



December 6, 2023

Insurance Committee
Ohio House of Representatives
HB 156 Proponent Testimony

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda and members of the House Insurance Committee, thank you for the opportunity to testify in support of House Bill 156 related to the practice of “White Bagging” of physician administered medications.

White bagging is the process when an insurer or Pharmacy Benefits Manager (PBM) requires that a medication be dispensed from a third-party pharmacy rather than be supplied by an in-house pharmacy at the provider/health system. The white bagging process creates patient safety risks, inefficiency, delays in patient care, and drug waste which leads to unnecessary health care spending. It complicates the already complex drug supply chain and requires duplication of effort in order to ensure patient care breakdowns do not occur.

When a patient requires a physician administered medication, many steps have to occur in a precise order with exact specificity to prevent a medication error. The medication first needs to be configured and available to order in the electronic health record system; smart infusion pump libraries need to be built, maintained, and updated; orders need to be placed by prescribers and verified by pharmacists; the medication needs to be prepared in a US Pharmacopeial Convention (USP) compliant IV room; and the nurse must complete all necessary medication administration steps including barcode scanning of the patient and medication. These necessary steps ensure accurate and safe prescribing, compounding, dispensing, and administration of physician administered medications. White bagging adds unnecessary complexity to an already nuanced and challenging process.

This bill has been modified from the original version last session to address concerns. This version now identifies that white bagging cannot be mandated only in situations where the drug requires compounding or when the prescribing of the drug is impacted by the patient’s clinical presentation (e.g. drugs that are dosed based on weight or lab results). Patient consent is also required if white bagging will be mandated.

As a children’s hospital delivering these specialized treatments, we have witnessed inconvenience to the patient and family because the white bagged medication failed to arrive on time or no longer contained the correct dosage given the changes in the patient’s body weight. As a children’s hospital serving a 37-county region in central and southeastern Ohio, many of our patients drive hours for care and do not understand why the correct dose is unavailable when they arrive and are weighed. It just does not make sense to remove the ability of the provider to make appropriate dose adjustments on the day of infusion, which is what white bagging does in some cases.

White bagging delays care to our vulnerable patients, increases travel costs, burdens parents with lost work hours and wages, and adds tremendous stress to already worried families.

Patients and families should not worry about how medications are shipped to a health system when they are coming to receive a physician administered medication to treat gastrointestinal disease, other autoimmune conditions, or cancer. They already have enough stress with which to contend.

We respectfully request that you allow providers who directly care for these patients to choose how these drugs are supplied to us so our clinicians caring for kids with gastrointestinal diseases, rheumatology diseases, cancer, and many others can focus on patient care rather than needless administrative complexity. This bill does not outlaw white bagging; rather, it simply prohibits white bagging from being forced upon the provider in specific instances.

Thank you very much for considering this legislation.

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