

February 9, 2022

Representative Tom Brinkman  
Chair, House Insurance Committee  
The Ohio House of Representatives  
77 S High St  
Columbus, OH 43215

### Support for HB 451: Revise Physician-Administered Drug Law

Honorable Chair Brinkman and Members of the House Committee,

Thank you for the opportunity to submit proponent testimony in support of HB 451: Revise Physician-Administered Drug Law on behalf of The US Oncology Network.

The US Oncology Network (The Network) is one of the nation's largest and most innovative networks of community-based oncology physicians treating more than 1.2 million cancer patients annually in 450 sites of care across 25 states. The Network unites over 1,400 like-minded physicians around a common vision of expanding patient access to the highest-quality, state-of-the-art care close to home and at lower costs for patients and the healthcare system.

**We believe that the passage of HB 451 is critical to preserving access to timely, personalized, community-based cancer treatment.** Community oncology practices supported by The Network, like Oncology Hematology Care in Southwest Ohio, follow an advanced integrated care model that allows physicians to maintain a very close relationship with their patients throughout the course of their treatment. In our practices, highly trained physicians safely stock, monitor, and administer our patients' treatment. Thanks to our longstanding practice of administering specialized infusion medications in an accessible community setting, our physicians provide our patients with highly personalized care that is more convenient and cost-effective than other models. **Without passage of HB 451, this seamless care delivery model will be fundamentally disrupted by insurance-mandated white bagging policies.**

It is vital that any white bagging policy provided in the state be voluntary and not mandatory. Given the numerous opportunities for error, delay, disruption, and waste, the decision to white bag cancer treatment should be left to the individual physician and practice providing the care. Only they can truly determine if it is clinically appropriate to white bag a specific drug for a specific patient. The Network opposes insurer-mandated white bagging policies for the following reasons:

- **Delays in delivery of white bagged drugs delays treatment which can lead to disease progression and poor outcomes:** Under a white bagging approach, the physician orders the patients' drug in advance and must wait until the drug is delivered to the physician's office to provide treatment. This happens on a timeline that works for the specialty pharmacy delivering the drug rather than the timeline that best fits the patient's needs. Timing is critical when treating cancer and administrative hurdles or delivery delays can delay care by days or even weeks.
- **Any errors in quality or changes in dosage would result in waste to the system and cause further delays:** Cancer therapies consist of complex and volatile drug regimens that are dynamic and frequently adjusted based on a patient's ever-changing

circumstance (disease progression, weight variation, drug sensitivity, etc.). It is very common for an oncologist to make day-of adjustments to a patient's treatment plan based on weight or bloodwork taken that day. Since same-day adjustments are not possible under white bagging, any significant need for a change in the treatment plan would require the physician to re-order the drug and the patient to return on another day for the correct dose. The white bagged drug would be wasted since it cannot be provided to another patient.

- **While health plans claim white bagging policies result in savings, these costs may simply be shifted to the patient in the form of higher cost-sharing:** These drugs are administered by a physician in-office so they are typically covered under the medical benefit in our patients' health plans. Medical benefits typically have lower cost-sharing requirements, particularly if a patient has already hit their deductible or out-of-pocket maximum. When an insurer mandates a white bagging policy, the treatment is typically switched to the patient's pharmacy benefit which can have higher cost-sharing due to specialty benefit tiering. While the plan itself may experience overall savings, there is no guarantee these savings will be passed on to the patient.
- **White bagging policies also introduce significant complexity and increase administrative costs to community practices to maintain separate inventories for each applicable plan:** In addition to the administrative costs added by helping patients navigate their newly increased out-of-pocket cost, the practice would also have to increase staff to organize white bagging shipments, catalogue and check deliveries, and maintain more complex inventories so the white bagged medications can be appropriately stored and closely monitored.

On behalf of The US Oncology Network, I urge the House Insurance Committee to vote in favor of passage for HB 451. If you have any follow up questions or if you would like to know more about the impact of white bagging on community cancer care, please contact our Ohio-based lobbyist, Tom Pappas, at [tom@tompappas.com](mailto:tom@tompappas.com).

Sincerely,



Ben Jones  
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The US Oncology Network