

May 16, 2017

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

The Honorable Jason Lewis
Chairman
Joint Committee on Public Health
State House, Room 511-B
Boston, MA 02133

Dear Chairwoman Hogan, Chairman Lewis and Honorable Committee Members:

On behalf of the undersigned coalition of physicians, pharmacists, patients, infusion centers, and hospitals, we would like to express our strong support for **SB1211/HB3242**, “An Act to Review the Quality and Patient Safety of Dispensing Certain Cancer and Chronic Disease Related Drugs.”

This legislation directs the Health Policy Commission to examine the health care quality and patient safety impacts posed by emerging insurance industry practices requiring the forced “brown-bagging” and “white-bagging” of cancer and chronic-illness related pharmaceuticals. This language directly follows Governor Baker’s recommended returned amendment during the FY2017 state budget debate. Despite support for the proposed amendment by the proponents of the provision, the amendment was not adopted prior to the conclusion of the 2015/16 legislative session. However, these provisions were adopted in Outside Section 74 of the printed version of the House Ways & Means Committee FY18 budget. We appreciate the House’s inclusion of this language and look forward to its consideration by the Senate during its budget debate.

Our coalition strongly supports **SB1211/HB3242** and welcomes this opportunity for review of insurer-forced brown-bagging and white-bagging policies. It is an issue the health care community – and hospitals in particular – have been urging state regulators to examine for many years now.

Recent changes to several health insurer benefit structures require cancer and chronic disease patients to now obtain certain injected or infused medications through a specialty pharmacy. In many cases, these medications are no longer covered by insurance companies unless the patient self-administers the medication; utilizes a visiting nurse; or brings the drug to their health care facility or physician’s office to be administered by a clinician – a practice known as “brown-bagging”.

Brown-bagging requirements restrict the ability of treating providers to have a complete record of the medications administered to the patient through the patient’s medical record, including the expiration date, drug specific lot numbers, documentation of side effects/adverse reactions, and medication recalls. Of particular concern, many of the infusion drugs simply cannot be safely administered at home because they require preparation by a pharmacist, extensive clinical monitoring and may have serious side effects that require a hospital setting. Medications requiring patient-specific dosages dependent on lab tests performed the same day are also inappropriate for delivery directly to a patient.

Some insurers are also forcing the “white-bagging” of similar medications - a practice where medications are required to be dispensed by a specialty pharmacy and delivered to a hospital, infusion center, pharmacy or physician’s office for administration to a specific patient. In many circumstances, insurer-required brown-bagging and white-bagging raises unsettling consequences as both ultimately compromise the integrity of medications.

The integrity of the pharmaceutical supply chain must never be compromised. Because of this, hospitals have many procedures in place to ensure the quality of the medications that are procured, stored, dispensed and administered, including prohibiting the procurement of medications from outside sources and/or patient delivery to the hospital for administration in an outpatient setting. Forced brown-bagging and white-bagging directly contradicts this critical safety protocol and raises troubling legal conflicts related to the state’s prohibition of the re-dispensing of pharmaceuticals.

We strongly urge the Committee to issue **SB1211/HB3242** a favorable report at its earliest convenience. Thank you for your time and your consideration of this matter. Should you have any questions or concerns, please do not hesitate to contact Adam Delmolino, Director of State Government Advocacy at the Massachusetts Health & Hospital Association at (781) 262-6030 or adelmolino@mhalink.org.

Sincerely,

Massachusetts Health & Hospital Association

Organization of Nurse Leaders of Massachusetts, Rhode Island, New Hampshire & Connecticut

Conference of Boston Teaching Hospitals

Massachusetts Society of Health System Pharmacists

American Cancer Society Cancer Action Network

Massachusetts Society of Clinical Oncologists