

February 29, 2024
The Honorable Joseline A. Pena-Melnyk
Chair, House Health and Government Operations Committee
Room 241
House Office Building
Annapolis, Maryland 21401

Dear Chair Pena-Melnyk and Members of the House Health and Government Operations Committee:

The Maryland/DC Society of Clinical Oncology (MDCSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **HB 876: Health Insurance – Pharmacy Benefits Managers – Specialty Drugs Dispensed by a Physician**, which prohibits a pharmacy benefits manager (PBM) that provides pharmacy benefits management services on behalf of a carrier from requiring a beneficiary to use a specific pharmacy or entity for certain specialty drugs. This prohibition applies if the drug is (1) dispensed by a physician; (2) used in the treatment of a chronic, complex, rare, or life-threatening medical condition; and (3) injected or infused (or an oral drug that meets specified conditions).

MDCSCO is a professional organization whose members are a community of 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. 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

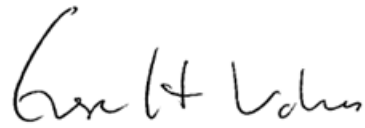
discarded. The burden of unnecessary waste related to white bagging and brown bagging falls to practices and hospitals, which must dispose of drugs according to state and federal requirements.

For these reasons, we support House Bill 876. For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Position Statement on White Bagging](#) and the [ASCO Position Statement on Brown Bagging](#) by our affiliate, the American Society of Clinical Oncology. MDCSCO and ASCO welcome the opportunity to be a resource for you. Please contact Nick Telesco at ASCO at Nicholas.Telesco@asco.org or Danna Kauffman, representing MDCSCO, at dkauffman@smwpa.com if you have any questions or if we can be of assistance.

Sincerely



Dr. Paul Celano, MD, FACEP, FASCO
President
MD/DC Society of Clinical Oncology



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