



To: Senate Committee on Health and Welfare
From: Jessa Barnard, Executive Director, jbarnard@vtmd.org
Date: May 5, 2022
RE: Support for H. 353, Draft 4.1, White- and Brown-Bagging

The Vermont Medical Society asks for your support for Draft 4.1 of the [committee amendment](#) to H. 353, specifically retaining Section 4 (d) (3) and (4) regarding “brown bagging” and “white bagging.” These sections would prohibit a health insurer from requiring that a pharmacy designated by the health insurer dispense a medication directly to a patient or health care setting for a health care professional to administer to a patient. The amendment would still allow white- and brown-bagging when agreed to by the patient or provider, but would not allow it to be forced on a patient. **These issues do not require further study.**

VMS strongly supports this amendment as an important patient and medication-safety issue.

The American Medical Association issued a [report on brown bagging](#) in 2016. Among the concerns with brown bagging identified were:

- Biologic and other drugs are complex to manufacture, prepare and dispose of, and include strict handling and storage instructions that patients may not be equipped to manage
- Storage and handling become larger concerns when volatile drugs are delivered to patients through the mail, or if patients travel large distances to have the drugs infused
- Brown bagging medications may inconvenience patients by having to appropriately handle therapeutic medications
- Physicians may be unable to determine visually whether a drug has been compromised during transit, which could render a drug less effective and potentially jeopardize a patient’s safety
- Patients who are unable to have their brown bagged drugs administered in a timely manner may be responsible for returning the drugs or otherwise disposing of them.

Here are some real-life examples from Vermont providers of how white-bagging has impacted patient care:

- **A patient with multiple myeloma had infusions of Empliciti delayed twice, resulting in cancer relapse:**
 - A patient who for two years had been in remission was prescribed Empliciti to prevent relapse when blood work showed that their multiple myeloma had worsened.
 - As a result of denials and delays in shipment by the designated pharmacy, the patient waited several weeks for their infusion while the cancer worsened.
 - By the time the hospital received the medication, the patient’s myeloma had progressed and they required a stronger treatment regimen.
- **Due to insurer’s white-bagging program, patient with ulcerative colitis experienced increased symptoms and “flare ups:”**
 - Patient required to spend hours on phone with the designated pharmacy to authorize timely medication shipment for infusion administration.
 - Despite those efforts, the designated pharmacy often fails to ship the medication in time for the patient’s monthly infusion appointment.
 - “Flare ups” caused severe pain and can lead to hospitalization.

VMS asks for your support of this amendment. Please let me know if I can answer any additional questions regarding these sections.