Introduced by Bostar, 29.
Read first time January 10, 2022
Committee:
1 A BILL FOR AN ACT relating to insurance; to prohibit certain provisions
2 in a health plan in relation to clinician-administered drugs; and to
3 define a term.
4 Be it enacted by the people of the State of Nebraska,
Section 1. (1) Notwithstanding section 44-3,131, (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self-funded employee benefit plan to the extent not preempted by federal law, shall not:

(a) Refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs and related services to covered persons;

(b) Impose coverage or benefit limitations or require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other penalty when obtaining clinician-administered drugs from a health care provider authorized under the laws of this state to administer clinician-administered drugs or a pharmacy;

(c) Interfere with the right of a patient to choose to obtain a clinician-administered drug from such patient's provider or pharmacy of choice such as through inducement, steering, or offering financial or other incentives;

(d) Require clinician-administered drugs to be dispensed by a pharmacy selected by the insurer;

(e) Limit or exclude coverage for a clinician-administered drug when such drug is not dispensed by a pharmacy selected by the health plan if such drug would otherwise be covered;

(f) Reimburse at a lesser amount a clinician-administered drug dispensed by a pharmacy not selected by the insurer;

(g) Condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for providing covered clinician-administered drugs and related services to covered persons when the participating provider obtains clinician-administered drugs from a pharmacy that is not a participating provider in the insurer's network,
if all criteria for medical necessity are met;

(h) Require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-administered drugs when not dispensed by a pharmacy selected by the insurer; or

(i) Require a specialty pharmacy to dispense a clinician-administered medication directly to a patient with the intention that the patient will transport the medication to a health care provider for administration.

(2) Notwithstanding section 44-3,131, (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self-funded employee benefit plan to the extent not preempted by federal law, may offer, but shall not require:

(i) The use of a home infusion pharmacy to dispense clinician-administered drugs to patients in their homes; or

(ii) The use of an infusion site external to a patient's provider office or clinic.

(3) For purposes of this section, clinician-administered drug means an outpatient prescription drug other than a vaccine that:

(a) Cannot reasonably be self-administered to a patient by such patient or by an individual assisting the patient with the self-administration; and

(b) Is typically administered:

(i) By a health care provider authorized under the laws of this state to administer the drug, including when acting under a physician's delegation and supervision; and

(ii) In a physician's office, hospital outpatient infusion center, or other clinical setting.