{deleted text} shows text that was in SB0193 but was deleted in SB0193S01.

inserted text shows text that was not in SB0193 but was inserted into SB0193S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Evan J. Vickers proposes the following substitute bill:

PHARMACEUTICAL AMENDMENTS

2023 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Evan J. Vickers

H	louse	Sponsor:				

LONG TITLE

General Description:

This bill addresses certain prescription drugs.

Highlighted Provisions:

This bill:

- defines terms;
- prohibits a health insurer from taking certain actions with respect to a clinician-administered drug; and
- authorizes a physician to issue orders regarding methadone under certain circumstances.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-658, Utah Code Annotated 1953

58-37-23, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section 31A-22-658 is enacted to read:

31A-22-658. Provider administered drugs.

- (1) As used in this section:
- (a) "Clinician-administered drug" means an outpatient prescription drug as defined in Section 58-17b-102 that:
- (i) cannot reasonably be self-administered by the patient to whom the drug is prescribed or by an individual assisting the patient with self-administration;
 - (ii) is typically administered:
 - (A) by a health care provider; and
 - (B) in a physician's office or a health care facility as defined in Section 26-21-2; and
 - (iii) is not a vaccine.
- (b) "Health insurer" means a person who offers health care insurance, including a health maintenance organization as defined in Section 31A-8-101.
- (c) "Participating provider" means a provider who, under a contract with a health insurer, agrees to provide health care services to enrollees with an expectation of receiving payment:
 - (i) directly or indirectly, from the health insurer; and
 - (ii) other than a copayment.
- † (2) A health insurer may not f:
- (a) refuse to authorize, approve, or pay a participating provider for providing an enrollee with } require:
- (a) a clinician-administered drug {or related service that is covered by the health insurer;
 - (b) when an enrollee obtains a clinician-administered drug from a health care provider

or pharmacy:

- (i) impose a coverage or benefit limitation on the enrollee; or
- (ii) require the enrollee to pay an additional fee, a higher copay, price increase, or increased cost sharing requirement;
- (c) require a clinician-administered drug to be dispensed by a third-party pharmacy selected by the health insurer.
- (d) for a} to be delivered to a health care entity that is a network provider that is able to provide the clinician-administered drug{ that is not dispensed by a pharmacy selected by the health insurer:
 - (i) limit or exclude coverage for the drug if the drug would otherwise be covered;
 - (ii) reimburse for the drug at a lower amount; or
- (iii) if all criteria for medical necessity are met and the drug or a related service is covered by the health insurer, condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for providing to an enrollee the drug or related services}; or
- ({e}b) {require} a{ specialty} pharmacy to dispense a clinician-administered drug directly to an enrollee with the intention that the enrollee will transport the drug to a health care provider for {administration} administering.
- (3) Subsection (2)(a) does not apply if the health insurer has offered a network provider that is administering a clinician-administered prescription drug the ability to participate on the same terms and conditions that the health insurer offers to other similarly situated network providers.
 - Section 2. Section **58-37-23** is enacted to read:

58-37-23. Methadone orders authorized.

- (1) As used in this section:
- (a) "Emergency medical order" means a medical order as defined in Section 58-17b-102 for up to a 72-hour supply of methadone.
 - (b) "General acute hospital" means the same as that term is defined in Section 26-21-2.
- (c) "Qualified pharmacy" means a pharmacy that is located on the premises of a general acute hospital that is licensed as a:
 - (i) class A pharmacy as defined in Section 58-17b-102; or
 - (ii) class B pharmacy as defined in Section 58-17b-102.

- (d) "Qualified practitioner" means a practitioner who:
- (i) is registered with the United States Drug Enforcement Administration to issue an emergency medical order; and
 - (ii) is working at a general acute hospital.
- (2) A qualified practitioner may issue an emergency medical order to a qualified pharmacy to dispense up to a 72-hour supply of methadone on behalf of the qualified practitioner:
- (a) to relieve acute withdrawal symptoms while the qualified practitioner makes arrangements to refer the patient for substance use disorder treatment; and
- (b) in accordance with 21 C.F.R. Sec. 1306.07 and applicable regulation or guidance issued by the United States Drug Enforcement Administration regarding an emergency medical order.