Support for HB 4263

House Bill 4263 has been introduced to prohibit the practice of “white bagging” in West Virginia. White bagging refers to the distribution of patient-specific medication, typically from a specialty pharmacy to a physician’s office, hospital, or clinic for administration. White bagging has become more common practice in recent years but poses risks for providers, pharmacies, and patients alike. From the stance of medical providers and health systems, white bagging poses risks because healthcare providers are accountable for the quality of care they are providing but have no control over the integrity of the medications they are administering. As put by Rita Shane, Chief pharmacy officer for Cedars-Sanai Health System in California “Imagine a restaurant where everyone with a reservation has bags and boxes of raw food sent from venders for the restaurant staff to prepare and cook.” White bagging practices bypasses all health-system formularies, safety checks, and care planning processes. In addition to a lack of quality control, this process also creates serious logistical issues, resulting in the inability to adjust medication doses based on emergent laboratory or clinical findings. When pharmacies purchase drugs, they have responsibility for the tracking and tracing of medications to verify how they have been handled since they were manufactured, that process is almost entirely eliminated though the practice of white bagging.

White bagging poses other logistical issues. Because the medications technically belong to the patient and the insurer, they are not counted in pharmacy inventory. This means these medications do not undergo the standard pharmacist verification process at the site of care which contains clinical decision support measures to ensure patient safety. Bypassing all safety measures though this process built into the pharmacy system such as drug-drug interactions and dose weight checking poses the potential for serious harm. Once “white bagged” medications arrive at health facilities, providers and health systems are still responsible for preparing all medication doses in compliance with USP sterile and nonsterile compounding practices, however no process for billing of these services currently exists.

This is a very significant bill to ensure, proper pharmacy reimbursement and most importantly patient safety.