	31:2, 14,	19:9	34:2, 8	28:13, 17,
39:6 54:9	18 32:12,	20:5, 17	38:23	20 47:17
55:2	14, 15	25:16	39:12	48:3
62:3, 23	35:5	31:1 33:5	42:8, 9	50:19
63:1, 23,	36:15	34:5 38:3	43:12	58:4
24 65:5	39:24	39:8 44:9	45:6, 16,	numbers
needs	40:5, 21	45:14	20 46:14,	7:3 46:25
11:24	41:4, 8	46:23	20, 23	
16:13	43:1 45:9	56:19	47:15	
31:11	47:19	61:9, 10	56:12, 23	
	48:9	62:7	61:11	
	51:15	64:3, 19	62:9, 10	objection
	63:3			

7:24	26:1, 3, 7,	52:4, 20,	Office	22 33:3
obvious	8, 9, 11,	21 53:7,	25:19, 20	34:6 35:1
49:23	16, 19	8, 12, 14	26:7, 8, 9	36:12, 21
64:12, 16	27:14, 17,	54:3, 6,	offset	37:8
obviously	21, 22, 23	10, 17, 21	34:19	40:14
27:2	28:5, 11,	55:9, 12	35:23	41:8
51:17	12, 13, 15,	56:4, 8, 9,	offsets	42:10, 13
56:12	17, 20, 22	18, 25	36:2	43:24
58:3	29:4, 9, 13	57:2, 3, 11	often	45:17, 18
65:13	30:7	58:1, 4, 6,	10:9	46:4, 15
of	31:2, 9	9, 20	33:13, 24	47:14, 15,
6:10, 17,	32:3, 16,	59:13, 21,	44:22	20 49:10,
23, 25	22 33:18,	22, 23, 24	48:9, 13	13, 19
7:24 8:2	20 34:4,	60:4, 8, 11	Ohio	51:7
9:1, 4, 8,	12, 14, 15,	61:5, 8,	66:9	52:19, 24
9, 11, 15,	16, 20	17, 18, 23	OIG	53:16
20 10:4,	35:5, 14,	62:13, 19,	36:17	54:4, 5, 6,
7, 23, 25	25 36:3,	22, 24	66:20	8, 9, 24
11:3, 5, 6,	25 37:3,	63:5, 6, 19	on	55:11
7, 9, 12,	4, 23	64:18, 22	6:20, 22	56:19, 22
16, 19, 21,	38:1, 2	65:3, 14	8:7 9:18	57:5, 8, 17
24 12:3,	39:3, 10,	66:6, 16,	10:18	58:5, 13,
6, 11, 14	16 40:3,	23 67:4,	11:24	18, 21
14:1, 4, 6,	7, 13, 15,	12, 21, 25	14:8, 11	59:1, 3, 9
8, 14, 25	19 41:9,	68:2, 3, 8,	15:15	60:13, 16
15:10, 21,	11, 25	15, 16, 18	19:1, 5,	61:1
22 16:10,	42:7, 13,	69:1, 3,	10, 13, 23	62:24
13, 17	19, 20, 22	10, 11, 13,	20:1	63:21
18:1, 4, 6,	43:13, 17	15, 16, 18	23:22	64:5
8, 11, 15,	44:2, 4, 19	off	24:4, 9,	66:4, 24,
19, 24	45:3, 9	11:15	11, 13	25 67:22
19:1, 18	46:7, 13,	29:8	26:11	68:4, 14
20:2, 5, 9,	18, 24	offer	27:4	once
10, 13, 14,	47:3, 5,	11:4	28:7, 10,	53:21
23 21:2	10, 17, 23	offered	16, 23	54:5, 7
23:1, 4, 6,	48:2, 3, 4	9:10	29:19, 25	57:8 69:6
10, 15, 24	49:2, 19,	56:25	30:5, 15	one
24:15, 20	21, 25	offers	31:5, 11	7:5, 16, 18
25:2, 9,	50:1, 4,	12:4	32:3, 18,	9:8 11:4
19, 20	11, 19			16:9
	51:2, 3, 4,			20:13
	7, 10, 25			

26:2	operates	44:9, 14,	48:5	67:20
27:11	15:3, 9	18, 20	59:22	68:1, 15,
28:6	operations	45:5, 16	61:25	18 69:3
30:12	52:16	46:3, 6, 9,	64:1, 10	out
31:10	opportunit	12 49:11,	65:18	9:15
32:25	y	13 51:3	67:12	18:11, 19,
33:1	9:5 12:10	53:2	68:9	20 23:25
34:16	14:5	57:10	others	27:3
43:13, 20	16:14	58:14, 17	40:4	29:25
45:13	18:5	59:10, 18	53:10	32:12
47:7, 18,	23:8, 9	60:9	54:25	36:23
22 48:14	39:18, 19	63:3, 17	our	39:10
52:4, 16,	40:9	64:8	9:16, 23	45:22
23 53:19	67:4, 19	65:17, 21,	10:10	48:7, 10
54:24	68:16, 24	23 68:12	11:7, 12	54:13, 20,
56:20	69:5, 7	organizati	12:4, 10	22 61:22
57:11	opposed	on	15:6 16:6	62:14
58:24	44:11	49:15	18:25	63:16, 19
59:8, 10	order	57:19	19:7, 13	65:16, 17
66:16, 23	9:12, 21	67:20	27:25	69:16, 17
69:9, 11	10:8	organizati	29:14, 20	outcomes
one-word	11:12	ons	30:4	56:7, 10
38:4	15:5 16:1	40:9 68:1	32:12, 13	outlets
ones	20:7, 13	originally	37:16	10:8
29:25	23:14, 19,	47:4	39:5	outraged
43:6 45:4	24 24:4,	other	43:2, 17	39:16
62:25	10, 19	6:11 8:7	44:14	over
only	25:3	16:8	46:19	9:20
6:17 7:5	26:13, 14	19:6, 8	48:6	10:25
16:10	27:15, 16	25:14	50:2, 4, 5,	11:7, 8, 11
24:6 25:4	29:12, 16	30:8	21 51:7, 9	12:1
28:14	31:7, 9,	32:22	52:17	16:11
37:21	12, 16	36:16, 25	53:1, 7	24:1, 8, 9
40:13	33:3, 7	37:7	55:2, 10	27:5
60:5 61:9	41:2, 10,	38:11	58:1, 9	31:19, 25
opening	15, 18, 22,	39:10, 19	60:19	32:4, 16
8:2	24 42:4,	40:3	61:4, 6	36:6
operate	5, 7, 9, 13	41:12	62:22	40:15
16:11	43:2, 4, 5,	44:7, 20,	63:1, 9,	41:22, 24
25:8	9, 11, 13	23 47:6	16, 20	43:21
			64:23	

45:11	27:11	28:5, 15,	pass-	pays
46:2, 5	43:8 64:8	22 31:2	through	6:18 10:5
51:4, 8	owner	34:14, 15	35:12	PBA
61:16	18:1, 6	35:5	36:17	10:1, 4
62:13	63:6	40:13	37:18	25:10
64:5	owns	51:7, 10	38:7, 9,	PBM
65:13	6:1 41:1	57:11	12, 14	6:1, 8
67:24	61:3	59:24	passes	7:14, 16
68:7, 15		61:23	34:4	10:2, 8, 13
overall	P	participat	passing	24:23
12:5 55:8		e	37:19	25:11
overcharge	P&t	15:23	passion	26:15
d	11:20	20:12	67:25	27:11, 12,
37:2	p.m.	32:11	patient	19 33:4,
overhead	69:20	participat	20:13, 23	16, 21
19:2, 6	PA	ed	26:15	34:2, 9
overheard	11:21	39:24	53:21	41:1
56:21	packaging	ing	60:1	52:16
oversight	18:17	40:21	patient's	PBMS
6:20, 23	45:7	participat	57:17	6:3, 6
39:3, 4	paid	ion	patients	23:13
own	20:12	18:21	15:8	33:18
6:6 7:15	29:6 31:2	particular	19:8, 9	40:8
23:14, 25	43:18, 19,	40:11	20:4	penalizes
24:8, 19	20, 22	parties	54:4, 17	23:21
33:21	53:2	59:7	57:6, 14	penny
36:14	paper	partner	pause	37:23
43:10, 12	23:22	48:6	59:21	38:5, 22
44:7, 9	paperwork	partners	pay	people
45:3	55:1	50:5	30:16	6:19
46:12	pardon	pass	34:5, 21	19:14
60:22	42:21	7:10	41:19, 20	33:17
61:11	parent	37:3, 14	44:25	44:11
62:10, 13	7:19	40:16	51:15	46:18
63:17	part	pass-	55:12	49:2
64:11, 15,	11:3	68:10	56:23	51:4, 18,
19, 20	27:19		paying	22 56:16
owned			60:13	62:25
25:3				63:16

67:7	personally	40:15,17,	18:2,7,	60:2
per	14:15	20 41:8,	14,15	61:3,11,
10:5 35:7	personnel	10,14	19:9,21,	12 62:12
43:19	7:23	42:1	23 20:7,	63:18
percent	25:20	44:1,7,	14,21,25	64:8
9:20	26:8 50:4	12,20	23:2,5,24	65:17
11:5,7,8	55:13	45:10	24:3,4,6,	67:12
15:21	perspectiv	46:2,5	11,20	68:3,12
24:11,20,	e	47:10,17	25:2,3,6,	phrase
21 32:16	40:19	48:8	13 26:4,	35:10
37:18	56:10	55:22	15 27:13	physical
41:9,22	57:7,10	56:1,6	29:12,17	43:17
42:6	59:13	59:10,23	30:4 31:2	physician-
46:4,18	pharmaceut	60:9 61:4	32:22	led
59:2	ical	62:14	33:14,21,	11:19
61:17,18	12:6 31:4	64:10	22 34:1	piece
63:6	69:5	65:16,24	35:9,18	34:24
68:2,4,10	pharmaceut	66:14	36:3,6	54:3
percents	icals	pharmacist	37:4	pieces
50:22	11:12	14:16	40:4,19,	29:11
perform	51:22	18:1,6,18	22 41:2,	pitch
62:20	pharmacies	39:23	4,15,18,	52:6
performed	6:4 7:2	56:12	19,21,22,	pitches
50:15	11:6,10	63:19	24 42:5,	48:18
period	14:20	pharmacist	9,13,25	place
49:19	15:5,11,	s	43:2,4,5,	7:12
periodical	19,21,23	56:9 58:1	9,11,13	40:11
ly	18:19	pharmacy	44:18	56:16
48:11	20:11	6:2,6,8	45:5	placement
54:20	23:7,11,	7:11,13	46:3,6,9,	10:9
permission	14,15,19,	9:12,13,	10,19	54:22
41:5	20 24:10,	15,23	47:9	places
person	14,22,24	10:1,2,	49:10,11	44:24
31:10	26:1	16,18,19	50:10,12	48:4
62:9	30:17	11:2,4,	51:1	plan
personal	31:24	18,20,23	53:2,24	25:15,25
18:16	32:1,11,	12:4	54:19	37:1,5
	13,18,23	14:11,19	56:3,14	
	34:13,22	15:22,24	57:13	
	35:5,15	16:1	58:10,14,	
			15,21,22	
			59:2,20	

plans	pop	35:25	prescripti	10:7
25:22	19:21	pray	ons	29:1, 9
30:8	portion	27:6	18:24	30:19
36:10, 18	53:7	precision	43:22	31:4
39:10	posit	15:7	52:23, 25	35:8, 19
42:12	23:12	predetermi	61:18	45:18, 20
play	24:16, 17	ned	63:20	47:12
55:22	position	35:19	66:8	58:14
playing	27:18	prefer	67:23	66:2, 3
36:12	possible	48:22, 23	present	prices
39:12	15:11	62:13	39:11	10:18
pleadings	possibly	preferenci	preserve	25:24
25:9	32:14	ng	65:23	26:17
please	post-	53:14	preserves	38:5
8:3, 8	adjudicati	preidentif	16:8	42:8, 9
plus	on	y	president	pricing
40:17	36:2	57:14	14:1, 6	6:3 10:17
67:23	Postal	prepared	23:1	11:15
pockets	37:5	12:14	34:20	12:2 16:3
7:15	poster	16:17	President '	26:3
33:24	23:13	21:2	s	28:16
point	potential	26:19	28:19	29:14
36:3 48:7	57:16	prescripti	pressed	31:1
67:20	potentiall	on	6:22	33:20, 25
pointed	y	6:18	pretty	36:18, 22
9:15	25:1	9:10, 20,	17:2	37:6
points	47:18	25 10:6	27:24	38:1, 3
9:11	practice	15:14	39:15	39:8
11:24	41:23	19:5, 8	64:17	47:18
17:1 51:2	54:2	24:3	65:17	49:21
65:14	practices	33:14	69:11	50:12
policy	6:12	35:8 42:2	prevent	51:11
23:2	25:21	43:19, 21,	57:18, 21	66:15
56:10	41:14	24 58:22	58:6	primary
politics	66:10	59:12	previously	54:23, 24
69:14	practicing	60:16, 17	39:23	Prime
		62:10, 11	price	11:14
		63:16		prior
				11:22
				52:19

55:1	productive	proof	18:15	puzzling
priorities	53:22	6:15	19:11	44:1
16:9	products	proprietary	49:13	Pwc
priority	52:22		65:19	47:5
11:22	53:1	6:19	providing	
private	profit	protect	43:1 45:6	Q
9:6	6:9 29:7	20:22	46:25	
probably	profits	34:6	53:16, 17	quality
28:7, 8	7:18	proud	68:7	43:23
54:18	20:12	9:8 12:3	provision	52:24
problem	63:20	15:17	36:8	53:17
6:10	program	67:20	39:14	68:25
40:14	9:15	68:15, 16	public	quarter
46:20	10:13, 16,	prove	23:2	54:21
47:25	21, 24	65:5	38:13	question
58:8	11:14	provide	purchases	20:25
problematic	12:11	6:15	15:4	27:20
61:15	14:11, 19,	14:24	purely	32:25
problems	24 15:3,	43:2 45:4	34:2	34:23
20:1	9, 16, 17	49:11, 14	purge	37:16
23:15	18:12, 20,	67:16	41:7	40:6, 23
process	25 25:7,	68:6	purpose	49:24
10:11	17 30:1	provided	42:22	55:20
59:10	40:3	9:21	purposeful	56:24
67:10	58:17	10:20	20:9	60:24
processed	64:10	29:21	purposes	61:21
34:22	66:18	46:21	65:4	62:5
processes	programs	66:25	push	63:22
53:9	11:13	provider	66:4	65:2, 4
processing	progressing	55:1	pushed	questions
66:8	57:18	63:5, 8	18:20	8:2, 6
procures	prohibit	providers	put	12:13
11:13	7:12	56:2, 5	52:5 57:2	16:16
product	26:12	58:3	59:3	49:9
54:8, 9	projected	provides	putting	56:17
	11:1	9:13, 14	58:5	64:2 69:6
		10:12		quick
		14:21		6:7 25:6

quicker 50:8	readiness 14:23 50:1	62:21 67:9	recoup 66:19	refuses 34:11
quickly 41:16 65:18 66:6	readjust 35:8	rebates 52:14, 22 53:6, 11 66:7	recover 10:18 50:9	regard 50:15 56:13 65:14
quite 20:1 51:6 62:19	ready 62:15	received 7:23	Recovered 10:22	regarding 40:2
R				
raised 9:19	real 20:21 36:7 46:19 49:4, 5 61:15 68:9	receives 11:16	recurrent 31:11	regimens 53:25
raises 60:24	real-life 19:12	receiving 56:22	redirected 20:13	reimburse 6:4, 5 35:18 36:3
ranging 50:20	realistic 52:2	recent 58:19	reduce 41:4 56:11	reimbursed 19:1 63:17
Ranking 9:3 14:3 18:3 23:3 68:23	really 7:6 32:21 38:4 41:16 47:20 52:2 56:5, 20 60:24 65:18, 23 66:5 69:18	recognize 40:14 62:2	referee 20:17	reimbursem ent 7:1 11:16 20:22 34:14, 18 35:23 37:13 40:2 47:7, 8 67:9
rates 7:1 19:4 37:14 40:2 50:21	REAR 9:1	recognized 10:25	references 35:23	reimburse ments 19:4 25:25 41:6, 7
rather 8:3 10:2, 17 63:7	reason 25:18 28:5, 15 33:5 53:19	recommends 11:21	referred 30:8	
rationaliz ing 51:9	reasonable 43:7	reconcile 19:16	referring 35:1, 3	
reach 11:1 16:1		reconcilia tion 34:19 35:23	refill 54:9 57:6	reimburses 33:21 37:13
read 8:2		record 7:24, 25 41:2 58:24 61:22 65:19, 23	Refund 10:21 30:1	reimbursin g 41:24
			refunds 10:22 12:2 29:25 31:3	
			refuse 7:4	

42:1	remove	59:24	restricts	65:16, 21, 24
rejoin	26:14	61:8	23:19	
40:4	renegotiate	requirements	result	retailers
relates	62:16	11:3	20:9 50:8	51:10
50:18	repeatedly	15:20	54:16	retain
relative	6:16	40:2	results	55:10
28:20	58:16	59:23	15:18	68:11
29:12	replace	requires	RET	rethink
33:7	29:16	19:10	9:2	62:15
57:25	replenishes	59:22	retail	63:24
62:24	11:14	requiring	7:2 9:13, 21 10:6, 8, 21, 22	retired
release	replenishment	61:1	11:9	19:14
34:11	43:16	resistance	14:20	retirees
relevant	report	58:9	15:10	14:10
45:6	15:17	resources	23:13, 15, 19, 22	18:9
reliable	59:1	16:8	24:3, 6, 10, 14, 22, 24 25:5, 12, 21	19:25
14:12	reported	respect	26:1, 4	57:4
15:8 16:7	58:18	36:5	29:19	67:21
reliant	reporting	respectfully	30:1, 15	retroactively
28:7	25:24	45:25	31:13, 18, 25 36:6, 15 37:3	37:12, 13
rely	reports	responsibility	41:7, 19, 21 42:1	38:5
28:9	20:19	14:13, 15	43:1 44:7	returned
29:19	24:8 46:1	15:14	45:17, 19	10:22
47:20	require	responsibl	46:2, 5, 10	returning
relying	20:21, 22, 24 39:15	e 12:9	51:2, 14	38:5
28:23	required	responsibl	56:1, 6, 14	revenue
remains	35:4	y 15:10	57:10	10:7, 10, 17 66:16
12:6	42:11	rest	58:22	review
remarkably	49:18	55:9	59:2, 18, 20 62:25	6:25
69:2	55:3	restrictio	63:1, 3	54:20
remember	requirement	ns		reviewed
18:10	7:9, 10	44:20		18:24
reminds				34:24
69:11				revisit
remote				61:8 62:8
47:24				

Reybold	Roden-smith	safeguards	saves	schedule
22:1	18:2, 6	20:24	58:17	12:2
23:1, 3, 5	role	safety	saving	schedules
26:19	15:6	43:23	10:14	11:15
35:16, 21	52:14	52:24	24:15	schemes
40:18, 23	55:22	said	64:24	7:16
45:22, 24	Rose	25:7, 12	68:25	Schmitt
55:21, 25	37:1	30:18	savings	48:19, 21
65:10, 12	roughly	35:22	10:13, 25	49:1, 6, 8,
66:3	41:7	40:25	11:1 16:4	23 50:14,
rid	round	44:17	23:24	17, 25
47:10	48:15	56:12	34:4 37:9	51:17, 20
right	routinely	57:25	38:10	52:6, 9
24:25	50:21	62:1 66:9	42:7	Scott
25:7	rule	sale	68:7, 8	27:8, 9, 24
28:1, 8, 25	63:1	36:3	say	28:3, 22
29:2	run	same	8:1 20:5	29:1, 4
31:6, 8, 23	43:7, 11	6:1, 11	25:7 34:1	30:11, 14,
32:7	50:21	18:16	35:9, 24	18, 24
33:1, 4, 5	52:6	28:3	36:8 39:8	31:6, 15,
34:18	running	35:10	40:24	20, 23
36:1, 9,	27:11	39:9, 12	43:4, 7	32:2, 6, 25
20, 23	45:10	58:22	47:16	33:2, 9, 10
38:22, 24	66:24	61:12	48:6 55:2	Scripts
44:12	rural	65:20, 22	58:16	6:7, 10,
45:25	32:19	66:3	59:19	12, 14, 17
46:16	40:15	satisfacti	61:20	7:2, 4, 6
51:19	46:17	on	63:1, 11	14:2, 6
53:20	56:5	50:21	66:5	18:11
56:2 58:6	rushing	68:5	67:10	23:12, 23
60:5, 6, 8	6:15	save	saying	24:10, 13,
66:3	S	14:18	46:14	23 25:2,
righty		28:7 30:6	53:4, 7	3, 6, 10,
48:21		31:21	61:9	12, 15, 21
rising		59:15	64:13	26:4, 16
14:22		60:21	says	29:5
robust	safe	saved	34:10	30:24
50:10	14:21	11:25	35:20	31:7 32:9
			41:16, 17	33:3, 6
			66:11	34:1, 3,

11,13,17, 20,21 35:4,18 36:21,24 37:2,12 39:8,9,12 41:3 42:3,10 46:6,7 50:15,18 51:20 52:13 56:25 58:16,20 59:2,11, 14 60:8, 9,20 66:11,12, 23	28:19 34:8,9,10 36:12 41:23 47:16 52:4 55:6 63:8 seem 49:23 seems 27:24 44:4 64:12 seen 36:1 51:3 66:24 self- 24:17 33:18 Senator 7:22 13:1 17:1 22:1 27:1,7,8, 9,24 28:3,22 29:1,4 30:11,14, 18,24 31:6,15, 20,23,25 32:2,6,25 33:1,2,9, 10,12 34:23 35:3,13, 21 36:20 37:16,19, 25 38:2, 7,9,11, 18,21	39:2,7,22 40:6,18 42:17,18 43:4,8, 12,14,16, 19,25 44:9,16 45:1,9, 22,24 46:16 47:2,6,22 48:10,13, 16,17,18, 21 49:1, 6,8,23 50:14,17, 25 51:17, 20 52:6, 9,10,11, 15 53:4, 10,19 54:14 55:5,17, 19 57:1, 23 58:11, 12,25 60:5,25 61:19 62:4,7 63:11,14 64:1,3,4, 7,25 65:3,7,9, 14 66:2 67:2,17 68:19,23 69:8 Senators 8:6 send 6:6 49:15	sending 45:7 sense 19:18 42:22 45:14 56:9 64:9,19 sent 37:23 67:13 series 47:23 serious 53:23 seriously 14:13 54:4 serve 14:6,7,12 15:13 18:9 19:8 32:11 38:15 67:6,20 served 18:14 serves 65:3 service 9:11 11:2,24 14:10 15:12,15 16:2,15 51:2 53:17 60:19	61:6 67:16,23 68:4 servicemen 68:18 services 9:24 40:22 56:22 68:6 serving 19:9 44:21 set 29:8,9 30:21,23, 24 41:2 45:18 49:20 51:15 62:20,23 63:9 65:19 sets 11:22 14:25 26:2 56:8 63:1 setting 46:8 several 33:19 shake 67:14 share 7:4 23:9 42:14
--	--	--	---	---

shareholder	60:9	single	22, 25	52:25
r		55:5	29:3, 10	55:1, 11
27:13	side	67:24	30:12, 15,	56:4 61:5
shares	29:19	sir	20, 21, 23	63:12
24:5	45:17, 19	9:15	31:1, 9,	somebody
sharing	48:5	28:2, 11	17, 22	20:2 31:7
15:1	49:10, 13,	30:13, 20	33:2, 7	32:6 33:4
23:22	19 54:7	31:1, 22	42:22, 24	44:1 45:1
24:7	55:11	33:7	43:6, 10	something
shell	57:3	42:24	44:7, 13,	45:3
36:11, 12	sign	43:6, 12	19 45:4,	46:18
shifts	34:13, 16	44:7, 19	15 46:13,	47:25
51:4	35:5	45:15	23 47:4,	64:5 67:5
shore	significant	46:23	11 48:2,	69:16
28:18	t	47:4, 11	12, 14, 22,	sometimes
shoring	16:4	48:2, 12,	25 49:4,	42:1, 5
28:21	40:20	24, 25	5, 13	53:21
short	47:25	50:16	50:3, 16,	somewhat
8:4 40:15	58:8 69:1	54:18	19 51:6,	51:8
shortage	significan	64:3 65:2	19, 25	sooner
55:15	tly	68:22	54:14, 18	50:8, 9
should	31:13	sits	55:8	sorry
6:15 7:15	similar	18:7	57:23, 24	20:5
19:8	12:5	sitting	58:19, 23	30:13
20:17, 20	54:23	59:18	61:7, 14,	51:12
23:13	55:9	64:7	20 62:5,	60:10
26:6	simple	situation	6, 17	62:4, 6
shouldn't	27:20	18:18	63:11, 13	sort
36:7 59:6	simply	55:9	64:22	27:17
show	45:7	size	65:2, 5	64:18
6:11	52:23	11:6	68:19, 22	sources
35:15	53:15	skill	smoking	62:2
56:6	simultaneo	56:8	35:25	speak
60:22	usly	Smith	smoothly	23:8
shows	7:18	8:1, 7	15:9	47:14, 19
24:19	since	9:1, 3	some	53:12
36:21	10:24	12:14	8:2 27:2	speaks
	49:24	27:19, 23	28:7, 11	
		28:2, 11,	44:19	
			49:9 51:4	

23:15	stage	stations	streams	submit
special	14:16	47:24	10:10	39:17
56:15	standard	statute	street	subsidiari
specialty	32:17	23:21	36:12	es
14:20	standardiz	statutory	strengthen	7:2
20:14	ed	10:20	ing	subsidiary
61:16	11:23	12:2	16:15	33:22
63:2, 5, 8	standards	41:16, 17,	strong	62:13
specific	68:4	25	15:18	substantia
66:7, 13,	start	stay	53:17	l
19	7:23 8:1,	54:9	67:6	55:15
Specifically	7 50:8	57:21	strongest	success
40:1	55:21	staying	52:4	50:17
spectrum	65:10	40:17	structure	successful
58:7	started	steer	14:25	20:16
spent	48:14	45:12	65:3	such
15:10	state	steering	struggles	19:4
spouse	23:11	6:5 26:15	27:14	suffered
15:15	40:15	sticking	studies	20:4
spouses	46:18, 19	35:9	56:6	summarizes
19:19	48:3	still	stuff	34:8, 9
spread	56:15	7:3 19:17	58:16	supplies
6:3 26:3	57:19	37:8	stunning	20:14
33:20, 24	statement	62:22	25:18, 19	supply
34:5	8:5 9:1,	stock	Stunningly	11:15
36:18, 22	14 12:14	19:24	24:5	12:2
37:6, 25	14:1	store	stupid	28:21
38:2, 3	16:17	49:14	27:24	30:3
39:8	18:1 21:2	stories	subcommitt	45:21
stability	23:1	20:8	ee	49:21
54:5	26:19	straight	6:24 7:23	58:20
stable	statements	34:6 41:3	14:4 18:4	59:4
53:25	7:24 8:3,	straightfo	42:19	supplying
staff	4	rward	subject	45:20
55:10	states	15:6	46:17	support
	34:17			9:16
	59:16			12:12
	61:13			

38:12, 19		50:4	terms	22:1 23:3
69:4	T	talking	6:16	26:18
supports	TAA	33:25	18:20	27:1, 9
40:17	44:21	36:10, 11	20:10	33:10, 12
supposed	51:12	59:8	34:17	35:21
33:16	TAA-	taught	53:12	39:21, 22
35:18	28:14	34:7	67:13	40:6, 23
60:20	TAA-	taxpayer	testify	42:16, 17,
61:2	COMPLIANT	7:15	9:5 18:5	18 45:24
sure	62:2	10:14	67:4, 19	48:16, 17,
28:23	tactics	15:9, 16	68:16, 24	21 52:7,
42:15	6:3	29:2 34:6	testimony	9, 11
44:15	take	50:13	33:20	55:17, 19,
47:15	7:12	64:24	37:20, 24	25 58:11,
49:17	14:13	69:1	38:6 52:8	12 63:23
50:6, 12	19:18	taxpayers	than	64:3
57:25	26:15	7:17 12:1	6:4 10:2,	65:7, 12
58:1, 5	34:16, 25	16:5, 16	17 11:10	67:1, 16,
64:4, 23	36:8	39:17	14:8	17, 18
69:3	38:18	53:18	15:19, 20,	68:19
surprise	40:9	team	21, 22	69:6, 8, 19
36:7	53:21, 22	9:12 10:6	24:3, 10	thanks
sustainabl	54:3	30:15	27:7	10:19
e	55:20	tell	29:22, 23	33:9 67:3
20:22	56:24	34:20	31:13	69:14
sword	58:23	35:14, 15	32:5, 15	that's
41:6	61:22	37:20	41:22	25:4, 13,
sync	68:18	39:6, 13	42:12	15, 18
18:17	takes	43:11	44:8 46:3	28:23, 25
system	52:2	60:16	52:17	29:16
12:6	taking	telling	58:21	30:14, 23
20:11, 19	48:18	36:23	59:2, 22	31:20
28:12	69:3	37:23	63:3, 7	32:5
34:15	talk	42:3	65:24	33:20, 24
42:8 51:9	25:5	tells	thank	34:6, 24
55:7, 8	65:18	26:2	7:20, 22	35:13
63:8 69:3	talked	term	9:4 12:10	36:15
		36:7	13:1 14:4	38:18
			17:1, 2	42:11
			18:4 21:1	46:13, 19,
				21 47:9,

16, 20, 25	11:17	60:12, 15	think	34:8, 9,
51:13, 19	25:10, 11	65:5	24:25	16, 20
52:2, 3	then	66:20	26:5, 6, 11	35:19
53:9	7:16	67:4, 10,	27:13	36:7, 8
57:24	20:12, 14	11	41:11, 12	37:8
58:19	27:12	these	43:7	38:1, 7,
59:10, 24	29:17, 24	6:9 7:16,	49:24, 25	12, 23
60:5, 7,	30:4 31:3	20 10:12	50:3, 22	39:3, 14
15, 22, 24	33:23	20:8	51:10	40:11
61:2 63:4	38:3, 11	26:12	52:2, 3	42:8, 21
64:25	39:7, 24	35:17	55:2	43:8 44:6
65:4, 22,	42:13	41:13, 14	56:5, 7, 14	45:9, 14
25 66:8,	45:7	43:25	57:8	48:10, 14
11 67:15	47:17	44:11	58:7, 9	49:25
them	49:20	54:10, 11	61:7, 20	50:1
6:10	51:15	63:24	62:8, 14,	52:16, 18
18:14, 23	52:25	64:7, 10,	21 65:5,	53:15
19:18	53:18	20 67:6,	22 67:11	56:15
20:3, 5	57:16	16	68:24	57:12, 14
27:25	60:19	they've	69:9	58:18
28:4, 7, 10	theory	26:9 37:7	thinking	59:1, 9
29:23	33:15	51:21	64:7	60:3, 24
31:18	46:4	thing	third	61:3, 8
32:20	Therapeuti	23:17, 25	27:12	62:18
33:18	cs	30:13	this	63:21, 23
36:9 41:9	11:20	32:8	6:15, 21,	64:9, 13,
43:11	30:4	41:12	23 7:4, 8,	17, 18
44:13	54:19	56:20	9, 21 8:1	65:3
45:5	there's	60:6 62:1	9:24	66:17
47:20	25:8, 16	65:18	10:15	67:5, 24
48:6 54:6	26:5	66:5	12:11	68:7, 10,
55:3	29:11, 23	things	15:16, 19	24 69:16
57:9, 17,	32:6, 20	26:2, 5	16:8, 9	those
18 58:5	33:5 39:8	27:15	18:9	7:3 11:1
59:3	44:3	35:1	20:4, 20	24:4
62:20	47:16	44:23	23:7, 11	26:10
64:9, 14	48:3, 7	52:20	25:7 27:5	27:3 29:4
66:15	55:14	57:11	28:13	32:18, 19
67:7, 8, 23	56:5, 19	63:12	29:11	34:17
themselves	58:8		30:7	39:1
10:7				40:21

43:17	68:11	17, 20, 21,	13, 16, 17	11, 18, 20
52:20, 22,	throughout	24, 25	31:2, 5,	51:12, 18,
24 53:1,	23:7	7:4, 6, 9,	11, 15, 18,	21, 22
9, 15	throw	10, 12, 14,	19 32:11,	52:1, 2, 7
54:2, 5, 7,	48:18	15, 16, 18,	13, 14, 21,	53:12, 18
8, 10, 12,	tiers	20 8:1, 4,	24 33:5,	54:8, 9,
13 57:6,	11:22	5, 6, 7	7, 14, 16	10, 12, 20,
9, 16 63:6	time	9:5, 8, 10	34:5, 8, 9,	21, 24, 25
65:4, 22	11:8, 9	10:10, 11,	10, 11, 13,	55:2, 3, 9,
68:10, 12	16:11	19, 22	15, 16, 18,	10 56:6,
though	27:6, 8, 11	11:1, 2	25 35:1,	9, 10, 13,
68:14	28:3	12:4, 5, 7,	3, 5, 9, 13,	16, 23, 25
thought	32:17	8, 10, 11,	18 36:2,	57:3, 6, 8,
43:8	33:8	12 14:5,	3, 5, 7, 9	9, 14, 16,
thousands	35:17	7, 12, 17,	37:3, 11,	17, 18, 20,
23:10	39:21	21, 24	14, 15, 21,	25 58:4,
three	40:8, 13,	15:8, 16,	24 38:10,	6, 13, 18,
9:11	16 45:13	17, 19, 24,	13, 15, 17,	23, 25
29:11	48:14	25 16:7,	20, 21, 22,	59:4, 6, 7,
41:20	49:19	9, 12, 14,	25 39:2,	11, 23
through	51:8	16 18:5,	4, 6, 10,	60:14, 20,
6:3 9:11,	52:1, 7	7, 9, 22	17, 18, 25	21, 25
21, 23	59:12	19:10, 16,	40:4, 9,	61:2, 8,
10:15, 20	61:8, 12	20, 22, 23,	13, 14, 22,	12, 21, 22,
11:14, 17,	62:8, 14	25 20:4,	24 41:2,	25 62:2,
19 12:1	68:14	10, 13, 15,	3, 4, 5, 7,	3, 8, 12,
15:4, 25	timely	17 23:8,	12, 18, 19,	15, 17, 20,
19:21, 22	12:8	9, 14, 15,	20 42:6,	21, 23, 24,
27:14	times	24 24:2,	11, 15, 20,	25 63:1,
30:9	33:19	8, 14, 22	21 43:7,	8, 9, 12,
34:4, 6	41:20	25:1, 5, 7,	11, 18, 20	15, 16, 17,
36:20	51:13	8, 24	44:2, 4,	19, 24
37:3, 15	62:1	26:1, 12,	10, 11, 13,	64:9, 11,
39:25	TMOP	14, 16, 17	15, 17, 20	12, 14, 15,
43:16	11:17	27:6, 14,	45:1, 5, 8,	16, 18
49:22	to	15, 16, 19,	12 46:5,	65:5, 9,
53:1	6:6, 7, 9,	24 28:6,	13, 14	13, 14, 16,
54:21	12, 13, 15,	9, 14, 18,	47:20	18, 23
61:25		20, 23	48:8, 18	66:7, 15,
63:2, 7		29:1, 4,	49:6, 8, 9,	16, 18, 19,
		11, 12, 24	11, 15, 20	21, 24
		30:3, 6, 8,	50:6, 8,	67:4, 5, 6,

7, 8, 11, 14, 15, 16, 19, 20, 22, 25 68:7, 8, 12, 16, 17, 24 69:9, 13, 15, 17	26:11 31:19 42:13 topics 7:20 touch 9:18 tout 23:24 42:6 toward 44:11 towards 26:14 TPHARM5 10:23 19:3 trade 6:19 51:12 traditiona l 6:1, 8 10:2 34:2 transparen t 20:22 treatment 9:11 53:22 54:17 TRICARE 6:7 7:13 9:12, 13, 15, 23 10:21 11:18	14:8, 11, 19, 25 15:18, 25 16:7, 10 18:12, 13, 20 23:12, 18 24:2, 6, 20 25:10, 12 26:4 28:23 30:1, 22 32:12 34:1, 15 36:22 37:9 38:16 39:9, 11, 12, 24 40:21 50:25 52:18 53:1, 4, 8, 12 54:11 55:7 57:4, 20 59:14, 17 60:10 66:8, 17 68:5 tricky 41:15 true 6:14 46:22, 23 truly 57:20 trusted 20:2	try 28:14, 18 45:12 69:17 trying 7:18 19:23 27:14 28:20 29:4 35:13 44:13 48:8 61:12 62:8 Tuberville 7:22 9:3 13:1 14:3 17:1 18:3 22:1 23:3 27:1 33:1, 10 39:22 40:18 42:17 48:17 52:9 55:19 57:1, 23 58:11 64:1, 4 65:9 66:2 67:2, 3, 17 68:19, 22 69:8 tune 26:1 turn 16:3	turns 23:25 36:23 two 16:10 25:21 26:2, 3 31:18 47:6 type 38:1 types 52:20 54:3, 10 typical 32:8 U U.S. 12:5 ultimately 45:19 53:18 56:11 unaffected 53:5 unallowabl e 37:6 uncomforta ble 49:3 uncompensa ted 56:18 under
--	--	---	--	---

6:5 10:10	unnecessar	45:19	24:21	41:1,13
11:17	y	46:25	41:9 51:4	vertically
19:10	58:6	47:21	utilize	-
20:4	unsustaina	50:5 52:5	68:9	integrated
23:17,25	ble	57:14	utilized	40:8
24:15	40:7	58:4,10	57:13	very
26:10	until	62:21		19:10
29:5	18:11	63:7	v	27:1,20
59:24	up	64:14		32:19
underpay	9:12 10:6	use	validate	38:16
40:9	18:10	7:16	44:16	39:22
understand	27:7,17	31:6,7,9,	value	40:18
14:14	28:18,21	16 41:18,	15:11,16	45:15
41:13	29:24	19 58:6	50:13,23	46:17
45:1	35:15	59:23	53:18	47:24
47:15	41:5	used	various	48:6
63:12	47:19	10:3	69:6	49:3,19
64:17	48:9,18	19:20,25	Vendor	52:17
69:10	49:20	27:10	11:14	54:3 61:2
understand	51:10	29:16	venue	68:25
ing	62:20,23	39:10,19	28:17	69:8,19
28:4 36:6	63:10	67:7	44:14	veterans
46:20	67:22	uses	verify	68:15
51:1	68:17	10:1 46:7	38:13,21	via
underwater	urge	using	versus	23:22
41:6,7	7:12	7:15	44:18	24:7 63:3
uniform	us	11:14	51:15	viability
10:11	7:6 9:19	26:7	59:18	19:7
11:18	10:20	29:14	vertical	VICE
Union	15:15	30:16	6:2 7:13	23:1
37:5	18:11	38:23	23:15	view
unique	29:13,22	41:21,22	24:18	49:10
49:10	30:2,9	49:21	26:12	50:1
54:7	34:20	59:15	61:1,8,10	virtually
United	36:23	61:14	65:15	57:24
61:13	37:23	USN	vertically	visibility
unmet	38:17	9:1	7:14	11:11
32:20	39:6,25	utilizatio		
	43:1	n		
	44:14,21			

vital	7:16	ways	46:23	33:25
12:12	War	51:18	47:1, 16,	36:10, 11
volume	11:21	66:18	20, 23	38:15
30:5	32:3	we	48:2, 5, 7	43:6, 18,
	warm	7:4, 10,	49:19, 21	20 47:13
W	48:18	23, 25	50:3, 5, 6,	49:14
	Warren	8:2, 6	10, 11, 19,	50:12
wade	7:22 9:4	10:13	20, 22	53:2, 16
19:22	14:4 18:4	14:7, 13	51:11, 13	55:13
waiting	23:4	15:7, 10,	52:1, 3, 4,	58:5
7:3	33:11, 12	12, 24	16, 17, 22	62:17, 25
walk	35:3, 13,	16:1, 11,	53:1, 7, 8,	63:15, 21
39:25	21 36:20	12, 14	15 54:3,	64:13
waned	37:19	18:10, 20,	12, 18, 22,	65:9
51:6	38:2, 9,	24, 25	24 55:8,	69:19
want	11, 18, 21	19:8 25:8	11, 12	we've
6:12 7:6	39:2, 7	26:5	56:17	18:9
8:4 24:14	58:11, 12,	27:2, 3, 20	57:2, 5, 16	28:12
25:5	25 60:5	28:3, 5, 6,	58:3	33:19
28:6, 9, 23	61:19	7, 8, 9, 11,	60:21	35:11
29:1	62:4, 7	14, 17	61:22, 25	42:10, 11
32:13	63:11, 14	29:15, 19,	62:2, 3,	46:18
34:7, 9,	65:14	24 30:2, 5	18, 19, 21,	47:11
15, 16	68:23	31:3, 9,	23 63:6,	52:25
41:18, 19	warships	11, 18	7, 22, 23,	57:11
49:9	27:22	32:4, 10,	24 64:22,	58:19
50:11	28:6	12, 13, 14,	24 66:11	59:8
52:7	waxed	15, 19, 21	67:6, 7, 8,	60:14
58:13	51:6	33:13	9, 14, 15,	61:4
59:4	way	34:6 35:2	22, 23	62:20
64:16	29:10	36:17	68:2, 4, 6,	64:13, 16
65:18	33:15	37:25	7, 11, 17,	66:24
67:7, 8,	38:11	38:17	25 69:5,	67:24
14, 15	42:7	39:2, 6,	12, 15, 16,	weak
wanted	48:23	11, 13, 14	17, 18	6:23
34:10	51:22, 24	40:12	we'll	website
35:5 49:9	59:5	43:11, 17,	8:1, 5, 7	59:14
wants	62:22	21, 22, 23	55:21	welcome
	63:9, 20	44:13, 24	65:10	15:24
		45:4, 6,	we're	16:14
		17, 18, 20	27:25	

well	45:17	36:8	wherever	6:20
9:3, 16	46:7, 15	37:12, 20	14:11	why
26:3	47:13, 16,	38:5	whether	23:13
28:11	20 48:23	39:17	20:15	24:13
35:13	49:10	40:25	31:6	28:8 32:8
39:11	50:10	41:1, 13	54:15	44:9
43:10	51:23	42:4	62:9 63:9	45:12
45:13	52:2, 4, 5,	44:23	65:20, 21	46:4
47:6	16, 17	46:9	69:10	61:1, 22
49:1, 6	53:7, 13	47:11	which	63:4, 14
50:15, 19	55:3, 5,	48:6	6:3, 5	wide
52:6	21, 22	49:1, 3, 16	7:11	55:3
53:19	56:24	50:25	9:12, 22	wielded
60:2, 8	58:15	51:11	10:10	41:5, 6
67:10, 13	60:7, 12,	52:3, 12	20:11	wife
went	22, 25	53:25	23:9	19:15
27:14	62:19, 20	54:23	28:15	will
40:14	64:7, 11,	59:2	32:17	7:12, 24
41:3 52:1	19, 22	60:11	36:9	9:17
what	65:1	61:23	40:14	20:12
6:4, 18	66:8, 11,	whenever	46:15	28:19
15:2	16, 24	67:10	55:9 56:3	30:6
20:25	68:17	where	while	32:23
21:1	69:12	15:13	16:8	39:4, 5, 7,
23:12	what's	20:8	19:19	15 44:24
24:12, 23	32:7, 8	26:10	20:17, 19	47:16
25:22	42:22	27:14	who	48:6, 15
31:13	whatever	28:16	11:7	49:15, 16
32:15	29:6 32:9	29:7	15:16, 25	50:7
34:5, 7, 9,	44:10	32:18	19:13	54:24
21 35:3,	51:15	44:24	25:2 27:7	59:15
10, 13, 14,	69:4	46:13	33:17	61:21
15, 16, 19,	when	48:4, 7	35:15	62:22
24 36:1,	6:1 14:16	49:20	39:23	63:20
2, 8, 11, 22	18:11	52:16	42:12	65:7
39:5	19:24	57:15	44:2 45:2	willing
40:1, 3,	20:13	59:6, 10	whole	62:17
19, 24	27:11	whereupon	50:19	win
41:3, 23	28:9 32:6	69:20	whose	57:19
42:23, 25	33:21			
44:1, 16				

winner 25:4	48:5, 8 49:3, 16 50:5 51:9	won't 39:17	worse 57:22	Y
wins 25:2	52:4 53:14	words 25:15 37:7	worsen 57:16	yeah 35:21
Wisconsin 48:3	54:25 55:14, 21	work 16:6 31:3 33:2, 16 48:5, 8 57:3, 8, 20 58:4 60:22 61:10, 25 68:15 69:17	worst 40:12	39:20 40:23 43:20 45:24 50:17 51:6 55:25
wishes 15:25	57:12, 13, 16, 18, 20, 24 58:3, 9, 10 59:18, 25 61:4, 24 62:2, 11 63:4, 18 64:20 65:11, 14, 21 67:5 68:5, 23	worked 18:23 19:16	worth 10:25 49:24	year 7:9 11:1 12:1 18:25 24:8, 9 28:18 43:22 46:2 58:18 67:24
with 6:15, 17 8:1, 5, 8 9:19 10:16 14:16, 21 15:6 18:22 19:16 23:5, 11 25:16 26:1, 8 28:13 29:5, 10, 15 30:5, 7, 10 32:3, 20 33:2, 3, 4, 5, 14, 17 34:11 35:8, 10, 17 36:5, 13 37:7, 17 38:14, 20 39:5 40:14 41:16 42:22 43:1 45:18, 25 47:1, 13, 14, 18	within 11:4, 7, 8 15:22 16:11 31:2 32:16, 17 43:17 54:22 67:12 68:3	Workers 37:5	would 19:4, 6 23:11, 12 24:13, 16, 17 27:5 32:14 33:16 34:13, 25 35:24 36:8 38:12, 19, 25 39:2 40:3, 11, 12, 24 49:2 51:20, 23 56:12 57:5 60:2, 3 64:9, 19 65:2, 13 66:5, 23 67:19	year's 39:14
	without 7:24 19:2 39:13 48:17	working 20:20 51:3 57:3 58:4	wouldn't 27:25 38:17 44:10 45:12	years 6:16, 18 18:13 27:4, 5 34:7 35:24 36:6 51:4 53:21 67:24, 25
	witnesses 7:25	works 7:17 29:10 30:5 48:25 54:6 65:15	written 9:14	yes 28:2 30:20 31:22 33:7 38:18 42:24
	women 50:2 67:21 68:18	world 16:3		
		worldwide 12:4 49:15 50:4		

43:6
44:19
47:4
48:2, 12
50:16
65:12
66:6

yet
6:16

yield
27:6

you-all
30:2