Good morning. Chairman Wachtmann, Vice-chair Gonzales, Ranking Member Antonio, and members of the House Health and Aging Committee, my name is Niesha Griffith and I am the Director of Pharmacy and Infusion Services for The Ohio State University’s Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

The only free-standing cancer hospital in central Ohio and the first in the Midwest, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) is a national and international leader in cancer prevention, detection and treatment. OSUCCC – James physicians and scientists focus on basic, clinical and translational research to improve patients’ lives and lessen the burden of cancer around the globe.

The OSUCCC – James is a 209-bed cancer hospital and one of only 41 comprehensive cancer centers designated by the National Cancer Institute (NCI), and one of only seven institutions nationally funded by the NCI to conduct both phase I and phase II clinical trials. With research funding greater than $100 million, $48 million of that from the NCI, OSUCCC – James researchers are advancing the understanding of cancer and translating that knowledge into new treatments, moving us one step closer to achieving our mission of a cancer-free world.

Thank you for considering this legislation to prohibit a practice called “brown-bagging” that is often associated with specialty medications. This insurance-initiated, cost-containment strategy does not take into account patient safety concerns, especially related to ensuring the integrity of a medication.

Insurance plans are targeting these specialty medications, including cancer medications, as a means of cost containment by requiring that they be provided through the pharmacy benefit rather than through the traditional major medical benefit. Generally, a non-self injectable oncologic or biologic medication would be covered under the major medical benefit, as only medically trained professionals should handle these drugs due to their specific handling guidelines.

When the medication is not one that a patient can self-administer, the patient is expected to “brown bag” the product. Brown bagging is the practice whereby a patient is required to obtain
their medication through a retail or specialty pharmacy and identify a health care provider who is willing to compound and administer the medication.

Brown bagging raises safety concerns for patients and providers, especially when non self-injectable medications are sent directly to a patient’s home from a specialty pharmacy. In addition to identifying a provider who is willing to accept medication from an outside source, the patient must store the medication prior to their scheduled appointment, and then transport the medication to a clinic/office for administration. The safety and integrity of the medication come into question due to its unknown storage and handling conditions, both by the specialty provider and the patient. The chain of custody between the manufacturer and the provider has been interrupted, a practice that is prohibited by legislation in twenty states in the US.

Due to these concerns and potential liability issues associated with them, our hospital has adopted a policy to disallow brown bagging or what we consider to be “re-dispensing” a product. When a patient’s trusted healthcare provider has a policy against brown bagging, the patient faces an additional burden because it is then their responsibility to find a provider who is willing to compound and administer a brown bagged drug.

Insurance companies are forcing patients out of hospitals and hospital-based clinic settings to extreme alternatives because of a requirement to obtain their non self-injectable oncologic or biologic medication through the prescription benefit. As a result, patients may have less-experienced practitioners administer the medication, or they may seek options for home-based administration of what often may be a dangerous medication. When there are no options for administering the medication, some patients may elect an alternative prescription that may not be the most effective treatment for their condition – circumventing the issue – or they may even choose to go without the needed medication.

As a pharmacist, patient safety is my highest priority, and I am concerned that the practice of brown bagging is dangerous and puts patients at risk. The integrity of brown bagged drugs obtained directly by patients from retail and mail-order pharmacies must be called into question, as their storage and handling conditions during transport and prior to administration are unknown.

Our oncologists have seen all of these circumstances, and none are acceptable. We must make quality control and patient safety a high priority for patient care. Patients should never handle medication that requires a trained health care professional to administer. Brown bagging is an unnecessary stress and risk for our patients, and it limits our patients’ access to quality health care. Any delays in treatment may result in worsening of the patient’s condition. Time is of the essence for cancer patients with a life threatening illness.

We applaud the leadership of Senator Manning and Senator Oelslager for supporting elimination of this dangerous practice and for advocating for the rights of cancer patients. By putting an end to health insurers’ practices that require dangerous non-self injectable cancer medications to be put in the hands of our patients, we will remove obstacles to our ability to provide exceptional patient care.

I urge your strong support for the legislation. I am happy to address any questions you may have.