

1.1 moves to amend H.F. No. 544, the first engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

1.4 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
1.5 apply.

1.6 (b) "Affiliated pharmacy" means a pharmacy in which a pharmacy benefit manager or
1.7 health carrier has an ownership interest either directly or indirectly, or through an affiliate
1.8 or subsidiary.

1.9 (c) "Clinician-administered drug" means an outpatient prescription drug other than a
1.10 vaccine that:

1.11 (1) cannot reasonably be self-administered by the patient to whom the drug is prescribed
1.12 or by an individual assisting the patient with self-administration; and

1.13 (2) is typically administered:

1.14 (i) by a health care provider authorized to administer the drug, including when acting
1.15 under a physician's delegation and supervision; and

1.16 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

1.17 Subd. 2. **Enrollee choice.** A pharmacy benefit manager or health carrier:

1.18 (1) shall permit an enrollee to obtain a clinician-administered drug from an in-network
1.19 health care provider authorized to administer the drug, or an in-network pharmacy, as long
1.20 as payment for the covered drug is subject to the same terms and conditions that apply to a
1.21 designated specialty pharmacy for dispensing the covered drug;

2.1 (2) shall not interfere with the enrollee's right to obtain a clinician-administered drug
2.2 from their in-network provider or in-network pharmacy of choice;

2.3 (3) shall not require clinician-administered drugs to be dispensed by a pharmacy selected
2.4 by the pharmacy benefit manager or health carrier, provided that:

2.5 (i) the dispensing specialty pharmacy meets the supply chain security controls and chain
2.6 of distribution set by the federal Drug Supply Chain Security Act, Public Law 113-54, as
2.7 amended; and

2.8 (ii) the dispensing specialty pharmacy has policies in place for safety recalls that are
2.9 consistent with national accreditation standards for safety recalls issued by a nationally
2.10 recognized accrediting body for specialty pharmacy; and

2.11 (4) shall not limit or exclude coverage for a clinician-administered drug when it is not
2.12 dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier, if the
2.13 drug would otherwise be covered.

2.14 (b) A health care provider:

2.15 (1) must provide the enrollee with information related to the costs associated with their
2.16 choice before providing the service; and

2.17 (2) shall not limit, deny, or exclude services to an enrollee who obtains a
2.18 clinician-administered drug from a pharmacy selected by their pharmacy benefit manager
2.19 or health carrier.

2.20 Subd. 3. **Cost-sharing and reimbursement.** (a) A pharmacy benefit manager or health
2.21 carrier:

2.22 (1) may impose coverage or benefit limitations on an enrollee who obtains a
2.23 clinician-administered drug from a health care provider authorized to administer the drug,
2.24 or a pharmacy, only if these limitations would also be imposed were the drug to be obtained
2.25 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
2.26 health carrier;

2.27 (2) may impose cost-sharing requirements on an enrollee who obtains a
2.28 clinician-administered drug from a health care provider authorized to administer the drug,
2.29 or a pharmacy, only if these requirements would also be imposed were the drug to be obtained
2.30 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
2.31 health carrier; and

3.1 (3) shall not reimburse a health care provider or pharmacy for clinician-administered
3.2 drugs and their administration, at an amount that is higher than would be applied to an
3.3 affiliated pharmacy or pharmacy selected by the pharmacy benefit manager or health carrier.

3.4 (b) Nothing in this subdivision shall require a pharmacy benefit manager or health carrier
3.5 to reimburse a participating provider in full or at a specified percentage of billed charges.

3.6 Subd. 4. **Other requirements.** A pharmacy benefit manager or health carrier:

3.7 (1) shall not require or encourage the dispensing of a clinician-administered drug to an
3.8 enrollee in a manner that is inconsistent with the supply chain security controls and chain
3.9 of distribution set by the federal Drug Supply Chain Security Act, United States Code, title
3.10 21, section 360eee, et seq.; and

3.11 (2) shall not require a specialty pharmacy to dispense a clinician-administered medication
3.12 directly to a patient with the intention that the patient will transport the medication to a
3.13 health care provider for administration.

3.14 **EFFECTIVE DATE.** This section is effective January 1, 2024."

3.15 Amend the title accordingly