Oral Testimony on Hearing:

The Role of Pharmacy Benefit Managers in Prescription Drug Markets
Part I: Self-Interest or Health Care?

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Chairman Comer, Ranking Member Raskin, and members of the House Committee on Oversight and Accountability, thank you for the opportunity to appear before the Committee to talk about my experiences on the frontlines of medical care dealing with PBMs and their policies that hinder patient care and harm my patients.

I am a medical oncologist with AO Multispecialty Clinic in Augusta, Georgia. I have been treating cancer patients in private practice for 30 years, have served in the Army Medical Corps, and currently serve as President of the Community Oncology Alliance.

During my time treating cancer, I have seen many great advancements such that cancer is no longer a death sentence. Many Americans with cancer are now cured or are at least living normal, productive lives with the disease.

When I first started treating cancer patients, I was able to be their physician and focus on caring for them while relying on the knowledge and skills honed during my extensive training. I didn't have to spend countless hours fighting with faceless corporations to justify my patients' treatment plans. However, virtually every day, I have to fight insurance companies and their pharmacy benefit (mis)managers to get my patients the evidence-based, life-saving treatment they need. PBMs and

their corporate insurers want to control what treatments I give and how and where they are given. In essence, PBMs are practicing medicine without a license or regard for my patients. It is simply all about their profits, not my patients.

While new oral cancer drugs offer patients the convenience of not having to come to the clinic for treatment, they often create more obstacles for patients when it comes to insurance coverage at the hands of PBMs. Upwards of 35 percent of drugs we use to treat cancer are orals and are very expensive. PBMs have found a very lucrative and profitable market in controlling these medications.

Our practice has a drug dispensary on-site where these oral cancer drugs are available. This allows us to fully integrate and closely coordinate patient care on-site in our practice. Our medical team can educate patients on the importance of taking these drugs as indicated and how to deal with any side effects. However, PBMs often are mandating that patients get their medications not from our integrated clinic dispensary at the site-of-care but from remote mail order pharmacies that the PBMs own or operate. They essentially rip a critical component of the patient's treatment out of our hands simply so they can profit.

And as any oncologist will tell you, forcing patients to use PBM mail order pharmacies for potentially life-saving cancer drugs is often unreliable, unsafe, and wasteful.

PBMs also often dictate use of their "preferred" drug, which can greatly hinder my patients' care. After all, who knows best how to treat my patients – me or some faceless, profit-seeking corporation? Unfortunately, the PBM "preferred" drug is often not the best drug for a patient but the most profitable drug for the PBM.

In my written testimony I cite several examples of PBM abuses. You can read about my 69-year-old multiple myeloma patient whose treatment was delayed eight weeks at the hands of a PBM. Or the 61-year-old woman with metastatic breast cancer who first had to fail on an inferior drug, which then negated me from giving her the treatment she should have received in the first place. Or the 63-year-old woman with metastatic gastrointestinal stromal cancer required to pay a $1,500 per month insurance copay to her PBM when my practice pharmacy provided her the drug for $128 per month.

Treatment delays, denials, and fueling drug costs – this is the PBM hell my patients and I live in.

In addition to the seven volumes of PBM horror stories I submitted with my written testimony, I would like to submit for the record another volume that the Community Oncology Alliance just released this morning.

PBMs claim they save money. The reality is that they hinder care and cost everyone involved, including patients, *more* money. Integrated with the largest insurers, the top PBMs have such leverage that they do what they want. They are not only driving independent pharmacies out of business but also physicians who are weary from the endless daily fights with PBMs.

I applaud this committee and other congressional committees that are exploring PBM abuses. I implore Congress to pass serious legislation this year that reins in the horrors that PBMs inflict on patients and providers and that stops PBM abuses that drive up drug costs.

I appreciate the opportunity to provide this testimony and welcome any questions.