

## SB958: PATIENT SAFETY FIRST

Every patient who has cancer or a debilitating disease or condition that needs to be given by infusion or injection deserves to receive their treatment on time without having to worry about whether the medication is available or if it is the right dose or if it has been stored at the right temperature or handled properly to prevent its deterioration and loss of effectiveness.

### Patient Harm due to “White Bagging”

1. Significant **MEDICATION DELAY** resulted in one-week treatment gap for a brain cancer and melanoma patient.
2. Significant **MEDICATION DELAY** resulted in two-month treatment gap for a patient with neuroendocrine tumor.
3. Significant **MEDICATION DELAY** resulted in an extension in hospitalization in a patient with liposarcoma.
4. **EXPIRED MEDICATION** was sent to treat 67-year-old patient with ulcerative colitis.
5. **DEFECTIVE MEDICATION KIT** to treat precocious puberty for a pediatric patient was discovered during surgery.
6. **HOSPITAL ADMISSION** resulted from delay in treatment for a pediatric patient with immune disorder.
7. **PROLONGED HOSPITAL ADMISSION** resulted from delay in medication access for a pediatric patient.
8. Patient with **EXTENSIVE ALLERGY HISTORY** was instructed to self-inject a new medication by the payer without medical surveillance.
9. **TREATMENT DELAY** in pediatric patient’s chemotherapy administration due to changed patient-specific factors (e.g., weight, labs).
10. **DELIVERY DELAY** resulted in rescheduling and worsening of condition for a 64-year-old patient with rheumatoid arthritis.

### Examples of Patient/Caregiver Burden due to “White Bagging”

- **INCOMPATIBLE INFUSION PUMP:** Anonymous patient feedback - “I spent hours on the phone with pharmacy representatives ... to ensure that a well-established treatment plan can continue through the specialty pharmacy. Yet, my treatment was **still delayed by two weeks** since the pharmacy was not able to supply the specific pump needed to infuse my medication.”
- **UNNECESSARY WORRY:** Anonymous feedback from the mother of a pediatric patient with developmental delay – “This is another worry for the patient and families who shouldn’t have to be worried about receiving the right medications at the scheduled time.”

## MISCONCEPTIONS ABOUT DRUG CHARGES

- Hospitals and providers are reimbursed based on negotiated contractual rates with health plans. These rates are much less than the “mark ups”. Most hospitals are non-profit.
- Health plans have made specialty pharmacies a priority resulting in increased profitability:
  1. UnitedHealth® Group grew over \$30 billion (11.8%) to \$287.6 billion year-over-year in 2021, attributable to specialty pharmacy.
  2. In 2021, CVS® Health, which is the parent of Aetna, had over \$290 billion in revenue citing growth in specialty pharmacy as a contributing factor.
- California hospitals lost \$8 billion in 2021 and provide care to a growing number of homeless, uninsured and underinsured patients along with an aging population with multiple chronic diseases and behavioral health conditions.



**References:**

1. Team, T. (2019, November 28). *How Did UnitedHealth's OptumRx Revenues Increase In Q3 Despite A Drop In Retail Prescriptions?* Forbes. Retrieved April 29, 2022, from <https://www.forbes.com/sites/greatspeculations/2019/11/28/how-did-unitedhealths-optumrx-revenues-increase-in-q3-despite-a-drop-in-retail-prescriptions/?sh=44761d552547>
2. UnitedHealth Group. (2022, January 19). *UnitedHealth Group Reports 2021 Results*. Retrieved April 29, 2022, from <https://www.unitedhealthgroup.com/content/dam/UHG/PDF/investors/2021/UNH-Q4-2021-Release.pdf>
3. CVS Health Corporation. (2022, February 9). *CVS Health reports strong fourth quarter and full-year 2021 results, confirms 2022 full-year EPS guidance*. CVS Health. Retrieved April 29, 2022, from <https://www.cvshealth.com/news-and-insights/press-releases/cvs-health-reports-results-2021-q4>