

SENATE BILL 754

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4r2645
CF 4r3315

By: **Senator Hettleman**

Introduced and read first time: February 1, 2024

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance Carriers and Pharmacy Benefits Managers –**
3 **Clinician–Administered Drugs and Related Services**

4 FOR the purpose of prohibiting certain health insurance entities from taking certain
5 actions with respect to the dispensing of clinician–administered drugs and related
6 services; authorizing certain health insurance entities to allow the use of a certain
7 pharmacy or infusion site for an insured or an enrollee to obtain certain
8 clinician–administered drugs and related services; and generally relating to health
9 insurance and clinician–administered drugs and related services.

10 BY repealing and reenacting, with amendments,
11 Article – Insurance
12 Section 15–847(d)
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2023 Supplement)

15 BY adding to
16 Article – Insurance
17 Section 15–2201 through 15–2203 to be under the new subtitle “Subtitle 22.
18 Clinician–Administered Drugs and Related Services”
19 Annotated Code of Maryland
20 (2017 Replacement Volume and 2023 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
22 That the Laws of Maryland read as follows:

23 **Article – Insurance**

24 15–847.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(d) Subject to § 15–805 of this subtitle [and], notwithstanding § 15–806 of this subtitle **AND EXCEPT AS PROVIDED UNDER SUBTITLE 22 OF THIS TITLE**, nothing in this article or regulations adopted under this article precludes an entity subject to this section from requiring a covered specialty drug to be obtained through:

(1) a designated pharmacy or other source authorized under the Health Occupations Article to dispense or administer prescription drugs; or

(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.

SUBTITLE 22. CLINICIAN–ADMINISTERED DRUGS AND RELATED SERVICES.

15–2201.

IN THIS SUBTITLE, “CLINICIAN–ADMINISTERED DRUG” MEANS AN OUTPATIENT PRESCRIPTION DRUG OTHER THAN A VACCINE THAT:

(1) CANNOT REASONABLY BE SELF–ADMINISTERED BY THE PATIENT TO WHOM THE DRUG IS PRESCRIBED OR BY AN INDIVIDUAL ASSISTING THE PATIENT; AND

(2) IS TYPICALLY ADMINISTERED:

(I) BY A HEALTH CARE PROVIDER AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO ADMINISTER THE DRUG, INCLUDING WHEN ACTING UNDER THE DIRECTION AND SUPERVISION OF A PHYSICIAN; AND

(II) IN A PHYSICIAN’S OFFICE, HOSPITAL OUTPATIENT INFUSION CENTER, OR OTHER CLINICAL SETTING.

15–2202.

(A) THIS SUBTITLE APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

1 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**
3 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4 **(B) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH**
5 **MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION**
6 **DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE**
7 **REQUIREMENTS OF THIS SUBTITLE.**

8 **15-2203.**

9 **(A) AN ENTITY SUBJECT TO THIS SUBTITLE MAY NOT:**

10 **(1) REFUSE TO AUTHORIZE, APPROVE, OR PAY A PARTICIPATING**
11 **PROVIDER FOR PROVIDING COVERED CLINICIAN-ADMINISTERED DRUGS AND**
12 **RELATED SERVICES TO AN INSURED OR AN ENROLLEE;**

13 **(2) IMPOSE COVERAGE OR BENEFITS LIMITATIONS OR REQUIRE AN**
14 **INSURED OR AN ENROLLEE TO PAY AN ADDITIONAL FEE, A HIGHER COPAY, A HIGHER**
15 **COINSURANCE, A SECOND COPAY, A SECOND COINSURANCE, OR OTHER PENALTY**
16 **WHEN OBTAINING CLINICIAN-ADMINISTERED DRUGS FROM:**

17 **(I) A HEALTH CARE PROVIDER AUTHORIZED UNDER THE**
18 **HEALTH OCCUPATIONS ARTICLE TO ADMINISTER CLINICIAN-ADMINISTERED**
19 **DRUGS; OR**

20 **(II) A PHARMACY;**

21 **(3) INTERFERE WITH AN INSURED'S OR ENROLLEE'S RIGHT TO**
22 **CHOOSE TO OBTAIN A CLINICIAN-ADMINISTERED DRUG FROM THE INSURED'S OR**
23 **ENROLLEE'S PROVIDER OR PHARMACY OF CHOICE, INCLUDING THROUGH**
24 **INDUCEMENT, STEERING, OR THE OFFER OF FINANCIAL OR OTHER INCENTIVES;**

25 **(4) REQUIRE THAT ONLY A PHARMACY SELECTED BY THE ENTITY BE**
26 **AUTHORIZED TO DISPENSE A CLINICIAN-ADMINISTERED DRUG;**

27 **(5) LIMIT OR EXCLUDE COVERAGE FOR A CLINICIAN-ADMINISTERED**
28 **DRUG WHEN NOT DISPENSED BY A PHARMACY SELECTED BY THE ENTITY, IF THE**
29 **DRUG WOULD OTHERWISE BE COVERED;**

30 **(6) REIMBURSE AT A LESSER AMOUNT CLINICIAN-ADMINISTERED**
31 **DRUGS DISPENSED BY A PHARMACY NOT SELECTED BY THE ENTITY;**

1 **(7) CONDITION, DENY, RESTRICT, REFUSE TO AUTHORIZE OR**
2 **APPROVE, OR REDUCE PAYMENT TO A PARTICIPATING PROVIDER FOR PROVIDING**
3 **COVERED CLINICIAN-ADMINISTERED DRUGS AND RELATED SERVICES TO AN**
4 **INSURED OR AN ENROLLEE WHEN ALL CRITERIA FOR MEDICAL NECESSITY ARE MET**
5 **DUE TO THE PARTICIPATING PROVIDER OBTAINING CLINICIAN-ADMINISTERED**
6 **DRUGS FROM A PHARMACY THAT IS NOT A PARTICIPATING PROVIDER IN THE**
7 **ENTITY'S NETWORK;**

8 **(8) REQUIRE THAT AN INSURED OR AN ENROLLEE PAY AN**
9 **ADDITIONAL FEE, A HIGHER COPAY, A HIGHER COINSURANCE, A SECOND COPAY, A**
10 **SECOND COINSURANCE, OR ANY OTHER FORM OF PRICE INCREASE FOR**
11 **CLINICIAN-ADMINISTERED DRUGS IF NOT DISPENSED BY A PHARMACY SELECTED**
12 **BY THE ENTITY; OR**

13 **(9) REQUIRE A SPECIALTY PHARMACY TO DISPENSE A**
14 **CLINICIAN-ADMINISTERED MEDICATION DIRECTLY TO AN INSURED OR AN**
15 **ENROLLEE WITH THE INTENTION THAT THE INSURED OR ENROLLEE WILL**
16 **TRANSPORT THE MEDICATION TO A HEALTH CARE PROVIDER FOR ADMINISTRATION.**

17 **(B) AN ENTITY SUBJECT TO THIS SUBTITLE MAY ALLOW:**

18 **(1) THE USE OF A HOME INFUSION PHARMACY TO DISPENSE**
19 **CLINICIAN-ADMINISTERED DRUGS AND RELATED SERVICES TO AN INSURED OR AN**
20 **ENROLLEE IN THE HOME OF THE INSURED OR ENROLLEE; OR**

21 **(2) THE USE OF AN INFUSION SITE EXTERNAL TO THE INSURED'S OR**
22 **ENROLLEE'S PROVIDER OFFICE OR CLINIC FOR THE DISPENSING OF**
23 **CLINICIAN-ADMINISTERED DRUGS AND RELATED SERVICES.**

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
25 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
26 after January 1, 2025.

27 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
28 January 1, 2025.