



April 6, 2026

Representative John Hunt, Chair
House Committee on Commerce and Consumer Affairs
GP Room 159
1 Granite Place
Concord, NH 03301

Dear Chair Hunt and Members of the House Committee on Commerce and Consumer Affairs,

The Northern New England Clinical Oncology Society (NNECOS) and the Association for Clinical Oncology (ASCO) are pleased to support **SB 256 as amended by the Senate**, which would prohibit mandatory white bagging and all brown bagging requirements from insurers. **We urge the Committee to pass SB 256** to ensure patients can obtain clinician-administered drugs from their health care providers, thereby preserving timely and consistent delivery of high quality, patient-centered care.

The acquisition of anti-cancer drugs is managed in the independent practice or hospital setting where chemotherapy administration is overseen by the treating physician. The practice or hospital pharmacy purchases, stores, and administers these agents under strict handling and administration standards.

Although clinicians prepare detailed treatment plans, drug regimens often change on the day of treatment due to clinical circumstances. Administration may be adjusted according to criteria such as patient weight, comorbidities, lab reports, or other clinical data. Brown bagging and mandatory white bagging policies remove the physician's ability to control the preparation of drugs. Under a mandatory white bagging policy, insurers require physicians to obtain drugs purchased and handled by payer-owned or affiliated pharmacies, while under a brown bagging policy, payers require the drug to be shipped from a pharmacy directly to the patient to bring to the provider's office for administration.

Mandatory white bagging and all brown bagging policies can be harmful for providers and patients because:

- **They lead to delays in treatment if dosage changes are necessary** as physicians cannot make adjustments based on a patient's clinical status. Physicians must place a new order to be delivered by the payer-owned or affiliated pharmacy while patients wait and return at a later date to receive treatment. This can significantly decrease the chances of a successful outcome and risk potential adverse effects for patients, including toxic reactions.
- **Patients' out-of-pocket costs can be higher** since white bagging and brown bagging policies are managed under the patient's pharmacy benefit instead of their medical benefit. Patients' out-of-pocket costs under the pharmacy benefit are often different and may be higher while they receive little or no financial support from payer-owned or affiliated pharmacies.

- **These policies can increase drug waste and administrative burden** as the unused portion cannot be used for a different patient. The burden of unnecessary waste related to mandatory white bagging and brown bagging falls to providers, who must dispose of highly toxic medications in accordance with state and federal requirements.
- **They actively incentivize or steer patients away from their dispensing physician** and toward payer-owned or affiliated pharmacies. Payer practices like patient steering can negatively impact patient care and access by requiring patients receive medications from their pharmacies, even if they could access their medication more cheaply and quickly elsewhere.

NNECOS and ASCO recognize that white bagging may be necessary in some settings and acknowledge the bill does not ban the practice. However, mandatory white bagging and all instances of brown bagging are not appropriate and can jeopardize the delivery of high-value, high-quality cancer care. **NNECOS and ASCO support SB 256 and urge the Committee to pass this bill as amended by the Senate.** For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Policy Brief on White Bagging](#) by our affiliate, the American Society of Clinical Oncology, and the [AMA and ASCO Joint Issue Brief on Mandatory White Bagging and Brown Bagging Policies](#). Please contact [Nick Telesco](#), representing ASCO, if you have any questions or if we can be of assistance.

Sincerely,



Jeanna Walsh, MD
President
Northern New England Clinical Oncology Society



Lynn M. Schuchter, MD, FASCO
Chair of the Board
Association for Clinical Oncology

NNECOS is a professional organization whose mission is to promote the highest quality care for patients with cancer and blood disorders in northern New England. NNECOS members are a community of hematologists, oncologists, and other physicians and allied health professionals who specialize in cancer care. ASCO is an organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care.