



February 6, 2024

Representative Rob Nosse, Chair
House Committee on Behavioral Health and Health Care
HR A
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Dear Chair Nosse and Members of the House Committee on Behavioral Health and Health Care,

The Oregon Society of Medical Oncology (OSMO) and the Association for Clinical Oncology (ASCO) are pleased to support **HB 4012**, which would prohibit mandatory white bagging requirements from insurers so that patients can obtain clinician-administered drugs from their health care providers, thereby preserving timely and consistent delivery of high quality, patient-centered care.

OSMO is a professional organization whose mission is to facilitate improvements for Oregon physician specialties in both hematology and oncology. OSMO members are a community of hematologists, oncologists, and other physicians who specialize in cancer 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. Under a mandatory white bagging policy, insurers require physicians to obtain drugs purchased and handled by payer-owned or affiliated pharmacies, which requires 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.

When treatment plans are modified on the day of treatment, 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 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 was covered under the medical benefit. Additionally, patients receive little or no support from payer-owned or affiliated specialty pharmacies in way of co-pay assistance or foundation support.

OSMO and ASCO recognize that white bagging may be necessary in some settings and acknowledge the bill does not ban the practice. However, mandatory white bagging is not appropriate and can jeopardize the delivery of high-value, high-quality care. For these reasons, we support any efforts to prohibit mandatory white bagging in Oregon. For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Position Statement on White Bagging](#) by our affiliate, the American Society of Clinical Oncology. OSMO and ASCO welcome 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,

Holly Almond, NP, MSN, RN, BA
President
Oregon Society of Medical Oncology

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