



11 Beacon Street, Suite 710
Boston, MA 02108
Phone: 617-723-6100
Fax: 617-723-6111
www.cobth.org

December 3, 2015

The Honorable Jason M. Lewis, Senate Chair
Joint Committee on Public Health
State House, Room 511B
Boston, MA 02133

The Honorable Kate Hogan, House Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Dear Chairman Lewis and Chairwoman Hogan,

The Conference of Boston Teaching Hospitals (COBTH), on behalf of its fourteen member teaching hospitals appreciates this opportunity to provide testimony in strong support of **SB1165**, "An Act Relative to the Dispensing of Certain Cancer Related Drugs." COBTH and its members support the legislation's prohibition against direct supply of non-self-administered drugs to patients and urge the committee to provide a favorable report with the additions proposed below.

Increasingly insurance carriers are changing their insurance structures to require patients to obtain their non-self-administered medications from third party specialty pharmacies rather than receiving their treatments directly from the hospital providing their care. This practice, known as "brown bagging," requires patients upon receipt of their medication to transport it to their doctor to be administered. Brown bagging, as well as the practice known as "white bagging," in which a hospital must accept medications from third party specialty pharmacies, pose a serious risk to the integrity of the pharmaceutical chain of custody which is vital to ensuring the safety of the medications patients ultimately receive.

As such, there is great concern for patient safety when there is no guarantee that the integrity of the drugs to be administered has not been compromised in any way. Many of the medications that would be subject to both brown bagging and white bagging have special handling, storage and temperature control requirements which cannot be guaranteed under either brown bagging or white bagging.

Under the practices of brown bagging and white bagging the providers' ability to fully document the complex drugs in a patient's record is restricted. Currently, provider teams are able to document the drugs administered to patients completely in their medical record. This includes the expiration date, drug lot number, documentation of the drug's side effects/adverse reactions, medical recalls etc. Such documentation is impeded under both brown bagging and white bag practices.

Additionally, it remains unclear if the practices of brown bagging and white bagging are prohibited by existing regulations of the Board of Pharmacy. Under 247 CMR 9.01(4) there is the general prohibition against a pharmacy accepting and re-dispensing a product previously dispensed by another pharmacy. As yet there is no confirmation if this does affect brown bagging and white bagging practices, however we respectfully request clarification of this regulatory question.

As drafted **SB1165** specifically focuses on prohibiting brown bagging as it relates to specific drugs used for supportive care of oncology. However, the potential negative impact of white bagging and the potential problems of brown bagging for drugs beyond those specific oncology drugs should be investigated. As such, COBTH and its members urge the committee to adopt the proposed redraft of **SB1165** as submitted by the Massachusetts Hospital Association (MHA).

The MHA's proposed redraft recommends expanding **SB1165** to ensure adequate protections are in place to prevent improper brown bagging or white bagging for any cancer related or chronic illness related drugs. The proposal also recommends that a freeze be placed on insurance carriers to prevent further implementation of brown bagging and white bagging practices until a working group, assembled under the Executive Office of Health and Human Services in conjunction with the Department of Public Health, has reviewed both practices and submitted its recommendations to the legislature.

The practices of brown bagging and white bagging pose a potentially significant risk to patient care and patient safety. COBTH and its members appreciate the committee's time and attention on this matter and respectfully urge expedited action on this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John Erwin". The signature is fluid and cursive, with the first name "John" being larger and more prominent than the last name "Erwin".

John Erwin
Executive Director