



# WHITE BAGGING FACT SHEET

## What is White Bagging?

White bagging is a practice in which patients are required to obtain their medications from a specialty pharmacy. The specialty pharmacy then ships the drug directly to a healthcare provider's office, hospital, or clinic for administration. This process, typically imposed by insurance companies, differs from the traditional "buy-and-bill" model, where providers purchase and manage their own drug inventory. White bagging can disrupt patient care, increase healthcare costs, and undermine the financial viability of community-based infusion centers.

One of the primary concerns with white bagging is its impact on **patient care quality and safety**. Shipping and processing issues often cause delays, preventing timely administration of medications. For patients with serious or time-sensitive conditions, these delays can result in severe health consequences. Additionally, many medications require precise dosing based on a patient's weight. Under a white bagging mandate, providers lack the flexibility to adjust doses at the time of administration, forcing them to either delay treatment or administer suboptimal doses, both of which can compromise patient outcomes.

Another key issue is the **increased healthcare costs and waste** associated with white bagging. When providers are required to source medications from a specialty pharmacy, they lose the ability to make immediate changes, such as adjusting dosage or switching medications. When medications are dispensed but cannot be used due to treatment changes or incorrect dosing, it leads to unnecessary waste and significant costs for both patients and insurers. These medications cannot be returned or used for another patient, they must be disposed of and repurchased.

The **financial viability of providers** is at risk under white-bagging mandates. Administering specialty medications involves complex preparation, administration, and post-treatment care, which can require 2-3 hours of additional labor per patient. However, white bagging does not provide adequate reimbursement for these added costs, making it difficult for non-hospital infusion centers to stay financially sustainable. As a result, providers may be forced to send patients to more expensive hospital settings, further increasing healthcare costs.

Finally, white bagging reduces **flexibility in patient care**. Under the buy-and-bill model, providers can offer payment plans, spreading the costs for patients and making expensive treatments more accessible. White bagging often requires patients to pay for medications upfront, which could prevent some from receiving treatment. Moreover, the loss of flexibility in adjusting treatments and dosages in real-time limits providers' ability to deliver personalized care, which could lead to reduced access to services and even the closure of community-based infusion centers.

In conclusion, white-bagging mandates create significant barriers to patient care, increase overall healthcare costs, and threaten the financial health of non-hospital providers. Protecting the buy-and-bill model ensures that patients continue to receive timely, personalized, and affordable care in the most cost-effective setting: community-based infusion centers. NICA and infusion providers across the country urge lawmakers to support the buy-and-bill model to safeguard patient care and the sustainability of these vital healthcare providers.