

Introduced by

Senators Meyer, Klein

Representatives Kasper, Lefor, Mock, Rohr

1 A BILL for an Act to create and enact a new section to chapter 19-02.1 of the North Dakota
2 Century Code, relating to clinician-administered drugs.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** A new section to chapter 19-02.1 of the North Dakota Century Code is created
5 and enacted as follows:

6 **Clinician-administered drugs.**

7 1. As used in this section:

8 a. "Clinician-administered drug" means an outpatient prescription drug other than a:

9 (1) Vaccine that cannot be reasonably self-administered by the patient to whom
10 the drug is prescribed;

11 (2) Vaccine that typically is administered:

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

15 (b) In a physician's office, hospital outpatient infusion center, pharmacy,
16 or other clinical setting; or

17 (3) Specialty drug.

18 b. "Pharmacy benefits manager" has the same meaning as in section 19-03.6-01.

19 c. "Specialty drug" has the same meaning as in section 19-02.1-16.2

20 d. "Third-party payer" has the same meaning as in section 19-03.6-01.

21 2. A pharmacy benefits manager, third-party payer, or the agent of a pharmacy benefits
22 manager or third-party payer may not:

23 a. Require a patient, as a condition of payment or reimbursement, to purchase
24 pharmacist services, including prescription drugs, exclusively through a mail-

- 1 order pharmacy or a pharmacy benefits manager affiliate, or a combination of
2 both.
- 3 b. Increase patient costs if the patient chooses to not use a mail-order pharmacy or
4 a pharmacy benefits manager affiliate, but instead uses another participating
5 provider.
- 6 c. Interfere with the patient's right to obtain a clinician-administered drug from the
7 patient's provider of choice.
- 8 d. Limit or exclude availability of a clinician-administered drug if not dispensed by a
9 mail-order pharmacy or pharmacy benefits manager affiliate, if the drug would
10 otherwise be covered for patients.
- 11 e. Condition, deny, restrict, or refuse to authorize or approve, or reduce payment to
12 a participating provider for a clinician-administered drug if all criteria for medical
13 necessity are met, because the participating provider did not obtain clinician-
14 administered drugs from a mail-order pharmacy or pharmacy benefits manager
15 affiliate.
- 16 f. By contract, written policy, or written procedure, require that a pharmacy
17 designated by the pharmacy benefits manager or third-party payer dispense a
18 medication directly to a patient with the expectation or intention that the patient
19 will transport the medication to a health care setting for administration by a
20 participating provider.
- 21 g. By contract, written policy, or written procedure, require that a pharmacy
22 designated by the pharmacy benefits manager or third-party payer dispense a
23 medication directly to a health care setting for a participating provider to
24 administer to a patient.
- 25 h. Require the use of a home infusion pharmacy to dispense clinician-administered
26 drugs to a patient in the home of the patient.