



Ryan Mezinger, RPh
The MetroHealth System
HB 156 -Proponent Testimony
House Insurance Committee
December 6, 2023

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 (“HB 156”), a bill that requires mutual consent between patients, healthcare providers and health care payers before deploying white bagging - a tactic where payers purchase the drugs through designated pharmacies, which then ship them to the provider (hospital or clinic) for compounding and administration. The bill would result in safeguards that reduce the risk to patient-centered care, patient safety, and healthcare waste.

My name is Ryan Mezinger and I serve as MetroHealth’s Vice President of Pharmacy Services. MetroHealth is a super safety-net provider located in Cuyahoga County, Ohio, which includes the City of Cleveland and its surrounding suburbs. Founded in 1837, MetroHealth has served Cuyahoga County longer than any other Cleveland healthcare organization, caring for the most under resourced members of our community. Our staff of more than 650 physicians, 2,000 nurses, and 400 pharmacists and technicians provide care at Metro Health's four hospitals, four emergency departments, plus a network of 23 community-based health centers and more than 40 additional sites throughout the region. In the past year, MetroHealth has served more than 300,000 patients during almost 1.5 million visits in its hospitals and health centers, 75 percent of whom are uninsured or covered by Medicare or Medicaid.

I write to you today because of a growing problem that threatens our patient’s ability to receive medications in a safe and timely manner. An increasing number of payers are mandating that patients participate in white bagging programs. Some estimates show that 4 in 10 physicians administered drugs fall into mandatory white bagging programs¹. Such programs result in numerous patient safety challenges:

Delays in Care: Diseases and conditions that require physician administered drugs require same day treatment decisions due to the critical nature of the condition. Health-systems and doctors’ offices have medications readily available to support timely, safe treatment. Drugs and doses may be modified due to changes in patient-specific conditions. Delays from white bagging can be life threatening, as unavailable drugs and doses result in treatment delays for patients.

Risk of Errors: Complete evidence-based drug therapy plans are built in electronic health records (EHRs) to support patient safety by having all the necessary medications, supportive treatment, labs, etc. Drug therapy plans are not available for e-prescribing of physician administered drugs. White bagging results in duplicate ordering in two different systems, which creates potential for errors and waste.

Drug Integrity: White bagging requires patient-specific inventory tracking. Additionally, the medications received may not work with existing safety technology. The existing drug integrity safeguards would be bypassed, as medications cannot be verified, and proper storage temperatures cannot be ensured.

HB 156 stops the trend toward white bagging for patients in Ohio. The bill would prohibit payers from forcing vulnerable patients into situations that jeopardize the safe and timely delivery of their medications. I urge full support of HB 156.

¹ [Drug Channels: Specialty Pharmacy Keeps Disrupting Buy-and-Bill—and COVID-19 Will Accelerate It](#)