

Wolf, Sheldon

From: Lee, Judy E.
Sent: Wednesday, February 1, 2023 9:52 PM
To: Wolf, Sheldon
Subject: FW: SB2378

Please load this in testimony, when the bill comes up.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Mark J. Hardy <MHardy@ndboard.pharmacy>
Sent: Wednesday, February 1, 2023 7:50 AM
To: Lee, Judy E. <jlee@ndlegis.gov>; Howard <NDBOPh@ndboard.pharmacy>
Subject: RE: SB2378

Hi Senator,

Carolyn is a Board member on the Board of Pharmacy and a great Pharmacist. She is articulating concerns that many pharmacists are having about this practice and the concerns for patient care that they are faced with (mostly) the large PBM owned pharmacies forcing patients to get services through this method. Mike at the Association put together the bill draft on behalf of his membership to address the practice. Sounds like quite a few other states have taken legislative action on this practice.

Thanks
Mark

**** Our office has moved, please note the new address and contact numbers below****

Mark J Hardy, Pharm D
Executive Director
North Dakota Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck, ND 58503
Phone (701) 877-2404
Fax (701) 877-2405
www.ndboard.pharmacy

From: Lee, Judy E. <jlee@ndlegis.gov>
Sent: Tuesday, January 31, 2023 9:27 PM
To: Mark J. Hardy <MHardy@ndboard.pharmacy>; Howard <NDBOPh@ndboard.pharmacy>
Subject: FW: SB2378

Any thoughts?

Senator Judy Lee

1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

From: Carolyn & Jim Bodell <jbodell@min.midco.net>
Sent: Tuesday, January 31, 2023 1:29 PM
To: Lee, Judy E. <jlee@ndlegis.gov>
Subject: SB2378

January 31, 2023

I am writing to you regarding Senate Bill 2378 (White Bagging).

For the past several years of my career as a pharmacist, I practiced in an oncology center. We served the cancer patients, as well as rheumatology and gastrointestinal infusion patients.

The practice of white bagging has grown over the years. I know the costs of many treatments are very expensive. White bagging often results in insurance companies shifting costs to prescription plans that generally have higher out of pocket expenses for the patient. Insurers will say the white bagging practice will help ensure appropriate medication use, help avoid unwarranted drug expenditures, optimize adherence to medication therapy, and ensure patients experience a high level of care and satisfaction. I did **not** see any of these benefits to our patients.

Concerns I have with the white bagging process are many:

- Non-reimbursed time of practice site staff:
 - I often had to make 6-10 phone calls, along with faxing various forms to set up initial shipment of product. With hold time and transfers to multiple people, I have spent at least eight hours on the phone to get one case processed. If the patient needs a dose change for any reason, a year has passed, or at the beginning of a new calendar year, this process starts over. Since most cancer treatments are weight based and/or impacted by side effects, dose changes are common.
 - Time spent tracking shipments
 - Admixture of medications
 - Pharmacist regimen reviews
 - Destruction of wasted products
 - System to manage ordering and receipt of product.
- Non-reimbursed supplies:
 - Admixture and administration supplies (infusion bags, administration tubing, syringes)
 - Additional storage area because these products cannot be placed in the general inventory
- Medication waste:
 - The patient regimen may change due to side effects or disease changes after their medication has shipped. The medication cannot be returned to the specialty pharmacy and has to be wasted. The patient has probably paid their co-pay for a medication they will not use.
 - This medication was provided for a specific patient and cannot be used for anyone else.
- Treatment Delays: (Time is crucial for cancer patients)
 - It can take 10-15 days to schedule an initial shipment.
 - The Specialty Pharmacy can have a maximum number of prescriptions they will ship in a day, so that can cause a delay in shipping the medications for a patient, and ultimately, a delay in the patients treatment.
 - Shipment delays due to weather delays
- Legality of white bagging:
 - Admixture of a white bagged product can be considered redispensing which is not legal

- Drug supply chain management is a requirement for pharmacies. Because the products are sent for a specific patient, the supply chain information is not provided. Pharmacies have no way of knowing if the product is safe for patient use.
- Practice sites retain responsibility for storage and handling of the products, liability issues, patient safety, continuity of care, and meeting regulatory requirements. All of this without reimbursement for the services provided.

The traditional practice of buy and bill eliminates the problems I have listed. It allows for more flexible provision of product for the patient. We know the pedigree of the products, eliminates storage issues, allows for reimbursement of all services provided, decreases waste of products and decrease the chance and cost of waste. I hope that you will consider all of my information and vote in favor of this bill.

Sincerely,
Carolyn Bodell, R.Ph