TALKING POINTS FOR PROVIDERS:

SPECIALTY PHARMACY MANDATES

Providers rely heavily on appropriate reimbursement for services in order for the care model to be sustainable. Under the current reimbursement structure for professional services associated with delivering provider-administered medications, loss of drug payments could make the non-hospital, office-based infusion/injection model financially unsustainable.

Forcing providers into a white-bagging model stifles their ability to effectively manage patients, resulting in increased waste, increased burden, increased cost, and poorer health outcomes.

With buy and bill, offices have the flexibility to offer payment plans to spread the cost-burden over time. In a specialty pharmacy model, if the medication is not paid for up front and in full, the patient will not receive treatment.

Specialty pharmacies can present issues relating to drug quantities or volume, and drug wastage. Practices report receiving different quantities than what is ordered or experiencing processing and shipping delays. These delays disrupt treatment for patients, causing serious health implications.

Preparation, administration, and post-administration aspects of furnishing specialty medications are complex and can require up to 2 to 3 hours of additional labor. Under a specialty pharmacy mandate, providers will still be required to provide these important aspects of high-quality care but would not receive commensurate reimbursement.

If it is no longer financially viable to treat patients, providers will be forced to send their patients to other settings, like hospitals, with increased costs for both the patients and insurance companies.

Eliminating an office’s ability to buy and bill medications through the implementation of mandatory specialty pharmacy requirements will limit providers’ ability to continue delivering consistent, high-quality care in a safe environment at a cost significantly lower than hospital care settings.