

SB0084/744831/1

BY: Education, Health, and Environmental Affairs Committee

AMENDMENTS TO SENATE BILL 84
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 8, after “circumstances;” insert “prohibiting a pharmacist from administering a maintenance injectable medication unless the pharmacist provides the patient with a certain notice; requiring a pharmacist who charges a certain fee to provide a certain notice to a patient separate from any other forms or notices; prohibiting a pharmacist who charges a certain fee from collecting or attempting to collect the fee except under certain circumstances; requiring a pharmacist, to the extent practicable, to provide a certain form in a certain language or format to certain patients under certain circumstances;”; and in line 18, strike “administering” and substitute “administration”.

AMENDMENT NO. 2

On page 5, in line 18, strike the first “FOR” and substitute “THAT PROVIDE”; and in line 26, strike “ADMINISTERING” and substitute “THE ADMINISTRATION OF”.

AMENDMENT NO. 3

On page 3, in line 8, after “(II)” insert “1.”; in the same line, after “DISORDER” insert “; **OR**

2. TREATS A SEXUALLY TRANSMITTED INFECTION AND IS NOT A VACCINE”;

and in line 22, strike “SUBSECTION (B)” and substitute “SUBSECTIONS (B) AND (C)”.

On page 4, after line 3, insert:

(Over)

“(C) (1) A PHARMACIST MAY NOT ADMINISTER A MAINTENANCE INJECTABLE MEDICATION UNDER SUBSECTION (A)(2) OF THIS SECTION UNLESS THE PHARMACIST PROVIDES THE PATIENT WITH THE FOLLOWING WRITTEN NOTICE:

“IMPORTANT FINANCIAL INFORMATION

NOTICE OF PHARMACIST’S MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE AND MEDICAL BILLING DISCLOSURE

A. MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE.

THE PHARMACIST MAY CHARGE A SEPARATE FEE FOR ADMINISTERING A MAINTENANCE INJECTABLE MEDICATION THAT IS IN ADDITION TO THE COST OF YOUR MAINTENANCE INJECTABLE MEDICATION. THE PHARMACIST WILL INITIAL THE STATEMENT BELOW THAT APPLIES TO YOU.

_____ THE PHARMACIST DOES NOT CHARGE A SEPARATE FEE FOR ADMINISTERING A MAINTENANCE INJECTABLE MEDICATION.

_____ THE PHARMACIST’S CHARGES A SEPARATE FEE FOR ADMINISTRATING A MAINTENANCE INJECTABLE MEDICATION IN THE AMOUNT OF \$_____.

IF YOUR HEALTH BENEFIT PLAN DOES NOT COVER ALL OR PART OF THE PHARMACIST’S MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE, YOU MAY BE RESPONSIBLE FOR PAYING THE BALANCE. THE PHARMACIST WILL INITIAL THE SECTION BELOW THAT IS APPLICABLE TO YOUR INSURANCE

COVERAGE. PLEASE READ THE INITIALED SECTION AND ASK THE PHARMACIST ANY QUESTIONS YOU MAY HAVE.

SECTION 1. THIS SECTION APPLIES TO YOU. YOU HAVE A PLAN THAT LIKELY DOES NOT COVER THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE. YOU MUST PAY THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE IN FULL IF YOU CHOOSE TO HAVE THE MAINTENANCE INJECTABLE MEDICATION ADMINISTERED HERE. THE PHARMACIST WILL SUBMIT A CLAIM ON YOUR BEHALF. IF YOUR PLAN PAYS THE PHARMACIST ALL OR PART OF THE FEE, THE PHARMACIST WILL ISSUE YOU A REFUND WITHIN 30 DAYS AFTER RECEIPT OF PAYMENT FROM YOUR PLAN.

SECTION 2. THIS SECTION APPLIES TO YOU. YOUR PLAN FULLY COVERS THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE. YOU OWE \$0 FOR THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE. YOU WILL NOT BE BILLED TODAY OR IN THE FUTURE FOR TODAY'S MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE.

SECTION 3. THIS SECTION APPLIES TO YOU. YOU HAVE A PLAN THAT COVERS ALL OR PART OF THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE BUT THE PHARMACIST DOES NOT HAVE A CONTRACT WITH YOUR PLAN SO YOU MAY BE RESPONSIBLE FOR ALL OR PART OF THE FEE. YOU MUST PAY \$ _____ TODAY TO HAVE THE MAINTENANCE INJECTABLE MEDICATION ADMINISTERED. IF YOU HAVE OVERPAID, THE PHARMACIST WILL ISSUE YOU A REFUND WITHIN 30 DAYS AFTER RECEIPT OF PAYMENT FROM YOUR PLAN.

YOU COULD SAVE MONEY BY HAVING YOUR MAINTENANCE INJECTABLE MEDICATION ADMINISTERED BY A HEALTHCARE PROVIDER WHO HAS A CONTRACT WITH YOUR PLAN. BEFORE HAVING THE MAINTENANCE INJECTABLE

(Over)

MEDICATION ADMINISTERED AT THIS TIME, YOU SHOULD CONTACT YOUR PLAN TO DETERMINE YOUR COST FOR THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE IF DELIVERED BY A HEALTHCARE PROVIDER WHO HAS A CONTRACT WITH YOUR PLAN. YOU SHOULD ASK WHAT YOU WOULD PAY OUT-OF-POCKET FOR A COPAYMENT, COINSURANCE, OR A DEDUCTIBLE.

SECTION 4. THIS SECTION APPLIES TO YOU. THE PHARMACIST DOES HAVE A CONTRACT WITH YOUR PLAN AND THERE IS COVERAGE FOR THE PHARMACIST'S MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE. THE PHARMACIST HAS CONTACTED YOUR PLAN AND WAS INFORMED THAT YOUR OUT-OF-POCKET EXPENSES FOR THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE WILL BE:

_____ COPAYMENT

_____ COINSURANCE

_____ DEDUCTIBLE

_____ TOTAL

B. PAYMENT REQUIRED.

I AGREE TO PAY THE TOTAL PAYMENT FOR WHICH I AM RESPONSIBLE TODAY IN THE AMOUNT OF \$ _____. THE PHARMACIST WILL SUBMIT A CLAIM ON MY BEHALF AND I WILL BE REFUNDED ANY OVERPAYMENT WITHIN 30 DAYS AFTER THE PHARMACIST'S RECEIPT OF PAYMENT FROM MY PLAN.

C. INFORMED CONSENT REQUIRED.

THE PHARMACIST MAY NOT COLLECT OR ATTEMPT TO COLLECT PAYMENT FOR A MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE FROM YOU UNLESS THIS FORM IS PROPERLY COMPLETED BY THE PHARMACIST AND SIGNED BY YOU. THE PHARMACIST IS REQUIRED TO PROVIDE A COPY OF THIS COMPLETED FORM TO YOU.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I WAS PROVIDED THIS COMPLETED FORM BEFORE BEING ADMINISTERED A MAINTENANCE INJECTABLE MEDICATION TODAY.

SIGNATURE

DATE

D. COMPLAINTS AND ADDITIONAL INFORMATION.

IF YOU HAVE A COMPLAINT RELATING TO THE MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE OR SERVICE, PLEASE FIRST CONTACT THE PHARMACIST.

IF THE COMPLAINT IS UNRESOLVED, YOU MAY THEN FILE THE COMPLAINT WITH THE STATE BOARD OF PHARMACY.

IF YOU NEED ADDITIONAL INFORMATION REGARDING YOUR MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE CHARGES OR IF YOU NEED ASSISTANCE MEDIATING A MAINTENANCE INJECTABLE MEDICATION ADMINISTRATION FEE COMPLAINT AGAINST A PHARMACIST, CONTACT THE

(Over)

HEALTH EDUCATION AND ADVOCACY UNIT OF THE OFFICE OF THE ATTORNEY
GENERAL.

TO REQUEST THIS NOTICE IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE
STATE BOARD OF PHARMACY.”.

(2) IF A PHARMACIST CHARGES ALL OR PART OF A FEE FOR
ADMINISTERING A MAINTENANCE INJECTABLE MEDICATION UNDER SUBSECTION
(A)(2) OF THIS SECTION, THE PHARMACIST:

(i) SHALL PROVIDE THE PATIENT WITH THE WRITTEN
NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SEPARATE
FROM ANY OTHER FORMS OR NOTICES; AND

(ii) MAY NOT COLLECT OR ATTEMPT TO COLLECT PAYMENT
FROM A PATIENT UNLESS THE PHARMACIST PROVIDES THE PATIENT, BEFORE
ADMINISTERING THE MAINTENANCE INJECTABLE MEDICATION, WITH:

1. A PROPERLY COMPLETED NOTICE AS REQUIRED
UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

2. A COPY OF THE COMPLETED AND SIGNED NOTICE
REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(3) IF A PATIENT DOES NOT SPEAK ENGLISH OR REQUESTS THE
NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IN AN
ALTERNATIVE FORMAT, THE PHARMACIST SHALL, TO THE EXTENT PRACTICABLE,
PROVIDE THE NOTICE IN A LANGUAGE OR FORMAT THAT IS UNDERSTANDABLE TO
THE PATIENT.”;

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and in line 4, strike “(C)” and substitute “(D)”.