

The Vermont Medical Society writes with opposition to the Senate proposed amendment to H. 266, which would repeal a restriction on white-bagging.

VMS supported the legislation in 2022 that amended 8 V.S.A. § 4089j to continue to allow white - bagging when agreed to by the patient or provider, but would not allow it to be forced on a patient.

Here are some real-life examples from Vermont providers that VMS shared in 2022 of how whitebagging impacted patient care when it was allowed more broadly:

- 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 also has concerns regarding increased out of pocket costs to patients – because medications being provided by the PBM via white-bagging are often covered as a medical benefit not a prescription benefit, and fall under a higher or separate deductible. (See the discussion at https://www.goodrx.com/drugs/savings/white-bagging).

Thank you for considering VMS' comments and for considering alternatives to allowing payers to require patients and providers to participate in white-bagging.