



Chair Nosse, Vice Chairs Nelson and Goodwin and members of the committee,

For the record, my name is Amy Szczukowski, and I serve as Director of Specialty Pharmacy Services at OHSU. On behalf of OHSU, I am here today to testify in support of House Bill 4012 and the positive impact this will have on patients at OHSU and across our state.

As Oregon's academic health center, OHSU is committed every day to improving the health and wellbeing of Oregonians. We not only treat the most complex health needs in the state, but also make discoveries that save lives and educate leaders to address the societal issues that impact health.

The OHSU pharmacy team is dedicated to helping our providers and patients manage the complex medication therapies which are part of cutting-edge care today. For too many individuals including patients at OHSU, payer-mandated "white bagging" which requires patients to get their necessary medications at a specific pharmacy and then have it sent to and administered at OHSU creates quality control and chain of custody issues that can jeopardize the health and safety of patients. At OHSU, we regularly see how the practice subjects patients unnecessarily to risk and delay, and injects uncertainty into high stakes medical treatment.

In a recent example, an OHSU rheumatology patient transferred care to OHSU and was directed by the rheumatologist to restart intravenous immunoglobulin (IVIG) therapy. The patient's insurance required the patient to receive the IVIG from an external pharmacy and required it to be sent to the patient directly with the intention that a home infusion nurse would administer the medication. The OHSU rheumatologist received approval from the insurance company and appropriately set up the patient to receive IVIG through OHSU's home infusion service which procures, dispenses and administers medications to patients at home. However, for reasons that are unclear, the insurance company also alerted their preferred external specialty pharmacy about the need for IVIG therapy. The external specialty pharmacy had an existing prescription for IVIG from the

patient's previous rheumatologist, and dispensed and shipped the IVIG to the patient directly. When the home infusion nurse showed up to the patient's home, there were two doses of IVIG at the patient's home – one from the external specialty pharmacy and one from OHSU home infusion. The patient was both confused by the shipment of both doses and was unsure how to properly store the IVIG from the specialty pharmacy due to confusing instructions and its shipment not aligning with the infusion treatment. Ultimately, this resulted in waste of one of the very expensive IVIG doses.

In another example, a patient requiring cancer therapy scheduled an appointment with an OHSU Community Hematology-Oncology infusion center to receive treatment. While work was underway to obtain necessary authorizations to treat the patient at the infusion center, an external specialty pharmacy obtained a prescription and shipped vials for the cancer therapy without the provider's knowledge. Since the provider was not notified of the shipment or the prescription being fulfilled, the package was delivered to the provider's office and was unfortunately not opened in a timely manner. The vials had to be disposed of, and the ongoing authorization process to treat the patient at the infusion center was greatly delayed.

These are just two examples of problems the practice of "white bagging" causes both patients and providers at OHSU. We know that the issues caused by the practice are not unique to our institution.

OHSU's highly skilled workforce ensures quality in procuring, storing and administering these complex and lifesaving drugs to our patients. These clinicians are crucial to ensuring our patients' safety and the efficacy of the drug they are administering. They should be appropriately compensated for their skill and work. Hospital reimbursement is based on the contracts we are able to negotiate with pharmacy benefit managers (PBMs). We ultimately can't speak to what insurers pay PBMs or any rebates they may negotiate for themselves.

As currently written, House Bill 4012 only covers prescription drugs administered in outpatient settings. We urge the adoption of the -1 amendment to prohibit this unsafe practice in all care settings. All our patients deserve dependable and safe access to the prescription medications they need, regardless of whether they receive that care at an inpatient or outpatient location.

OHSU supports House Bill 4012 as an important measure for patient safety, and I urge your support with the -1 amendment.

Thank you.