UC Health

May 25, 2022

Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda, and members of the Ohio House Insurance Committee, thank you for providing the opportunity to provide proponent testimony on House Bill 451.

UC Health is an integrated academic health system serving the Greater Cincinnati region. In partnership with the University of Cincinnati, UC Health combines clinical expertise and compassion with research and teaching. As the region's academic health care system, patients travel to UC Health for subspecialized, world-class care only we can provide. We are innovators, relentless in our pursuit of the best in medicine and able to care for the most complex and critically ill patients. We hold the highest standard of patient care, clinical research and medical education.

On February 9, 2022, UC Health provided proponent testimony that outlined white bagging's detrimental impact on the delivery of care to our patients. Our testimony mainly focused on four main components of this practice where patient care is interrupted or delayed, as well as drug waste. To further highlight the real-world consequences UC Health patients have faced due to white bagging, we have provided two patient stories. These examples elaborate on how the complicated system of white bagging negatively impacts patient care.

- A patient receives Xolair administered in the infusion suite. This medication is required to be shipped by Accredo to the University of Cincinnati Gardner Neuroscience Institute (UCGNI). When the medication was received, the ice packs contained in the cold chain shipping box were melted and the medication was at room temperature. The patient was required to call Accredo with the clinical pharmacist from UC Health to authorize another fill to be shipped, causing a delay in patient care, waste of an expensive drug, and extra time required to follow up and call to handle the error in shipping by the hospital team and patient.
- There was a patient that was forced to use CVS Specialty Pharmacy for Neulasta. The patient called the CVS pharmacy to authorize delivery to our facility. The patient showed up for her appointment, but we did not have her drug. The pharmacy did not ship it because there was a note to call and confirm with shipping destination, which never occurred, thus they did not ship or notify the patient. After contacting CVS pharmacy and rescheduling the shipment, the patient had to return the next day for administration. This happened to the same patient twice. This patient has difficulty with transportation and had to reschedule multiple rides to and from the clinic.

In these examples above, should the pharmacy benefit manager not require these medications to be filled through their specialty pharmacies, patients could have received medication without delay from an onsite pharmacy. These are only two examples of many that occur every month. If the patients could have received these medications either through the typical buy-and-bill process or

through an onsite specialty pharmacy, patient care would be drastically improved. In addition to patient care, the decrease in wasted medications, which tend to be thousands of dollars, as well as the time for the clinical staff to aide in medication access could be eliminated and better spent serving patients at the health system.

As stated in previous testimony, House Bill 451 does not prohibit the practice of white bagging in Ohio, but allows both the health plans and providers to collaborate together to ensure patients are receiving lifesaving care in the most efficient manner as possible.

UC Health strongly support House Bill 451, and respectfully requests the Ohio House Insurance Committee favorably report this legislation.

Thank you for the opportunity to provide proponent testimony for House Bill 451. Please do not hesitate to contact me with any questions.

Sincerely,

Michael W. Cunningham, PharmD
Administrator Pharmacy Services
UC Health