

1 S.242

2 Introduced by Senator Lyons

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; health care providers; prescription drugs

6 Statement of purpose of bill as introduced: This bill proposes to establish the
7 conditions under which a health insurer may designate a pharmacy to dispense
8 medication directly to a patient or health care professional for administration to
9 the patient in a health care setting.

10 An act relating to prescription drugs dispensed by a health insurer-
11 designated pharmacy for administration to a patient in a health care setting

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 Sec. 1. 8 V.S.A. § 4089k is added to read:

14 § 4089k. PRESCRIPTION DRUGS DISPENSED BY HEALTH INSURER-
15 DESIGNATED PHARMACIES FOR ADMINISTRATION TO
16 PATIENTS IN A HEALTH CARE SETTING

17 (a) As used in this section:

18 (1) “Health care professional” means an individual licensed to practice
19 medicine under 26 V.S.A. chapter 23 or 33, an individual licensed as a
20 naturopathic physician pursuant to 26 V.S.A. chapter 81, an individual licensed

1 as a physician assistant under 26 V.S.A. chapter 31, or an individual licensed
2 as an advanced practice registered nurse under 26 V.S.A. chapter 28.

3 (2) “Health care setting” means a health care professional’s office or a
4 hospital or clinic at which a health care professional practices.

5 (3) “Health insurer” has the same meaning as in 18 V.S.A. § 9402.

6 (b)(1) A health insurer shall not, by contract, written policy, or written
7 procedure, require that a pharmacy designated by the health insurer dispense a
8 medication directly to a patient with the expectation or intention that the
9 patient will transport the medication to a health care setting for administration
10 by a health care professional.

11 (2)(A) A health insurer may enter into an agreement with a health care
12 professional under which a pharmacy designated by the health insurer
13 dispenses one or more medications directly to a specific patient for the patient
14 to transport to a health care setting for the health care professional to
15 administer to the patient.

16 (B) A health insurer that enters into an agreement pursuant to this
17 subdivision (2) shall attest to the Department of Financial Regulation, in a
18 form and manner determined by the Department, that:

19 (i) the health insurer provides an expedited, patient-specific
20 exception process for cases in which the health care professional certifies that

1 it is unsafe for an individual patient to receive medication directly from the
2 health insurer-designated pharmacy;

3 (ii) the health insurer-designated pharmacy provides for same-day
4 delivery of medications to patients;

5 (iii) the health insurer-designated pharmacy is accredited by a
6 national pharmacy accreditation organization;

7 (iv) the health insurer-designated pharmacy has the ability to
8 deliver medications to the patient's home in a clinically appropriate dosage and
9 in a ready-to-administer form;

10 (v) the health insurer-designated pharmacy utilizes cold chain
11 logistics or other means to ensure that each medication remains at the
12 appropriate temperature through all stages of supply, storage, and delivery;

13 (vi) the health insurer-designated pharmacy provides a
14 medication's pedigree to certify to the health care professional that the
15 medication was handled appropriately throughout the supply chain;

16 (vii) the health insurer-designated pharmacy demonstrates
17 expertise and reliability in risk evaluation and mitigation strategy that comply
18 with U.S. Food and Drug Administration reporting requirements; and

19 (viii) the health insurer or the health insurer-designated pharmacy,
20 or both, make access to a pharmacist or nurse available 24 hours per day, seven
21 days per week.

1 (c)(1) A health insurer shall not, by contract, written policy, or written
2 procedure, require that a pharmacy designated by the health insurer dispense a
3 medication directly to a health care setting for a health care professional to
4 administer to a patient.

5 (2)(A) A health insurer may enter into an agreement with a health care
6 professional under which a pharmacy designated by the health insurer
7 dispenses one or more medications for a specific patient directly to a health
8 care setting for the health care professional to administer to the patient.

9 (B) A health insurer that enters into an agreement pursuant to this
10 subdivision (2) shall attest to the Department of Financial Regulation, in a
11 form and manner determined by the Department, that:

12 (i) the health insurer provides an expedited, patient-specific
13 exception process for cases in which a health care professional certifies that it
14 is unsafe for an individual patient's medication to come directly from the
15 health insurer-designated pharmacy;

16 (ii) the health insurer-designated pharmacy provides for same-day
17 delivery of medications from the health insurer-designated pharmacy to the
18 health care setting;

19 (iii) the health insurer-designated pharmacy is accredited by a
20 national pharmacy accreditation organization;

1 (iv) the health insurer-designated pharmacy has the ability to
2 deliver medications to the health care setting in a clinically appropriate dosage
3 and in a ready-to-administer form;

4 (v) the health insurer-designated pharmacy utilizes cold chain
5 logistics or other means to ensure that each medication remains at the
6 appropriate temperature through all stages of supply, storage, and delivery;

7 (vi) the health insurer-designated pharmacy provides a
8 medication's pedigree to certify to the health care professional that the
9 medication was handled appropriately throughout the supply chain;

10 (vii) the health insurer-designated pharmacy demonstrates
11 expertise and reliability in risk evaluation and mitigation strategy that comply
12 with U.S. Food and Drug Administration reporting requirements;

13 (viii) the health insurer or the health insurer-designated pharmacy,
14 or both, make access to a pharmacist available 24 hours per day, seven days
15 per week; and

16 (ix) the health insurer offers payment policies that reimburse for
17 office-administered medications at the same rates, regardless of whether the
18 medications were obtained from a pharmacy designated by the insurer or by
19 the health care professional or health care setting, which payment shall include
20 the costs for the health care professional or health care setting to intake, store,
21 compound, and dispose of the medications.

1 (d) A health insurer shall not, by contract, written policy, or written
2 procedure, require:

3 (1) sterile compounding by a health care professional in a health care
4 setting without providing reimbursement to the health care professional for that
5 service; or

6 (2) a medication with a patient-specific dosage requirement to be based
7 on lab or test results on the day of the patient visit to be distributed from a
8 health insurer-designated pharmacy to a health care setting for administration.

9 (e) A health insurer may offer coverage for, but shall not require the use of:

10 (1) a home-infusion pharmacy to dispense sterile intravenous drugs
11 prescribed by a treating health care professional to a patient in the patient's
12 home; or

13 (2) an infusion site other than the treating health care professional's
14 office or a hospital or clinic at which the health care professional practices.

15 Sec. 2. EFFECTIVE DATE

16 This act shall take effect on July 1, 2022.