

SB0874/477376/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 874
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Senator Klausmeier” and substitute “Senators Klausmeier, Astle, Feldman, Glassman, Kelley, Kittleman, Mathias, Middleton, Pugh, and Ramirez”; in line 10, after “source” insert “or a pharmacy participating in the provider network of the insurer, nonprofit health service plan, or health maintenance organization under certain conditions; authorizing a pharmacy registered under a certain provision of federal law to apply to be a designated pharmacy for a certain purpose, under certain conditions; prohibiting an insurer, nonprofit health service plan, or health maintenance organization from unreasonably withholding certain approval”; and in line 12, after “system;” insert “providing that a certain determination is considered a coverage decision under certain provisions of law; authorizing the Maryland Insurance Commissioner to seek advice from certain persons relating to certain complaints filed with the Commissioner; requiring the expenses for the advice to be paid for as provided under certain provisions of law;”.

AMENDMENT NO. 2

On page 3, in line 17, after “UNDER” insert “INDIVIDUAL, GROUP, OR BLANKET”; and in line 20, after “UNDER” insert “INDIVIDUAL OR GROUP”.

AMENDMENT NO. 3

On page 4, in line 7, after “THROUGH” insert “:

(1);

in line 9, after “DRUGS” insert “: OR

(Over)

(2) A PHARMACY PARTICIPATING IN THE ENTITY'S PROVIDER NETWORK, IF THE ENTITY DETERMINES THAT THE PHARMACY:

(I) MEETS THE ENTITY'S PERFORMANCE STANDARDS; AND

(II) ACCEPTS THE ENTITY'S NETWORK REIMBURSEMENT RATES.

(E) (1) A PHARMACY REGISTERED UNDER § 340B OF THE FEDERAL PUBLIC HEALTH SERVICES ACT MAY APPLY TO AN ENTITY SUBJECT TO THIS SECTION TO BE A DESIGNATED PHARMACY UNDER SUBSECTION (D)(1) OF THIS SECTION FOR THE PURPOSE OF ENABLING THE PHARMACY'S PATIENTS WITH HIV, AIDS, OR HEPATITIS C TO RECEIVE THE COPAYMENT OR COINSURANCE MAXIMUM PROVIDED FOR IN SUBSECTION (C) OF THIS SECTION IF:

(I) THE PHARMACY IS OWNED BY A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN 42 U.S.C. § 254B;

(II) THE FEDERALLY QUALIFIED HEALTH CENTER PROVIDES INTEGRATED AND COORDINATED MEDICAL AND PHARMACEUTICAL SERVICES TO HIV POSITIVE, AIDS, AND HEPATITIS C PATIENTS; AND

(III) THE PRESCRIPTION DRUGS ARE COVERED SPECIALTY DRUGS FOR THE TREATMENT OF HIV, AIDS, OR HEPATITIS C.

(2) AN ENTITY SUBJECT TO THIS SECTION MAY NOT UNREASONABLY WITHHOLD APPROVAL OF A PHARMACY'S APPLICATION UNDER PARAGRAPH (1) OF THIS SUBSECTION";

and in line 10, strike "(E)" and substitute "(F)".

AMENDMENT NO. 4

On page 4, after line 11, insert:

“(G) (1) A DETERMINATION BY AN ENTITY SUBJECT TO THIS SECTION THAT A PRESCRIPTION DRUG IS NOT A SPECIALTY DRUG IS CONSIDERED A COVERAGE DECISION UNDER § 15-10D-01 OF THIS TITLE.

(2) FOR COMPLAINTS FILED WITH THE COMMISSIONER UNDER THIS SUBSECTION, IF THE ENTITY MADE ITS DETERMINATION THAT A PRESCRIPTION DRUG IS NOT A SPECIALTY DRUG ON THE BASIS THAT THE PRESCRIPTION DRUG DID NOT MEET THE CRITERIA LISTED IN SUBSECTION (A)(5)(I) OF THIS SECTION:

(I) THE COMMISSIONER MAY SEEK ADVICE FROM AN INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT ON THE LIST COMPILED UNDER § 15-10A-05(B) OF THIS TITLE; AND

(II) THE EXPENSES FOR ANY ADVICE PROVIDED BY AN INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT SHALL BE PAID FOR AS PROVIDED UNDER § 15-10A-05(H) OF THIS TITLE.”.