AACU
American Association of Clinical Urology, Inc.
1061 East Main Street, Suite 300, East Dundee, Illinois 60118 • (847) 752-9405
email: info@aacuweb.org • website: aacuweb.org

Department of Labor
Employee Benefits Security Administration
Office of Regulations and Interpretations,
Employee Benefits Security Administration,
Room N-5655, U.S. Department of Labor,
200 Constitution Avenue NW,
Washington, DC 20210.
29 CFR Part 2550 RIN 1210-AB37

April 15, 2026

Re: RIN 1210-AB37

The American Association of Clinical Urology appreciates the opportunity to submit comments on the Department of Labor's proposed rule, *Improving Transparency Into Pharmacy Benefit Manager Fee Disclosure*.

Founded in 1968, the AACU represents more than 3,700 urologists and affiliated state societies across the United States. Our members provide care across a wide range of settings, from community-based practices to large health systems. From that vantage point, the impact of pharmacy benefit manager decision-making is not theoretical. It is experienced directly in the clinical setting, where coverage determinations and formulary design influence how and when patients receive treatment.

The Department's proposal reflects an important recognition that the current system lacks transparency. Physicians are routinely asked to navigate coverage requirements, prior authorizations, and formulary restrictions without any meaningful visibility into how those decisions are shaped. Greater disclosure of PBM compensation is a necessary step toward understanding how financial arrangements influence access to care.

At the same time, transparency alone does not address the core issue physicians are encountering.

The challenge is not simply that the system is difficult to see. The challenge is that clinical decision-making is increasingly influenced by financial structures that operate outside of the physician-patient relationship.

AACU
American Association of Clinical Urology, Inc.
1061 East Main Street, Suite 300, East Dundee, Illinois 60118 • (847) 752-9405
email: info@aacuweb.org • website: aacuweb.org

In urology, this dynamic is particularly clear. Patients with cancer, chronic conditions, and complex treatment pathways depend on continuity of care and access to specific therapies. When formulary exclusions or utilization management requirements are driven by financial considerations that are not visible to providers, treatment decisions are disrupted. Patients are required to switch therapies for non-clinical reasons. Delays are introduced into care pathways that depend on timing. Physicians are forced to navigate administrative barriers that are disconnected from clinical judgment.

These are not isolated experiences. They reflect a broader pattern in which intermediary decision-making is shaping care in ways that are not transparent to either the physician or the patient.

If this rule is to have meaningful impact, the disclosures it requires must do more than provide a high-level view of PBM compensation. They must begin to illuminate how those compensation structures influence the decisions that ultimately affect patient access and treatment continuity.

From the perspective of practicing physicians, the key question is straightforward. How do financial arrangements between PBMs and other stakeholders influence which therapies are available to patients and under what conditions?

Without that connection, transparency risks stopping short of what is needed.

The Department should also recognize that this rule enters a healthcare environment that is already under significant strain. Physicians are managing increasing administrative complexity, evolving reimbursement pressures, and growing constraints on how care is delivered. PBM-driven coverage decisions are part of that broader landscape. They add another layer of friction between clinical judgment and patient access.

That friction has consequences. It affects how quickly patients receive therapy. It influences adherence and outcomes. It shapes the ability of physicians to practice medicine in a way that is consistent with training and clinical evidence.

AACU
American Association of Clinical Urology, Inc.
1061 East Main Street, Suite 300, East Dundee, Illinois 60118 • (847) 752-9405
email: info@aacuweb.org • website: aacuweb.org

The proposed rule is an important step in bringing greater visibility to a part of the system that has operated without it. It should also be viewed as part of a broader conversation about how decisions that affect patient care are made and who ultimately controls them.

AACU supports the direction of the proposal and encourages the Department to ensure that the final rule produces disclosures that are meaningful, usable, and connected to real-world clinical impact. The value of transparency will ultimately be measured by whether it helps align the system more closely with patient care and physician judgment.

John Lam, MD

John Lam, MD
State Advocacy Network Chair
American Association of Clinical Urology, Inc.

C. Mark Jackson, MD

C. Mark Jackson, MD
President
American Association of Clinical Urology, Inc.

Ron Lanton, Esq.

Ron Lanton, Esq.
Government Affairs Director
American Association of Clinical Urology, Inc.