

SB 256-FN - AS INTRODUCED

2025 SESSION

25-1003

05/11

SENATE BILL ***256-FN***

AN ACT relative to the affordability and safety of 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

ANALYSIS

This bill requires a health plan to utilize the lowest cost method of reimbursement for clinician administered drugs and requires a health maintenance organization to cover clinician-administered drugs if the drug cannot reasonably be self-administered and is typically administered by a health care professional. The bill also prohibits a health maintenance organization from requiring that a pharmacy dispense a medication to a patient with the expectation that the patient will transport it to a health care setting for administration by a health care professional.

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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 relative to the affordability and safety of clinician administered drugs.

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

1 1 New Section; Health Maintenance Organizations; Dispensing of Clinician-Administered
2 Drugs. Amend RSA 420-B by inserting after section 26 the following new section:

3 420-B:27 Dispensing of Clinician-Administered Drugs.

4 I. As used in this section, "clinician-administered drug" means an outpatient prescription
5 drug other than a vaccine that:

6 (a) Cannot reasonably be self-administered by the patient to whom the drug is
7 prescribed or by a non-clinician individual assisting the patient with the self-administration; and

8 (b) Is typically administered:

9 (1) By a health care professional authorized under the laws of this state to
10 administer the drug, including when acting under a physician's delegation and supervision; and

11 (2) In a physician's office, hospital outpatient infusion center, or other clinical
12 setting.

13 II. A health maintenance organization or a third party acting on its behalf shall not refuse to
14 authorize, approve, or pay a provider for a covered clinician-administered drug that was dispensed
15 by any in-network hospital or clinic, provided that:

16 (a) According to medical standards of care for the patient's condition, the medication
17 must be provided to the patient more expeditiously than the medication could be provided via any
18 other channel covered by the insurer; and

19 (b) The dispensing and any associated authorization, approval, or payment occurs
20 consistent with the terms and conditions of similarly situated network participants and according to
21 the benefit offered by the health maintenance organization.

22 III. Unless otherwise requested in writing by the patient or prescriber, a health
23 maintenance organization, pharmacy benefits manager, or other third party acting on behalf of the
24 health maintenance organization, shall not, by contract, written policy, or written procedure, require
25 that a pharmacy dispense a clinician-administered drug directly to a patient with the expectation or
26 intention that the patient will transport the medication to a health care setting for administration by
27 a health care professional.

28 2 Effective Date. This act shall take effect January 1, 2026.

**SB 256-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to the affordability and safety of clinician administered drugs.

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

| Estimated State Impact | | | | |
|-------------------------------|-------------------------------|----------------|----------------|----------------|
| | FY 2025 | FY 2026 | FY 2027 | FY 2028 |
| Revenue | \$0 | Indeterminable | Indeterminable | Indeterminable |
| <i>Revenue Fund(s)</i> | Insurance premium tax revenue | | | |
| Expenditures* | \$0 | \$0 | \$0 | \$0 |
| <i>Funding Source(s)</i> | None | | | |
| Appropriations* | \$0 | \$0 | \$0 | \$0 |
| <i>Funding Source(s)</i> | None | | | |

***Expenditure = Cost of bill**

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

METHODOLOGY:

This bill adds a new section to RSA 420-B 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 cautions that the extent of any such impact is indeterminable, and that the bill would apply only to HMOs and not to other types of insurers.

AGENCIES CONTACTED:

Insurance Department