

2023 -- H 5680

LC001837

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Caldwell, and Casimiro

Date Introduced: February 17, 2023

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance  
2 Policies" is hereby amended by adding thereto the following section:

3 **27-18-33.3. Patient choice in dispensing of clinician-administered drugs.**

4 (a) As used in this section:

5 (1) "Clinician-administered drug" means an outpatient prescription drug other than a  
6 vaccine that:

7 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
8 or by an individual assisting the patient with the self-administration; and

9 (ii) Is typically administered:

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

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

13 (b) A health benefit issuer or pharmacy benefit manager:

14 (1) Shall not refuse to authorize, approve, or pay a participating provider for providing  
15 covered clinician-administered drugs and related services to covered persons;

16 (2) Shall not impose coverage or benefits limitations, or require an enrollee to pay an  
17 additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other  
18 penalty when obtaining clinician-administered drugs from a health care provider authorized under  
19 the laws of this state to administer clinician-administered drugs, or a pharmacy;

1           (3) Shall not interfere with the patient's right to choose to obtain a clinician-administered  
2 drug from their provider or pharmacy of choice, including inducement, steering, or offering  
3 financial or other incentives;

4           (4) Shall not require clinician-administered drugs to be dispensed by a pharmacy selected  
5 by the health plan or create such a requirement through contract with a third party, including, but  
6 not limited to, a pharmacy benefit manager;

7           (5) Shall not limit or exclude coverage for a clinician-administered drug when not  
8 dispensed by a pharmacy selected by the health plan, if the drug would otherwise be covered;

9           (6) Shall not reimburse at a lesser amount clinician-administered drugs dispensed by a  
10 pharmacy not selected by the health plan or create such an arrangement through contract with a  
11 third party, including, but not limited to, a pharmacy benefit manager;

12           (7) Shall not condition, deny, restrict, refuse to authorize or approve, or reduce payment to  
13 a participating provider for providing covered clinician-administered drugs and related services to  
14 covered persons when all criteria for medical necessity are met, because the participating provider  
15 obtains clinician-administered drugs from a pharmacy that is not a participating provider in the  
16 health benefit issuer's network;

17           (8) Shall not require that an enrollee pay an additional fee, higher copay, higher  
18 coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-  
19 administered drugs when not dispensed by a pharmacy selected by the health plan or create such a  
20 requirement through contract with a third party, including, but not limited to, a pharmacy benefit  
21 manager;

22           (9) Shall not require a specialty pharmacy to dispense a clinician-administered medication  
23 directly to a patient with the intention that the patient will transport the medication to a healthcare  
24 provider for administration.

25           (c) A health benefit issuer may offer, but shall not require, either directly or through  
26 contract with a third party, including, but not limited to, a pharmacy benefit manager:

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

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

30           SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service  
31 Corporations" is hereby amended by adding thereto the following section:

32           **27-19-26.3. Patient choice in dispensing of clinician-administered drugs.**

33           (a) As used in this section:

34           (1) "Clinician-administered drug" means an outpatient prescription drug other than a

1 vaccine that:

2 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
3 or by an individual assisting the patient with the self-administration; and

4 (ii) Is typically administered:

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

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

8 (b) A health benefit issuer or pharmacy benefit manager:

9 (1) Shall not refuse to authorize, approve, or pay a participating provider for providing  
10 covered clinician-administered drugs and related services to covered persons;

11 (2) Shall not impose coverage or benefits limitations, or require an enrollee to pay an  
12 additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other  
13 penalty when obtaining clinician-administered drugs from a health care provider authorized under  
14 the laws of this state to administer clinician-administered drugs, or a pharmacy;

15 (3) Shall not interfere with the patient's right to choose to obtain a clinician-administered  
16 drug from their provider or pharmacy of choice, including inducement, steering, or offering  
17 financial or other incentives;

18 (4) Shall not require clinician-administered drugs to be dispensed by a pharmacy selected  
19 by the health plan or create such a requirement through contract with a third party, including, but  
20 not limited to, a pharmacy benefit manager;

21 (5) Shall not limit or exclude coverage for a clinician-administered drug when not  
22 dispensed by a pharmacy selected by the health plan, if the drug would otherwise be covered;

23 (6) Shall not reimburse at a lesser amount clinician-administered drugs dispensed by a  
24 pharmacy not selected by the health plan or create such an arrangement through contract with a  
25 third party, including, but not limited to, a pharmacy benefit manager;

26 (7) Shall not condition, deny, restrict, refuse to authorize or approve, or reduce payment to  
27 a participating provider for providing covered clinician-administered drugs and related services to  
28 covered persons when all criteria for medical necessity are met, because the participating provider  
29 obtains clinician-administered drugs from a pharmacy that is not a participating provider in the  
30 health benefit issuer's network;

31 (8) Shall not require that an enrollee pay an additional fee, higher copay, higher  
32 coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-  
33 administered drugs when not dispensed by a pharmacy selected by the health plan or create such a  
34 requirement through contract with a third party, including, but not limited to, a pharmacy benefit

1 manager;

2 (9) Shall not require a specialty pharmacy to dispense a clinician-administered medication  
3 directly to a patient with the intention that the patient will transport the medication to a healthcare  
4 provider for administration.

5 (c) A health benefit issuer may offer, but shall not require, either directly or through  
6 contract with a third party, including, but not limited to, a pharmacy benefit manager:

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

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

10 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
11 Corporations" is hereby amended by adding thereto the following section:

12 **27-20-23.3. Patient choice in dispensing of clinician-administered drugs.**

13 (a) As used in this section:

14 (1) "Clinician-administered drug" means an outpatient prescription drug other than a  
15 vaccine that:

16 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
17 or by an individual assisting the patient with the self-administration; and

18 (ii) Is typically administered:

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

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

22 (b) A health benefit issuer or pharmacy benefit manager:

23 (1) Shall not refuse to authorize, approve, or pay a participating provider for providing  
24 covered clinician-administered drugs and related services to covered persons;

25 (2) Shall not impose coverage or benefits limitations, or require an enrollee to pay an  
26 additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other  
27 penalty when obtaining clinician-administered drugs from a health care provider authorized under  
28 the laws of this state to administer clinician-administered drugs, or a pharmacy;

29 (3) Shall not interfere with the patient's right to choose to obtain a clinician-administered  
30 drug from their provider or pharmacy of choice, including inducement, steering, or offering  
31 financial or other incentives;

32 (4) Shall not require clinician-administered drugs to be dispensed by a pharmacy selected  
33 by the health plan or create such a requirement through contract with a third party, including, but  
34 not limited to, a pharmacy benefit manager;

1 (5) Shall not limit or exclude coverage for a clinician-administered drug when not  
2 dispensed by a pharmacy selected by the health plan, if the drug would otherwise be covered;

3 (6) Shall not reimburse at a lesser amount clinician-administered drugs dispensed by a  
4 pharmacy not selected by the health plan or create such an arrangement through contract with a  
5 third party, including, but not limited to, a pharmacy benefit manager;

6 (7) Shall not condition, deny, restrict, refuse to authorize or approve, or reduce payment to  
7 a participating provider for providing covered clinician-administered drugs and related services to  
8 covered persons when all criteria for medical necessity are met, because the participating provider  
9 obtains clinician-administered drugs from a pharmacy that is not a participating provider in the  
10 health benefit issuer's network;

11 (8) Shall not require that an enrollee pay an additional fee, higher copay, higher  
12 coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-  
13 administered drugs when not dispensed by a pharmacy selected by the health plan or create such a  
14 requirement through contract with a third party, including, but not limited to, a pharmacy benefit  
15 manager;

16 (9) Shall not require a specialty pharmacy to dispense a clinician-administered medication  
17 directly to a patient with the intention that the patient will transport the medication to a healthcare  
18 provider for administration.

19 (c) A health benefit issuer may offer, but shall not require, either directly or through  
20 contract with a third party, including, but not limited to, a pharmacy benefit manager:

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

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

24 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance  
25 Organizations" is hereby amended by adding thereto the following section:

26 **27-41-38.3. Patient choice in dispensing of clinician-administered drugs.**

27 (a) As used in this section:

28 (1) "Clinician-administered drug" means an outpatient prescription drug other than a  
29 vaccine that:

30 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
31 or by an individual assisting the patient with the self-administration; and

32 (ii) Is typically administered:

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

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

2 (b) A health benefit issuer or pharmacy benefit manager:

3 (1) Shall not refuse to authorize, approve, or pay a participating provider for providing  
4 covered clinician-administered drugs and related services to covered persons;

5 (2) Shall not impose coverage or benefits limitations, or require an enrollee to pay an  
6 additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other  
7 penalty when obtaining clinician-administered drugs from a health care provider authorized under  
8 the laws of this state to administer clinician-administered drugs, or a pharmacy;

9 (3) Shall not interfere with the patient's right to choose to obtain a clinician-administered  
10 drug from their provider or pharmacy of choice, including inducement, steering, or offering  
11 financial or other incentives;

12 (4) Shall not require clinician-administered drugs to be dispensed by a pharmacy selected  
13 by the health plan or create such a requirement through contract with a third party, including, but  
14 not limited to, a pharmacy benefit manager;

15 (5) Shall not limit or exclude coverage for a clinician-administered drug when not  
16 dispensed by a pharmacy selected by the health plan, if the drug would otherwise be covered;

17 (6) Shall not reimburse at a lesser amount clinician-administered drugs dispensed by a  
18 pharmacy not selected by the health plan or create such an arrangement through contract with a  
19 third party, including, but not limited to, a pharmacy benefit manager;

20 (7) Shall not condition, deny, restrict, refuse to authorize or approve, or reduce payment to  
21 a participating provider for providing covered clinician-administered drugs and related services to  
22 covered persons when all criteria for medical necessity are met, because the participating provider  
23 obtains clinician-administered drugs from a pharmacy that is not a participating provider in the  
24 health benefit issuer's network;

25 (8) Shall not require that an enrollee pay an additional fee, higher copay, higher  
26 coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-  
27 administered drugs when not dispensed by a pharmacy selected by the health plan or create such a  
28 requirement through contract with a third party, including, but not limited to, a pharmacy benefit  
29 manager;

30 (9) Shall not require a specialty pharmacy to dispense a clinician-administered medication  
31 directly to a patient with the intention that the patient will transport the medication to a healthcare  
32 provider for administration.

33 (c) A health benefit issuer may offer, but shall not require, either directly or through  
34 contract with a third party, including, but not limited to, a pharmacy benefit manager:

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

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

4           SECTION 5. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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1           This act would prevent healthcare entities from refusing to authorize, approve, or pay a  
2 participating provider for providing covered clinician-administered drugs and related services to  
3 covered persons. This act would also prevent healthcare entities from imposing coverage or benefits  
4 limitations, or require an enrollee to pay an additional fee, higher copay, higher coinsurance, second  
5 copay, second coinsurance, or other penalty when obtaining clinician-administered drugs from a  
6 health care provider. It would prohibit interference with the patient's right to choose to obtain a  
7 clinician-administered drug from their provider or pharmacy of choice.

8           This act would take effect upon passage.

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