

Jeanine Monzel
Metastatic Breast Cancer Patient at OHC
Resident of Ohio State House District 28
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Chair, Representative Tom Brinkman
House Insurance Committee
Ohio House of Representatives
77 S High St
Columbus, OH 43215

Patient Testimony in Support of HB 451: Revise Physician Administered Drug Law

Honorable Chair Brinkman, Vice-Chair Lampton, Ranking Member Miranda, and Members of the House Insurance Committee,

Thank you for the opportunity to testify in support of this important bill that would ensure the right for Ohio physicians to continue to have the final say in which medication delivery methods are best for their patients. Earlier this year you heard from my oncologist Dr. Randy Drosick; the President of Oncology Hematology Care (OHC) located in Chairman Brinkman's district. He spoke about the genuine concerns that community oncology providers have regarding the liability, the waste, and the harmful delays that white bagging policies could cause. I am here today to echo Dr. Drosick's concerns and shine a light on how disruptive forced white bagging could be from the patient perspective.

For those who have not met me before, my name is Jeanine Monzel and I am a metastatic breast cancer patient living in Representative Miranda's District down in Sharonville, Ohio. I was originally diagnosed with breast cancer here in Ohio back in 1987. I was lucky enough that the cancer was localized to only one breast, so I was able to receive radiation treatment then go on to experience remission. In 1997 while my family and I were living out of state, we found out that my breast cancer had come back- but this time it had spread to my lymph nodes. When my family moved back to Ohio in October of 2000, I reached out to my former oncologist, Dr. Drosick, and have been treated by him in his community practice ever since.

My close relationship with Dr. Drosick and the other providers in his practice has had a profound impact on my decades long battle with this disease. For over 20 years I have been meeting with Dr Drosick once a month to talk about my treatment plan and visiting his office's clinic every Tuesday morning for my weekly infusion of Herceptin. Herceptin is a biologic drug that was approved in 1998 as a frontline treatment for metastatic breast, stomach, and esophageal cancers. Weekly infusions of this drug have kept me going for over 20 years.

Although I haven't experienced white bagging since neither my doctor's office nor my Medicare plan accept the policy, I find the potential harm it could cause unfathomable. Every Tuesday for as long as I have been attending OHC I report to the clinic at 8:45 am to get my weight taken and my blood drawn to verify my dose of Herceptin. The dose goes by weight, so sometimes I need more and sometimes I need less. No matter how much weight I have gained or lost and no matter the outcome of my bloodwork, OHC has never turned me away due to same day dose changes. I am a retiree and I am a passionate advocate for my fellow cancer patients. I spend my free time volunteering in OHC's infusion clinic talking to my fellow patients and encouraging them in their journeys- and I have never heard from any of the hundreds of patients I have talked to that OHC had to delay their care due to same day dose changes.

Dr. Drosick told you in February that on any given day our physicians need to adjust doses for anywhere between 25-33% of patients that walk in the door. With white bagging, that would be a minimum of one in four of my cohorts being turned away from the treatments they desperately depend on every day. That's one in four of my friends slowly losing confidence that their physicians are able to provide them with timely care. And everyone in the room worrying that their drug will be next.

The PBMs shared in the House Committee's March interested party meeting that the average turn-around time for white bagged drugs from physician order to arrival at the clinic is 60 hours. That means that the average patient would have their treatment delayed by roughly three days every time they needed a same day dose change. Three days full of anger and panic and resentment for a system that is not valuing their humanity over dollar signs.

A 2020 article in the British Medical Journal discovered that delays in breast cancer treatment totaling four weeks or more over the full course of care directly reduces the patient's survival rate. In fact, they found that an aggregate delay of eight weeks or more could reduce breast cancer survival rates by half.¹

I will remind you once again that my metastatic breast cancer is controlled by a once weekly infusion of a commonly white bagged drug. That means if I were white bagged *and* experienced the average delay times quoted by specialty pharmacies *and* experienced same day dose adjustments in line with our practice's daily average... I would hit a 4-week delay in one year.

I would hit an 8-week delay in two years. Over 20 years of controlled metastatic breast cancer in jeopardy for what? Two years of murky cost savings to a plan that will just be footing my inpatient hospital bills when my disease progresses.

I urge the House Committee to please keep that in mind- to please keep *me* in mind- when you are hearing testimony that downplays the catastrophic impact that even safely handled white bagged drugs can have on patients.

Thank you for your time and I welcome the opportunity to answer any further questions that you may have.

¹ [Mortality due to cancer treatment delay: systematic review and meta-analysis | The BMJ](#)