

DEBBIE DINGELL  
6TH DISTRICT, MICHIGAN

102 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-4071

HOUSE COMMITTEE ON  
ENERGY AND COMMERCE  
SUBCOMMITTEE ON  
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**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

DISTRICT OFFICES:

2006 HOGBACK ROAD  
SUITE 7  
ANN ARBOR, MI 48105  
(734) 481-1100

WOODHAVEN CITY HALL  
21869 WEST ROAD  
WOODHAVEN, MI 48183  
(313) 278-2936

WEBSITE: [DEBBIEDINGELL.HOUSE.GOV](http://DEBBIEDINGELL.HOUSE.GOV)

June 25, 2026

Ms. Tricia Keith  
President & Chief Executive Officer  
Blue Cross Blue Shield of Michigan  
600 E Lafayette Blvd  
Detroit, MI 48226

Mr. James Grant  
Executive Vice President, Clinical Affairs & Chief Medical Officer  
Blue Cross Blue Shield of Michigan  
600 E Lafayette Blvd  
Detroit, MI 48226

Dear Ms. Keith and Mr. Grant:

This letter is to express serious concern regarding recent policy changes by Blue Cross Blue Shield of Michigan affecting access to critical oncology medications for patients across the state. There have been troubling reports that current pharmacy benefit and distribution arrangements implemented on January 1st are restricting patient choice and creating barriers to timely, coordinated cancer care.

Patients facing a cancer diagnosis already confront immense physical, emotional, and financial burdens. Policies that limit where patients can obtain their prescribed therapies, particularly when they are directed away from their treating oncology teams, risk compounding these challenges. Constituents have reported disruptions in care coordination, treatment delays, and increased out-of-pocket costs.

Of particular concern are reports that, through pharmacy benefit management structures, including ownership of Prime Therapeutics and its partnerships with Express Scripts, cancer patients in Michigan are required to use Walgreens Specialty Pharmacy as the exclusive provider for certain specialty oncology drugs. This arrangement restricts access and limits patient choice, regardless of geographic accessibility or established provider relationships. Such policies can disrupt integrated oncology care, which is essential for managing complex treatment regimens and ensuring adherence. Patients have also reported challenges with medication delivery, reduced access to financial assistance, and delays in receiving therapies due to less direct coordination with their care teams.

These practices may also contribute to avoidable medication waste, particularly given that oncology therapies are highly specialized, costly, and sensitive to timing and handling. When medications are dispensed outside of coordinated care settings, they are more likely to be delayed, discontinued, or rendered unusable due to changes in a patient's condition, driving unnecessary costs across the healthcare system while undermining patient care. The impact of these policies is not merely administrative, it is deeply personal. Patients report losing control over critical aspects of their care at a time when stability and trust are essential. Even short delays in treatment can have meaningful clinical consequences. Broader trends in Michigan further underscore these concerns. Hundreds of independent pharmacies have closed in recent years, many linked to pharmacy benefit management practices, reducing access points for care, particularly in underserved and rural communities.

Patients must retain the ability to access their medications through any qualified pharmacy. Greater transparency in pharmacy benefit arrangements and the elimination of exclusive pharmacy mandates are essential to protecting patients and maintaining a fair, competitive healthcare system. Accordingly, I urge you to reconsider policies that may be contributing to these challenges and to work collaboratively with providers and stakeholders to ensure oncology patients receive timely, affordable, and coordinated care without unnecessary barriers.

I appreciate your attention to this urgent matter and welcome continued engagement on solutions that prioritize patient access and well-being.

Sincerely,

A handwritten signature in blue ink that reads "Debbie Dingell". The signature is written in a cursive, flowing style.

Debbie Dingell

Member of Congress