

By Senator Diaz

36-00696-22

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1 A bill to be entitled
2 An act relating to clinician-administered drugs;
3 creating s. 627.42398, F.S.; defining terms;
4 prohibiting specified insurer practices related to
5 reimbursements, payment, access, dispensing, or
6 coverage of clinician-administered drugs; providing an
7 effective date.

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9 Be It Enacted by the Legislature of the State of Florida:

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11 Section 1. Section 627.42398, Florida Statutes, is created
12 to read:

13 627.42398 Clinician-administered drugs.—

14 (1) As used in this section, the term:

15 (a) "Administer" or "administration" means to directly
16 introduce a drug into the body of a patient by injection,
17 inhalation, ingestion, or any other means.

18 (b) "Clinician-administered drug" means a prescription drug
19 other than a vaccine which is typically administered by a health
20 care provider in a health care facility and cannot reasonably or
21 effectively be self-administered by a patient or administered by
22 a person other than a health care provider.

23 (c) "Dispense" means the transfer of possession of a
24 clinician-administered drug pursuant to a lawful prescription.

25 (d) "Health care facility" means an ambulatory surgical
26 center or hospital licensed under chapter 395, an alcohol or
27 chemical dependency treatment center licensed under chapter 397,
28 an inpatient hospice licensed under part IV of chapter 400, a
29 nursing home licensed under part II of chapter 400, an

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30 ambulatory care center as defined in s. 408.07, an assisted
31 living facility licensed under part I of chapter 429, or a
32 nursing home component under chapter 400 within a continuing
33 care facility licensed under chapter 651.

34 (e) "Health care provider" means any individual authorized
35 by law to administer prescription drugs in this state, including
36 providers acting under another provider's delegation and
37 supervision.

38 (f) "Insurer" means an insurer as defined in s. 624.03, a
39 self-insurance plan as defined in s. 624.031, a multiple-
40 employer welfare arrangement as defined in s. 624.437, a
41 fraternal benefit society as defined in s. 632.601, a prepaid
42 limited health service organization as defined in s. 636.003, a
43 health maintenance organization as defined in s. 641.19, a
44 prepaid health clinic as defined in s. 641.402, or any health
45 care arrangement whereby risk is assumed.

46 (g) "Patient-to-provider dispensing" means the practice by
47 which a patient is dispensed a clinician-administered drug from
48 the patient's chosen pharmacy and then transports the drug to a
49 health care provider for administration.

50 (h) "Unrelated pharmacy" means a pharmacy that is not
51 affiliated with, managed by, controlled by, or contracted
52 directly with a health care facility.

53 (i) "Unrelated pharmacy dispensing" means the practice by
54 which an unrelated pharmacy dispenses a clinician-administered
55 drug directly to a health care facility for administration to a
56 patient by a health care provider.

57 (2) An insurer may not do any of the following:

58 (a) Reimburse a health care facility or provider for the

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59 administration of a clinician-administered drug obtained through
60 patient-to-provider dispensing.

61 (b) Except as provided in paragraph (a), refuse to
62 authorize, approve, or pay a participating provider for
63 providing covered clinician-administered drugs and related
64 services to covered persons.

65 (c) Interfere with the patient's right to choose to obtain
66 a clinician-administered drug from the patient's chosen health
67 care provider, health care facility, third-party drug
68 distributor or pharmacy by any means, including, but not limited
69 to, inducement, steering, or offering financial or other
70 incentives.

71 (d) Require clinician-administered drugs to be dispensed by
72 a pharmacy selected by the insurer.

73 (e) Limit or exclude coverage for a clinician-administered
74 drug if it was not dispensed by a pharmacy selected by the
75 insurer, if such drug would otherwise be covered.

76 (f) Reimburse at a lesser amount clinician-administered
77 drugs dispensed by a pharmacy that was not selected by the
78 insurer.

79 (g) Condition, deny, restrict, refuse to authorize or
80 approve, or reduce payment to a health care provider or health
81 care facility for providing covered clinician-administered drugs
82 and related services to covered persons if all criteria for
83 medical necessity are met, solely on the basis that the health
84 care provider or health care facility obtains clinician-
85 administered drugs from a pharmacy that has not entered into a
86 written agreement with the patient's insurer to provide medical
87 or pharmacy benefits.

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88 (h) Impose coverage or benefits limitations; require that
89 an enrollee pay an additional fee, higher copay, higher
90 coinsurance, second copay, second coinsurance; or impose any
91 other form of price increase for clinician-administered drugs if
92 they are not dispensed by a pharmacy selected by the insurer.

93 (i) Require an unrelated pharmacy dispensing process for
94 clinician-administered drugs.

95 Section 2. This act shall take effect July 1, 2022.