



February 7, 2024

[Submitted electronically via: Slegislation@rilegislature.gov]

The Honorable Joshua Miller
Chair, Senate Health and Human Services Committee
41 Talbot Manor
Cranston, RI 02905

RE: S 2086 (Ujifusa) – 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 Miller, Vice Chair Valverde, Secretary Lauria and members of the Health and Human Services Committee:

The American Pharmacists Association (APhA) supports [Senate Bill \(S\) 2086](#) (Senator Ujifusa), which will protect the safety and effectiveness of patients' medications and maintain their right to choose the pharmacy where they receive their clinician-administered drugs.

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 1,280 licensed pharmacists and 1,540 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 calls for the elimination of medication administration policies and provisions that restrict access points, interfere with shared provider–patient decision-making, cause delays in care, or otherwise adversely impact the patient,¹ which data finds is a widespread problem affecting 95% of health systems.² These mandates, which are placed on patients by some 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 transporting the medication from the pharmacy to the administration

¹ Site of Care Patient Steerage. *Actions of the 2023 American Pharmacists Association House of Delegates*. Available at <https://www.pharmacist.com/About/Leadership/HOD/2023-Policy-Updates>

² 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>.

location, many risk points can degrade the effectiveness of these fragile 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 on laboratory results taken the day the dose is planned to be administered. PBMs' and health plans' requirement for a medication to be transported from a distant pharmacy location starts prior to the day of labs being drawn and analyzed. Accordingly, many of the transported medications will require dose adjustments that consequently cause the transported medication to become obsolete and must be disposed of/wasted. Not only does this create unnecessary and expensive waste of valuable medications, but these requirements also delay necessary care to the patient. 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.³

APhA advocates for procurement strategies and care models that lower total costs, do not restrict, or delay care, and ensure continuity of care.⁴ S 2086 will take notable steps to accomplish these care models by protecting the safety and effectiveness of patients' medications and ensuring patient autonomy to choose the pharmacy where they receive their clinician-administered drugs.

For these reasons, we support S 2086 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.

Sincerely,



Michael Baxter
Vice President, Federal and State Government Affairs

cc: Senator Bridget Valverde, Vice Chair
Senator Pamela J. Lauria, Secretary
Senator Alana DiMario
Senator Elaine J. Morgan
Senator Linda L. Ujifusa

³ 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>.

⁴ 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.