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

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

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

Clinician-administered drugs.

1. As used in this section:
   a. "Clinician-administered drug" means an outpatient prescription drug other than a:
      (1) Vaccine that cannot be reasonably self-administered by the patient to whom the drug is prescribed;
      (2) Vaccine that typically is administered:
         (a) By a health care provider authorized under the laws of this state to administer the drug, including when acting under a physician's delegation and supervision; and
         (b) In a physician's office, hospital outpatient infusion center, pharmacy, or other clinical setting; or
      (3) Specialty drug.
   b. "Pharmacy benefits manager" has the same meaning as in section 19-03.6-01.
   c. "Specialty drug" has the same meaning as in section 19-02.1-16.2
   d. "Third-party payer" has the same meaning as in section 19-03.6-01.

2. A pharmacy benefits manager, third-party payer, or the agent of a pharmacy benefits manager or third-party payer may not:
   a. Require a patient, as a condition of payment or reimbursement, to purchase pharmacist services, including prescription drugs, exclusively through a mail-
order pharmacy or a pharmacy benefits manager affiliate, or a combination of both.

b. Increase patient costs if the patient chooses to not use a mail-order pharmacy or a pharmacy benefits manager affiliate, but instead uses another participating provider.

c. Interfere with the patient's right to obtain a clinician-administered drug from the patient's provider of choice.

d. Limit or exclude availability of a clinician-administered drug if not dispensed by a mail-order pharmacy or pharmacy benefits manager affiliate, if the drug would otherwise be covered for patients.

e. Condition, deny, restrict, or refuse to authorize or approve, or reduce payment to a participating provider for a clinician-administered drug if all criteria for medical necessity are met, because the participating provider did not obtain clinician-administered drugs from a mail-order pharmacy or pharmacy benefits manager affiliate.

f. By contract, written policy, or written procedure, require that a pharmacy designated by the pharmacy benefits manager or third-party payer dispense a medication directly to a patient with the expectation or intention that the patient will transport the medication to a health care setting for administration by a participating provider.

g. By contract, written policy, or written procedure, require that a pharmacy designated by the pharmacy benefits manager or third-party payer dispense a medication directly to a health care setting for a participating provider to administer to a patient.

h. Require the use of a home infusion pharmacy to dispense clinician-administered drugs to a patient in the home of the patient.