



March 1, 2023

Senator Michelle Wiklund  
Senate Health and Human Services Committee  
Minnesota Legislature  
75 Rev. Dr. Martin Luther King Jr. Blvd.  
Saint Paul, Minnesota 55155

Dear Chair Wiklund and Members of the Senate Health and Human Services Committee,

The Minnesota Society Clinical Oncology Society (MSCO) and the Association for Clinical Oncology (ASCO) are pleased to support SF 482. This legislation requires pharmacy benefit managers (PBMs) to allow a patient to obtain a clinician-administered drug from a health care provider and prohibits PBMs from steering a patient to a PBM-affiliated pharmacy.

MSCO is a professional organization whose mission is to improve cancer care for all Minnesotans and to facilitate improvements for Minnesota physician specialties in both hematology and oncology. MSCO members are a community of hematologists, oncologists, and other physicians who specialize in cancer care. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

We are concerned about PBM and payer policies that require oncologists to administer chemotherapy agents that have been prepared outside the physician's office by an entity under contract with the payer, and for which oncologists assume full liability without having control over chain of custody. Mixing of chemotherapy drugs requires a special process; if drugs are prepared outside the physician's office, it is difficult to adjust dosages if a physician determines a change is needed after reviewing the patient. This measure would prohibit PBMs and health carriers limiting or excluding coverage for a clinician-administered drug when the drug is not dispensed by the pharmacy selected by the PBM or carrier.

MSCO and ASCO support language in this bill that targets anti-competitive PBM business practices. We are opposed to requirements that steer patients towards the exclusive use of PBM-owned or affiliated pharmacies. PBMs are increasingly shifting drug dispensing away from physicians and toward pharmacies they own or with which they are affiliated, which can negatively impact patient care and access.

Some PBMs require that patients use only their proprietary specialty pharmacy for certain drugs, despite the possibility that the patient could access the drug more cheaply and quickly from a different pharmacy. For example, PBMs actively incentivize—and in some cases require—patients to use mail

order or specialty pharmacies in lieu of a dispensing physician. These actions are problematic, as it means PBMs are both competing with and determining reimbursement rates for pharmacists.

MSCO and ASCO appreciate the steps SF 482 takes to improve PBM practices in Minnesota, and we encourage you to pass the measure. For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Policy Brief: Pharmacy Benefit Managers](#) by our affiliate, the American Society of Clinical Oncology. MSCO and ASCO welcome the opportunity to be a resource for you. Please contact Sarah Lanford at ASCO at [Sarah.Lanford@asco.org](mailto:Sarah.Lanford@asco.org) if you have any questions or if we can be of assistance.

Sincerely,



Amrit Singh, MD  
President  
Minnesota Society of Clinical Oncology



Lori J. Pierce, MD, FASTRO, FASCO  
Chair of the Board  
Association for Clinical Oncology