



Healthcare Distribution Alliance

HEALTH DELIVERED

Senator Matt Klein  
95 University Avenue W.  
Minnesota Senate Bldg., Room 2105  
St. Paul, MN 55155

**Re: Healthcare Distribution Alliance (HDA) Statement on SF 482**

Dear Senator Klein,

On behalf of the Healthcare Distribution Alliance (HDA), representing the nation's primary healthcare distributors, I am writing to thank you for introducing and to offer support of SF 482. If successfully enacted, this legislation would limit the ability of certain entities (Payers) to create restrictions relating to insurance coverage for and access to physician-administered drugs, most notably, the growing practice of "white bagging" which has the potential to disrupt patient care and is increasingly being required by insurers and pharmacy benefit managers (PBMs).

HDA's distributor members serve as the critical logistics provider within the healthcare supply chain, adding efficiency, security and keeping the healthcare system functioning every day. HDA members work 24 hours a day, 365 days a year to ensure approximately 10 million healthcare products per-day, including specialty drugs, are safely and securely delivered to more than 180,000 providers across the country.

As referenced above, the practice of "white bagging" is an arrangement between insurance companies and designated specialty pharmacies that they contract with, or own themselves, to ship physician-administered medications directly to sites of care (i.e., hospitals, clinics, doctors' offices) after they have been prescribed by the attending physician. Most U.S. hospitals and physician offices maintain inventories of medications their patients need which can be immediately available when the patient arrives for treatment based on that patient's real-time needs. When a patient's insurance provider interjects and stipulates the drug prescribed by their attending physician and available at the site of care must instead be dispensed and shipped from an off-site specialty pharmacy, this practice has the potential to delay access to treatments. SF 482 will remedy the aforementioned barriers to care.

While delaying treatment is burdensome on the patient as well as the physician providing care, white bagging practices introduce additional concerns as well. Such concerns include ensuring the proper storage and handling of these products which in turn may increase provider liability. The creation of increased drug waste due to the product being specified for a specific beneficiary. Most notably for many patients, the process of "white bagging" may increase costs to the patient as well due to treatment typically being switched from a patient's medical benefit to his/her pharmacy benefit which often includes higher cost-sharing responsibilities.

Complex drug therapies for rare diseases require timely access and enhanced physician oversight of storage, dosing, and administration. Patients trust their doctors to care for them. Any policies that prevent physicians from delivering timely access and safe administration of medically necessary drugs should be opposed. If you have any questions, please contact me at 716-307-4022 or [tbutchello@hda.org](mailto:tbutchello@hda.org).

Thank you,

Travis Butchello  
Director, State Government Affairs  
Healthcare Distribution Alliance

CC:

Chairwoman Wiklund  
Vice Chair Mann

Senators:

Utke  
Abeler  
Baldon  
Hoffman  
Kupec  
Lieske  
Morrison

