COMMUNITY ONCOLOGY ALLIANCE

Dedicated to Advocating for Community Oncology Patients and Practices

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The Honorable James Comer, Chairman
House Committee on Oversight and Accountability
2410 Rayburn House Office Building
Washington, D.C. 20515-1701

Dear Chairman Comer:

I am writing on behalf of the Community Oncology Alliance ("COA") to thank you for your leadership in introducing the *Pharmacists Fight Back in Federal Employee Health Benefit Plans Act (H.R. 6610)*. COA strongly supports your effort to bring long-overdue accountability, transparency, and fairness to pharmacy benefit managers ("PBMs") operating in the Federal Employees Health Benefits Program ("FEWBP").

Independent community oncology practices see every day how PBM abuses harm patients, undermine physician-directed care, and threaten the viability of independent providers. PBMs increasingly use their market power and vertical integration to steer patients to affiliated pharmacies, impose opaque reimbursement terms, restrict pharmacy networks, mandate outside specialty pharmacy fulfillment, and extract fees and concessions that have little to do with improving patient care. These practices are especially dangerous in cancer care, where timely access, clinical coordination, medication management, and close communication between the patient, oncologist, care team, and pharmacy are essential.

Your legislation takes a major step in the right direction. By addressing PBM reimbursement, patient steering, affiliate favoritism, cost-sharing manipulation, network restrictions, and enforcement within FEHBP, the bill establishes an important federal standard for PBM conduct. We particularly appreciate the bill's protections against PBMs directing patients to specific pharmacies, increasing patient costs when they choose a non-affiliated in-network pharmacy, and excluding pharmacies through unreasonable network terms or delivery limitations. These are exactly the types of practices that have allowed PBMs to distort the market and put independent providers at a disadvantage.

At the same time, we respectfully urge the Committee to consider several additional provisions to ensure the bill fully protects independent community oncology practices and the patients they serve.

First, the legislation should explicitly protect medically integrated dispensing and physician-practice pharmacies. Many community oncology practices operate medically integrated dispensing facilities that are embedded in the cancer care team. These pharmacies are not simply retail dispensing sites; they are part of a coordinated oncology care model that helps ensure patients receive the right medication, understand their therapy, manage side effects, remain adherent, and avoid unnecessary delays or hospitalizations. PBMs should not be permitted to exclude, disadvantage, or impose more burdensome terms on a pharmacy merely because it is owned by, operated by, located within, or affiliated with an oncology practice.

Second, the bill should directly prohibit PBM-mandated white bagging, brown bagging, mandatory mail order, and external specialty pharmacy requirements when a drug is administered or clinically managed by the oncology practice. In cancer care, these policies

can fragment care, delay treatment, create safety concerns, and interfere with the oncologist's ability to manage therapy in real time. A PBM should not be able to force a cancer patient away from the practice's medically integrated pharmacy or require outside fulfillment when the treating physician determines that integrated dispensing or provider-site management is clinically appropriate.

Third, specialty pharmacy network standards should be required to be reasonable, relevant, objective, transparent, clinically justified, and applied uniformly to affiliated and non-affiliated pharmacies. PBMs often use accreditation requirements, data-feed obligations, inventory rules, delivery restrictions, or other specialty network criteria to exclude independent practices while favoring their own affiliated pharmacies. Your bill appropriately moves toward an any-willing-pharmacy standard, but additional guardrails would help ensure that PBMs cannot evade the law through facially neutral but practically exclusionary network requirements.

Fourth, the bill should include a reimbursement safety valve for high-cost oncology and specialty drugs. Benchmark-based reimbursement formulas may work in many retail pharmacy settings, but oncology drugs often involve substantial acquisition costs, inventory carrying risk, cold-chain handling, Risk Evaluation and Mitigation Strategy ('REMS") obligations, intensive patient support, and clinical management. Reimbursement should not fall below a pharmacy's documented acquisition cost plus reasonable professional, handling, inventory, and care coordination costs for oncology, REMS, cold-chain, limited-distribution, and other high-cost specialty drugs.

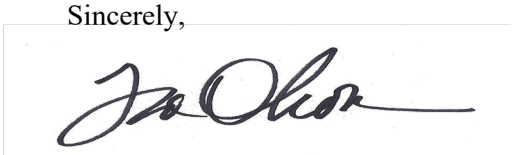
Finally, we encourage the Committee to ensure robust reporting and enforcement related to affiliate transactions, spread pricing, PBM-affiliated group purchasing organizations, specialty pharmacy restrictions, audit recoupments, clawbacks, and differential treatment of affiliated and non-affiliated pharmacies. Transparency is essential, but it must be paired with enforceable standards that prevent PBMs from shifting revenue into affiliates, reclassifying fees, or creating new mechanisms to preserve the very abuses the legislation is designed to stop.

These additions are smart provisions that cost nothing to add. They do not score and are not controversial. *The only group against them are PBMs!*

COA strongly supports your leadership in taking on PBM abuses in FEHBP. This legislation is an important and necessary step toward restoring fairness, protecting patients, and preventing PBMs from using federal health programs to enrich themselves and their affiliated entities at the expense of independent pharmacies, physicians, and patients.

We would welcome the opportunity to work with you and your staff to strengthen the bill further so that independent community oncology practices and their patients are fully protected.

Sincerely,



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