



February 12, 2025

Oklahoma State Legislature
House Committee on Civil Judiciary
2300 N Lincoln Blvd.
Oklahoma City, OK 73105
Via electronic mail

Mailing Address:

Attn: Jen Laws
PO Box 3009
Sidell, LA 70459

Chief Executive Officer:

Jen Laws
Phone: (313) 333-8534
Fax: (646) 786-3825
Email: jen@tiicann.org

Board of Directors:

Darnell Lewis, Chair
Riley Johnson, Secretary
Dusty Garner, Treasurer

Michelle Anderson
Hon. Donna Christensen, MD
Kathie Hiers
Kim Molnar
Judith Montenegro
Amanda Pratter
Trelvis D. Randolph, Esq
Cindy Snyder

Director Emeritus:

William E. Arnold (*in Memoriam*)
Jeff Coudriet (*in Memoriam*)
Hon. Maurice Hinchey, MC (*in Memoriam*)
Gary R. Rose, JD (*in Memoriam*)

National Programs:

340B Action Center
PDAB Action Center
Transgender Leadership in HIV Advocacy
HIV/HCV Co-Infection Watch

National Groups:

Hepatitis Education, Advocacy & Leadership
(HEAL) Group
Industry Advisory Group (IAG)
National ADAP Working Group (NAWG)

RE: HB 2048

Dear Honorable Chairman Duel, Vice Chair Culver, Members of the Oklahoma Committee on Civil Judiciary, and your respected staff,

The Community Access National Network (CANN) urges caution regarding **HB 2048**, which limits the influence of pharmacy benefit managers (PBMs) and insurers in patient choice, but also expands the federal 340B Drug Pricing Program in Oklahoma without sufficient guardrails.

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

CANN is encouraged by the legislature's commitments to limit the influence of pharmacy benefit managers (PBMs) and insurers in directing patients to specific pharmacies, thereby promoting patient choice and access to healthcare. This legislation represents a critical step toward ensuring that patients have the freedom to obtain their medications from the pharmacy of their choice without undue restrictions or financial penalties.

We **support** the effort behind **HB 2048** to appropriately protect independent, non-chain, community pharmacies from unfair steering and exclusionary tactics. In addition to this language we would strongly urge an amendment to further safeguard patient choice, access, and affordability. Specifically, the bill should be amended to require that patient cost-sharing payments—such as copayments, coinsurance, and deductibles—are similarly situated across all pharmacies.

This ensures that patients are not financially coerced into using certain pharmacies due to insurer-imposed cost disparities, which can lead to reduced adherence, worse health outcomes, and ultimately rural hospital and community pharmacy closure.

We are **concerned** that **Section Four** of **HB 2048** would expand the federal 340B Drug Pricing Program in Oklahoma without sufficient oversight to ensure the program appropriately serves patients, particularly those living with HIV and other chronic health conditions.

RE: HB 2048
February 12, 2025
Page Two

[The primary harm of contract pharmacies](#) in the 340B program is that they can divert profits intended for low-income patients by allowing large, for-profit retail pharmacies to capitalize on discounted drug prices, potentially leading to less money being reinvested in patient care and a lack of transparency regarding how the savings are being used; this can be considered an abuse of a program designed to help vulnerable populations access affordable medications.

[340B has been the primary driver behind contract pharmacy expansion](#). Many community, and rural pharmacies are unable to secure contracts with covered entities favoring large entities, reducing competition, *leading to pharmacy consolidation* often to wealthier communities and away from disadvantaged and impoverished communities, exacerbating the growing patient access issue. Directly, expanding contract pharmacies under the 340B program isn't about patients, it's about adding more hands to the 340B cookie jar, at the expense of patients.

Furthermore, the severability clause must explicitly include federal pre-emption beyond "Constitutionality." [Given the anticipated federal 340B reform legislation](#), it is essential that the bill references not only constitutional considerations but also relevant federal statutes that may impact or override state-level provisions or otherwise invite unnecessary litigation at the expense of Oklahoma taxpayers. This will ensure **HB 2048** remains legally sound and adaptable to forthcoming federal regulatory changes.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. The 340B Drug Pricing Program is of profound importance to our community.

To be clear, CANN supports a strong 340B program. When 340B operates the way it is intended, safety-net providers thrive and vulnerable communities, families, and individuals gain access to healthcare they might otherwise not have. CANN welcomes discussion on instituting appropriate guardrails into legislation that would serve to strengthen the program, shield good stewards, and hold accountable bad actors within the appropriate limitations of state powers associated with this federal program.

We would be happy to discuss this legislation or any other matters of public health, please feel free to reach out by email or phone at kalvin@tiican.org, 913-954-8816, or jen@tiicann.org, 313-333-8534.

Respectfully submitted,



Warmly in service,
Calvin Pugh
Director of State Policy, 340B
Community Access National Network (CANN)

On behalf of
Jen Laws
President & CEO
Community Access National Network