

2/3/22

Dear Chairman Brinkman, Ranking member Miranda and members of the committee

Thank you for allowing me to provide written testimony on behalf of Cincinnati Children's supporting HB451. In my role as Chief Pharmacy Officer, I am responsible for the safety, quality, and pedigree of all medications used within the inpatient hospital and ambulatory clinics at Cincinnati Children's Hospital Medical Center.

The Division of Pharmacy at Cincinnati Children's maintains these important elements through tightly coupled interdisciplinary teamwork with the medical and nursing staff, robust clinical information systems, technology, and automation. Included is a strong contractual relationship with medication distributors and wholesalers. This partnership has established mechanisms to ensure quality and trace every drug that we use in the hospital and clinics from the manufacturer, all the way to the patient. I have confidence in the supply chain under our normal business pathways.

This relatively new business model called "White Bagging" could eliminate the elements that I rely on to provide safe and effective pharmaceutical care to my patients. It interferes with the pharmacist-physician relationship that we've developed. It by-passes our clinical decision support and bar-code verification systems that ensure the safety of our patients. I have no ability to verify the quality and pedigree of the medications that are given to my patients. I have no relationship with the "white bagging" pharmacy. I do not know where they received the medication, how it was stored or what measures they use to control quality. I do not know the pharmacist that filled the medication that I'm now responsible for under the "white bagging" system.

In summary, white bagging interferes with the processes that a health system pharmacy establishes to provide safe, high-quality medications to their patients. I appreciate your time and support of this bill, as written.

Thank you.

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