



June 15, 2022

The Honorable Jim Wood  
Chair, Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**RE: Support – SB 958 (Limón/Portantino) Medication and Patient Safety Act of 2022**

Dear Chair Wood,

On behalf of the members of the California Association of Public Hospitals and Health Systems and the millions of patients they serve, I am writing to voice our support for SB 958. This bill would support patient safety and providers' ability to care for their patients by preventing health plans from requiring that certain medications be delivered to providers for administration, a practice known as "white bagging," or that patients pick up medications to bring in for administration, a practice known as "brown bagging."

California's 21 public health care systems are the core of the state's health care safety net, delivering high-quality care to more than 3.7 million patients annually, regardless of ability to pay or insurance status. Public health care systems include both county-operated or -affiliated facilities, as well as the five University of California medical centers. Public health care systems provide over 40 percent of all hospital care to persons who are uninsured, and nearly 40 percent of all hospital care to persons covered by the Medi-Cal program in the communities they serve. Public health care systems primarily serve individuals from underrepresented communities, including persons of color, individuals experiencing financial hardship or homelessness, and individuals with complex social and medical needs. Nearly 60 percent of patients served at public health care systems identify as persons of color, and many report a primary language other than English. Statewide, these systems also operate over half of the top-level trauma and burn centers, train half of all physicians, and employ 85,000 workers.

In addition to operating large hospitals, public health care systems also provide extensive outpatient and specialty care. Many of the patients served in these settings have multiple chronic conditions or as described above, complex medical and social needs. This patient population often needs to be monitored more closely and for provider care team members to regularly coordinate to ensure adherence to the treatment plan, frequently adjust medications, and achieve the best outcomes for patients. Many of these patients have serious and life-threatening conditions such as cancer, multiple sclerosis, or are recipients of organ transplants and require specialty medications that are injected or infused at these outpatient facilities. Typically, the hospital pharmacy will either compound these drugs itself and specially prepare them for each patient and/or keep drugs in stock for whenever they're needed for a patient after securing them from a pharmacy that has been vetted by the hospital for its compounding, storage, and handling safety processes. This allows for proper oversight and stewardship of drugs by providers prior to administration. Because white bagging and brown bagging policies remove providers from the drug acquisition process, providers cannot assure the integrity of medications and if they are safe for administration, jeopardizing patient health.

In addition to the patient safety risks described above, white bagging and brown bagging policies can result in significant operational challenges for public health care systems and other providers, and delays in patient care. For example, when drugs are delivered by an external pharmacy, there is no assurance they will be available for the patient at the time of the visit because of issues with delivery delays, lost shipments, improper handling, or in instances where the dosage that is delivered differs from what is needed at the time of administration. When situations like this happen, patient care is postponed, and this can result in rapid disease progression, distress for the patient, and other detrimental outcomes, especially for high-risk patients with complex medical and social needs. Additionally, if the shipped medication cannot be used by the patient it was intended for, it must be discarded as waste, creating additional inefficiencies within the health care delivery system.

For these reasons, we support SB 958. We would be pleased to further discuss our position with you and answer any questions you may have. Please contact Kelly Brooks-Lindsey, our Sacramento representative, at 916-753-0844 if you would like to follow-up. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sarah Hesketh".

Sarah Hesketh  
Senior Vice President of External Affairs  
[shesketh@caph.org](mailto:shesketh@caph.org)

cc: The Honorable Monique Limón  
The Honorable Anthony Portantino  
The Honorable Members of the Assembly Health Committee  
Kristene Mapile, Consultant, Assembly Health Committee  
Gino Folchi, Consultant, Assembly Republican Caucus  
Kelly Brooks-Lindsey, Hurst Brooks Espinosa