

Congress of the United States
House of Representatives
Washington, DC 20515

May 27, 2020

Andrea D. Willis, M.D.
Senior Vice President and Chief Medical Officer
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

Dear Dr. Willis:

As Members of Congress, we have no higher priority than ensuring our constituents have access to high quality health care, especially during a national public health emergency. We are hearing concerns from providers that BlueCross BlueShield of Tennessee's (BCBST) specialty pharmacy pilot program scheduled to take effect July 1, 2020 could restrict access to provider-administered specialty drugs. We are concerned that replacing the current "buy-and-bill" distribution system in the midst of the 2019 novel coronavirus (COVID-19) pandemic with a model that requires providers to order specialty medications exclusively from pharmacies may disrupt ongoing treatment for patients with chronic conditions and disparately impact the specialty provider community. We ask that you give these concerns due consideration before implementing this new program.

Many physician practices in Tennessee are already struggling to keep their doors open during the COVID-19 pandemic because of the loss of revenue from elective procedures, and we believe a specialty pharmacy mandate will only make this situation worse. This type of mandate would reduce reimbursements and increase administrative burdens, which could result in closures of physician offices and freestanding infusion centers across the state and limiting patient access. Providers who administer specialty drugs in-office must be able to provide their patients the right medication at the right time, without interruption or delay. However, there is concern that specialty pharmacies often do not provide the appropriate inventory to providers, harming their ability to provide the proper medication if a patient misses an appointment or if their prescribed dosage changes. Likewise, certain drugs require lab testing immediately prior to administration to determine if and how much medication should be administered to the patient. Such a system could result in unnecessary wastage as medications cannot be reused. Moreover, forcing providers to rely on a specialty pharmacy's drug supply instead of managing their own inventory could have health implications for patients.

America will defeat this virus, and when we reopen our economy, we need a strong health care system to come back to. As we continue to fight this invisible enemy, we must work together to ensure providers have the resources they need to weather this pandemic. We therefore urge BCBST to reconsider implementing a pharmacy program that could exacerbate the provider community's existing financial woes and limit the availability of critical care services for the most vulnerable patients. Thank you for your timely consideration of our concerns.

Sincerely,



David P. Roe, M.D.
Member of Congress



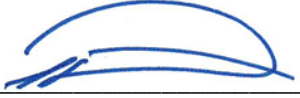
Mark E. Green, M.D.
Member of Congress



Charles J. "Chuck" Fleischmann
Member of Congress



Tim Burchett
Member of Congress



Scott DesJarlais, M.D.
Member of Congress