SB 256-FN - AS AMENDED BY THE SENATE

01/07/2026 3029s

2025 SESSION

25-1003
05/11

SENATE BILL ***256-FN***

AN ACT establishing safety and care requirements for clinician-administered drugs.

SPONSORS: Sen. McGough, Dist 11; Sen. Gannon, Dist 23; Sen. Rochefort, Dist 1; Rep. Potucek, Rock. 13; Rep. Miles, Hills. 12

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill establishes certain safety and procedural requirements for clinician-administered drugs.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT establishing safety and care requirements for clinician-administered drugs.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Subdivision; Managed Care Law; Clinician-Administered Drugs. Amend RSA 420-J by inserting after section 26 the following new subdivision:

Clinician-Administered Drugs

420-J:27 Definition of Clinician-Administered Drug. In this subdivision, "clinician-administered drug" means an outpatient prescription drug, other than a vaccine, that:

I. Cannot reasonably be self-administered by the patient to whom the drug is prescribed or by an individual assisting the enrollee with self-administration; and

II. Is typically administered:

(a) By a health care professional 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, or other clinical setting.

420-J:28 Safety, Care, and Choice Requirements for Clinician-Administered Drugs.

I. No health insurer or pharmacy benefit manager shall mandate that a clinician-administered drug be dispensed by a pharmacy selected by the insurer or PBM and delivered to a provider for administration ("white bagging"), unless:

(a) There is a written agreement between the provider and the dispensing pharmacy outlining responsibilities for each party including, but not limited to, procedures for delivery, handling, storage, and liability; and

(b) The provider has given prior written consent to use that arrangement.

II. No health insurer or pharmacy benefit manager shall mandate that a pharmacy dispense a clinician-administered drug to a patient for transport to a health care provider for administration ("brown bagging"), unless:

(a) There is a written attestation from the patient and provider that transporting the medication will not compromise care.

(b) The patient and provider have given prior written consent to use that arrangement.

III. Pursuant to paragraphs I and II, a health carrier or pharmacy benefit manager shall not:

(a) Interfere with the enrollee's right to choose to obtain a clinician-administered drug from their provider or pharmacy of choice.

(b) Limit or exclude coverage for a clinician-administered drug when not dispensed by a pharmacy selected by the health carrier, if such drug would otherwise be covered.

(c) Require that an enrollee pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-administered drugs when not dispensed by a pharmacy selected by the health carrier or pharmacy benefit manager.

(d) Condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating health care provider for providing covered clinician-administered drugs and related services to covered persons when all criteria for medical necessity are met, because the participating health care provider obtains clinician-administered drugs from a pharmacy that is not a participating provider in the health carrier's network or managed or owned by the pharmacy benefit manager.

2 Effective Date. This act shall take effect January 1, 2027.

LBA
25-1003
3/23/26

SB 256-FN- FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2025-3029s)

AN ACT establishing safety and care requirements for clinician-administered drugs.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2026	**FY 2027**	**FY 2028**	**FY 2029**
Revenue	$0	Indeterminable	Indeterminable	Indeterminable
Revenue Fund(s)	Insurance premium tax revenue			
Expenditures*	$0	$0	$0	$0
Funding Source(s)	None			
Appropriations*	$0	$0	$0	$0
Funding Source(s)	None			

***Expenditure = Cost of bill** ***Appropriation = Authorized funding to cover cost of bill**

METHODOLOGY:

This bill adds a new section to RSA 420-J relative to dispensation of clinician-administered drugs. Among other things, the new section prohibits health maintenance organizations (HMO) from requiring pharmacies to dispense clinician-administered drugs directly to patients for patients to then bring to their health care professional. The Insurance Department notes that this practice, known as "brown-bagging," is thought to reduce costs to patients and/or insurers. The Department states that prohibiting brown-bagging may therefore cause insurers to raise premiums to offset these increased costs, resulting in an increase in insurance premium tax revenue collected by the state. The Department notes that the extent of any such impact is indeterminable.

AGENCIES CONTACTED:

Insurance Department