

Section 1. (1) Notwithstanding section 44-3,131, (a) any individual¹ or group sickness and accident insurance policy, certificate, or² subscriber contract delivered, issued for delivery, or renewed in this³ state and any hospital, medical, or surgical expense-incurred policy,⁴ except for policies that provide coverage for a specified disease or⁵ other limited-benefit coverage, and (b) any self-funded employee benefit⁶ plan to the extent not preempted by federal law, shall not:⁷

(a) Refuse to authorize, approve, or pay a participating provider⁸ for providing covered clinician-administered drugs and related services⁹ to covered persons;¹⁰

(b) Impose coverage or benefit limitations or require an enrollee toll¹¹ pay an additional fee, higher copay, higher coinsurance, second copay,¹² second coinsurance, or other penalty when obtaining clinician-¹³ administered drugs from a health care provider authorized under the laws¹⁴ of this state to administer clinician-administered drugs or a pharmacy;¹⁵

(c) Interfere with the right of a patient to choose to obtain a¹⁶ clinician-administered drug from such patient's provider or pharmacy of¹⁷ choice such as through inducement, steering, or offering financial or¹⁸ other incentives;¹⁹

(d) Require clinician-administered drugs to be dispensed by a²⁰ pharmacy selected by the insurer;²¹

(e) Limit or exclude coverage for a clinician-administered drug when²² such drug is not dispensed by a pharmacy selected by the health plan if²³ such drug would otherwise be covered;²⁴

(f) Reimburse at a lesser amount a clinician-administered drug²⁵

dispensed by a pharmacy not selected by the insurer;²⁶
(g) Condition, deny, restrict, refuse to authorize or approve,
or²⁷

reduce payment to a participating provider for providing
covered²⁸

clinician-administered drugs and related services to covered
persons when²⁹

the participating provider obtains clinician-administered
drugs from a³⁰

pharmacy that is not a participating provider in the insurer's
network,³¹

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if all criteria for medical necessity are met;¹

(h) Require an enrollee to pay an additional fee, higher
copay,²

higher coinsurance, second copay, second coinsurance, or any
other form³

of price increase for clinician-administered drugs when not
dispensed by⁴

a pharmacy selected by the insurer; or⁵

(i) Require a specialty pharmacy to dispense a clinician-⁶
administered medication directly to a patient with the
intention that the⁷

patient will transport the medication to a health care
provider for⁸

administration.⁹

(2) Notwithstanding section 44-3,131, (a) any individual or
group¹⁰

sickness and accident insurance policy, certificate, or
subscriber¹¹

contract delivered, issued for delivery, or renewed in this
state and any¹²

hospital, medical, or surgical expense-incurred policy, except
for¹³

policies that provide coverage for a specified disease or
other limited-¹⁴

benefit coverage, and (b) any self-funded employee benefit
plan to the¹⁵

extent not preempted by federal law, may offer, but shall not

require:16

(i) The use of a home infusion pharmacy to dispense clinician-
17

administered drugs to patients in their homes; or18

(ii) The use of an infusion site external to a patient's
provider19

office or clinic.20

(3) For purposes of this section, clinician-administered drug
means21

an outpatient prescription drug other than a vaccine that:22

(a) Cannot reasonably be self-administered to a patient by
such23

patient or by an individual assisting the patient with the
self-24

administration; and25

(b) Is typically administered:26

(i) By a health care provider authorized under the laws of
this27

state to administer the drug, including when acting under a
physician's28

delegation and supervision; and29

(ii) In a physician's office, hospital outpatient infusion
center,30

or other clinical setting.