



ASSOCIATION FOR CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

March 19, 2024

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Representative Susan Donovan, Chair
House Committee on Health and Human Services
Room 135
Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Dear Chair Donovan and Members of the House Committee on Health and Human Services,

The Association for Clinical Oncology (ASCO) is pleased to support **HB 7365**, which would prohibit mandatory white bagging and all brown bagging requirements from insurers so that patients in Rhode Island can obtain clinician-administered drugs from their health care providers, thereby preserving timely and consistent delivery of high quality, patient-centered care.

ASCO is the world's leading professional society representing physicians who care for people with cancer. With nearly 50,000 members, our core mission is to ensure that patients with cancer have meaningful access to high-quality, equitable cancer care.

Traditionally, the acquisition of anti-cancer drugs is managed in the independent practice or hospital setting where chemotherapy administration is overseen by the treating physician. The practice or hospital pharmacy purchases, stores, and administers these agents under strict handling and administration standards.

Although clinicians prepare detailed treatment plans, drug regimens often change on the day of treatment due to clinical circumstances. Administration may be adjusted according to criteria, such as patient weight, comorbidities, lab reports, guidelines, and other clinical data. Brown bagging and mandatory white bagging policies remove the physician's ability to control the preparation of drugs. Under a mandatory white bagging policy, insurers require physicians to obtain drugs purchased and handled by payer-owned or affiliated pharmacies, while under a brown bagging policy payers require the drug to be shipped from a pharmacy directly to the patient to bring to the provider's office for administration. Both policies require additional coordination with patients and physicians and could delay or disrupt treatment plans and decisions. Day-of treatment changes can lead to a delay in care if a physician must place a new order, requiring the patient to return on a later date to receive their treatment. This can result in significantly decreased chances of a successful clinical outcome for the patient as well as potential adverse effects on patient health, including toxic reactions.

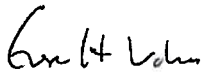
When treatment plans are modified on the day of treatment, brown bagging and mandatory white bagging policies can also lead to waste if an unused portion of a previously dispensed drug cannot be used for a different patient. Many anti-cancer drugs are highly toxic and require special handling when discarded. The burden of unnecessary waste related to white bagging and brown bagging falls to practices and hospitals, which must dispose of drugs according to state and federal requirements.

Payer-mandated white bagging is often managed as a pharmacy benefit, whereas the traditional administration of anti-cancer drugs is managed as a medical benefit. Patients' out-of-pocket costs under the pharmacy benefit are often different and may be higher than they would be if the clinician-administered drug were covered under the medical benefit. Additionally, patients receive little or no support from payer-owned or affiliated specialty pharmacies in the way of co-pay assistance or foundation support.

Lastly, ASCO supports language in this bill that prevents pharmacy benefit managers (PBMs) from actively incentivizing or steering patients toward payer-owned or affiliated pharmacies in lieu of a dispensing physician.

ASCO recognizes that white bagging may be necessary in some settings and acknowledge the bill does not ban the practice. However, mandatory white bagging and all instances of brown bagging are not appropriate and can jeopardize the delivery of high-value, high-quality care. For these reasons, ASCO supports any efforts to prohibit mandatory white bagging and all instances of brown bagging in Rhode Island. For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Policy Brief on White Bagging](#) by our affiliate, the American Society of Clinical Oncology. ASCO welcomes the opportunity to be a resource for you. Please contact Nick Telesco at ASCO at Nicholas.Telesco@asco.org if you have any questions or if we can be of assistance.

Sincerely,



Everett E. Vokes, MD, FASCO
Chair of the Board
Association for Clinical Oncology