

ONE HUNDRED SEVENTH LEGISLATURE - SECOND SESSION - 2022
COMMITTEE STATEMENT
LB943

Hearing Date: Tuesday February 15, 2022
Committee On: Banking, Commerce and Insurance
Introducer: Bostar
One Liner: Prohibit certain provisions in a health plan in relation to clinician-administered drugs

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye:	5	Senators Aguilar, Bostar, Flood, McCollister, Pahls
Nay:	2	Senators Slama, Williams
Absent:	1	Senator Lindstrom
Present Not Voting:		

Oral Testimony:

Proponents:

Senator Eliot Bostar
Lori Murante
Elizabeth Boals-Shively
Korby Gilbertson
Jerome Wohleb
Melvin Churchill

Mandy Oglesby

Representing:

Introducer
Nebraska Medicine, Fred & Pamela Buffet Cancer Center
Henderson Health Care Services
Boys Town National Research Hospital
Bryan Health, Nebraska Hospital Association
Arthritis Center of Nebraska, Nebraska Medical Association,
Nebraska Rheumatology Society
Arthritis Center of Nebraska

Opponents:

David Root
Michelle Mack
Jeremiah Blake
Robert Bell

Representing:

Prime Therapeutics
Pharmaceutical Care Management Association
Blue Cross Blue Shield of Nebraska
Nebraska Insurance Federation

Neutral:

Representing:

Summary of purpose and/or changes:

This bill will enact a new section to prohibit certain provisions in health policies, certificates, contracts, or plans regarding clinician-administered drugs.

Subsection (1) would provide that policies, certificates, contracts and plans shall not;

Refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs and related services to covered persons;

Impose coverage or benefit limitations or require an enrollee to pay an additional fee, higher or second copay, or higher second coinsurance when obtaining clinician-administered drugs from a health care provider authorized to administer clinician-administered drugs or a pharmacy;

Interfere with the right of a patient to obtain a clinician-administered drug from the patient's provider or pharmacy of choice through inducement steering, or offering inducements;

Require clinician-administered drugs to be dispensed by a pharmacy selected by the insurer;

Limit or exclude coverage for a clinician-administered drug when such drug is not dispensed by a pharmacy selected by the health plan;

Reimburse at a lesser amount a clinician-administered drug dispensed by a pharmacy not selected by the insurer;

Condition, deny, strict, refuse to authorize or approve, or reduce payment to a participating provider for providing covered clinician-administered drugs and related services to covered persons when the participating provider obtains clinician-administered drugs from a pharmacy that is not a participating provider in the insurer's network;

Require an enrollee to pay an additional fee, higher or second copy, higher or second coinsurance, or any other form of price increase for clinician-administered drugs when not dispensed by a pharmacy selected by the insurer; or

Require a specialty pharmacy to dispense a clinician-administered medication directly to a patient with the intention that the patient will transport the medication to a health care provider for administration.

Subsection (2) would provide that a policy, certificate, contract, or plan may offer (a) the use of a home infusion pharmacy to dispense clinician-administered drugs to patients in their homes and (b) the use of an infusion site external to a patient's provider office or clinic.

Subsection (3) would define "clinician-administered drug" as an outpatient prescription drug other than a vaccine that: (a) Cannot reasonably be self-administered to a patient by such patient or by an individual assisting the patient; and (b) Is typically administered: (i) By a health care provider authorized to administer the drug; and (ii) In a physician's office, hospital outpatient infusion center; or other clinical setting.

This bill would apply to an individual or group sickness and accident insurance policy, certificate, or subscriber contract, and to a self-funded employee benefit plan to the extent not preempted by federal law.

Matt Williams, Chairperson