



March 19, 2024

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan
Chair, House Health and Human Services Committee
2 Rego Ave.
Bristol, RI 02809

RE: H 7365 (Caldwell) – Prohibits healthcare entities from interfering with a patient's right to choose to obtain a clinician-administered drug from their provider or pharmacy of choice – SUPPORT

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and members of the Health and Human Services Committee:

The Rhode Island Pharmacists Association (RIPA) and the American Pharmacists Association (APhA) support [House Bill \(H\) 7365](#) (Rep. Caldwell), which will protect the safety and effectiveness of patients' medications and maintain their right to choose the pharmacy where they receive their clinician-administered drugs.

RIPA and APhA call for the elimination of medication administration policies and provisions that restrict access points, interfere with shared provider–patient decision-making, cause delays in care, or otherwise adversely impact the patient,¹ which data finds is a widespread problem affecting 95% of health systems.² These mandates,^{3,4} which are placed on patients by some pharmacy benefit managers (PBMs) and health plans, can jeopardize the supply chain by forcing patients to fill their clinician-administered medications at a pharmacy that is often not associated with the clinic or health-system where the patient will be receiving their medication. Through transporting the medication from the pharmacy to the administration location, many risk points can degrade the effectiveness of these fragile medicines and/or make them unsafe to the patient.

Additionally, due to the nature of the diseases treated with these clinician-administered medications, such as cancer, many doses are highly individualized based on laboratory results taken the day the dose is planned to be administered. PBMs' and health plans' requirement for a medication to be transported from a distant pharmacy location starts prior to the day of labs being drawn and analyzed. Accordingly, many of the transported medications will require dose adjustments that consequently cause the transported

¹ Site of Care Patient Steerage. *Actions of the 2023 American Pharmacists Association House of Delegates*. Available at <https://www.pharmacist.com/About/Leadership/HOD/2023-Policy-Updates>

² Survey on the patient care impact and additional expense of white/brown bagging. *Vizient*. Available at <https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf>.

³ According to the [National Association of Boards of Pharmacy \(NABP\)](#), "White bagging" refers to the distribution of patient-specific medication from a pharmacy, typically a specialty pharmacy, to the physician's office, hospital, or clinic for administration."

⁴ According to [NABP](#), "Brown bagging" refers to the dispensing of a medication from a pharmacy (typically a specialty pharmacy) directly to a patient, who then transports the medication(s) to the physician's office for administration."

medication to become obsolete and must be disposed of/wasted. Not only does this create unnecessary and expensive waste of valuable medications, but these requirements also delay necessary care to the patient. A recent survey of health-systems found that over 80% reported that medication deliveries did not arrive on time causing delays in care and 66% reported that dosages were no longer correct.⁵

We advocate for procurement strategies and care models that lower total costs and do not restrict, or delay care, and ensure continuity of care.⁶ H 7365 will take notable steps to accomplish these care models by protecting the safety and effectiveness of patients' medications and ensuring patients' autonomy to choose the pharmacy where they receive their clinician-administered drugs.

For these reasons, we support H 7365 and respectfully request your "AYE" vote. If you have any questions or require additional information, please don't hesitate to contact Chris Federico, PharmD, BCACP, President, RI Pharmacists Association, info@ripharmacists.org, and E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Chris Federico PharmD, BCACP
President
Rhode Island Pharmacists Association

Michael Baxter
Vice President, Federal and State Legislative Affairs
American Pharmacists Association

cc: Representative Joshua J. Giraldo, First Vice Chair
Representative Brandon C. Potter, Second Vice Chair
Representative Mia A. Ackerman
Representative Samuel A. Azzinaro
Representative David A. Bennett
Representative Megan L. Cotter
Representative Barbara Ann Fenton-Fung
Representative Kathleen A. Fogarty
Representative Arthur Handy
Representative Rebecca M. Kislak
Representative Michelle E. McGaw
Representative David J. Place
Representative June Speakman
Representative Jennifer A. Stewart
Representative Justine Caldwell
Representative Julie Casimiro

About RIPA: Established in 1874, RIPA has a rich history and is one of the oldest state pharmacist associations in the country. RIPA unites all pharmacists of the state for professional development and advancement, elevates practice standards, advocates for pharmacy, disseminates relevant scientific and professional information, and encourages collaboration between all allied health professions toward the improvement of public health.

⁵ Ibid.

⁶ Procurement Strategies and Patient Steerage. *Actions of the 2022 American Pharmacists Association House of Delegates*. Available at https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=oLmK2frr_Dw%3d.

About APhA: APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession, including 2,125 licensed pharmacists in Rhode Island. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. APhA represents pharmacists and students who practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.