



March 15, 2023

[Submitted electronically via: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)]

The Honorable Susan R. Donovan  
Chair, House Committee on Health and Human Services  
Rhode Island State House  
Rhode Island State House, Room 135  
Providence, Rhode Island 02903

**RE: H5680 (Caldwell) – Prohibits healthcare entities from interfering with a patient's right to choose to obtain a clinician-administered drug from their provider or pharmacy of choice – SUPPORT**

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter and members of the Health and Human Services Committee:

The American Pharmacists Association (APhA) supports [House Bill \(H\) 5680](#) (Representative Justine Caldwell), which will protect the safety and effectiveness of patients' medications and maintain their right in choosing where their clinician-administered drugs are dispensed from.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Rhode Island, with 1,140 licensed pharmacists and 1,520 pharmacy technicians, APhA represents the pharmacists, student pharmacists, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

APhA opposes mandated procurement strategies that restrict patients' and providers' ability to choose treatment options and that compromise patient safety and quality of care.<sup>1</sup> This is a wide-spread problem affecting 95% of health-systems.<sup>2</sup> These mandates, which are placed by pharmacy benefit managers (PBMs) and health plans, can jeopardize the supply chain by forcing patients to fill their clinician-administered medications at a pharmacy that is often not associated with the clinic or health-system where the patient will be receiving their medication. Through the process of transporting the medication from the pharmacy

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<sup>1</sup> Procurement Strategies and Patient Steerage. *Actions of the 2022 American Pharmacists Association House of Delegates*. Available at [https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=oLmK2frr\\_Dw%3d](https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=oLmK2frr_Dw%3d).

<sup>2</sup> Survey on the patient care impact and additional expense of white/brown bagging. *Vizient*. Available at <https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf>.

to the administration location, there are numerous risk points that can degrade the effectiveness of these delicate medicines and/or make them unsafe to the patient.

Additionally, due to the nature of the diseases treated with these clinician-administered medications, such as cancer, many doses are highly individualized based off laboratory results taken the day the dose is planned to be administered. The process of requiring a medication to be transported from a distant pharmacy location starts prior to the day of labs being drawn and analyzed. This can result in the need for dose adjustments that consequently cause the transported medication to become obsolete and must be wasted. Not only does this create unnecessary and expensive waste of valuable medications, it delays the patient receiving their needed care. A recent survey of health-systems found that over 80% reported that medication deliveries did not arrive on time causing delays in care and 66% reported that dosages were no longer correct.<sup>3</sup>

APhA advocates for procurement strategies and care models that lower total costs, do not restrict or delay care, and ensure continuity of care.<sup>4</sup> H5680 will take notable steps to accomplish these care models by protecting the safety and effectiveness of patients' medications and ensuring patients have the autonomy to choose where their clinician-administered drugs are dispensed from.

For these reasons, we support H5680 and respectfully request your "AYE" vote. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



Michael Baxter  
Acting Head of Government Affairs  
American Pharmacists Association

cc: Representative Joshua J. Giraldo, First Vice Chair  
Representative Brandon C. Potter, Second Vice Chair  
Representative Mia A. Ackerman  
Representative Samuel A. Azzinaro  
Representative David A. Bennett  
Representative Megan L. Cotter  
Representative Barbara Ann Fenton-Fung  
Representative Kathleen A. Fogarty  
Representative Arthur Handy  
Representative Rebecca M. Kislak  
Representative Michelle E. McGaw  
Representative David J. Place  
Representative June Speakman  
Representative Jennifer A. Stewart

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<sup>3</sup> Survey on the patient care impact and additional expense of white/brown bagging. *Vizient*. Available at <https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf>.

<sup>4</sup> Procurement Strategies and Patient Steerage. *Actions of the 2022 American Pharmacists Association House of Delegates*. Available at [https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=oLmK2frr\\_Dw%3d](https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=oLmK2frr_Dw%3d).