

**HB 4012 A STAFF MEASURE SUMMARY**

**Carrier:** Sen. Hayden

**Senate Committee On Health Care**

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**Action Date:** 02/28/24

**Action:** Do pass the A-Eng bill.

**Vote:** 5-0-0-0

**Yeas:** 5 - Bonham, Campos, Gorsek, Hayden, Patterson

**Fiscal:** No fiscal impact

**Revenue:** No revenue impact

**Prepared By:** Daniel Dietz, LPRO Analyst

**Meeting Dates:** 2/28

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**WHAT THE MEASURE DOES:**

The measure prohibits health benefit plans from requiring a clinician-administered drug to be dispensed at limited pharmacies for drugs administered by an enrollee's oncology clinic to treat a symptom, complication, or consequence of cancer. It defines "administer" and "clinician-administered drug" for purposes of the measure. The measure clarifies the circumstances permitting a health benefit plan to require a health care provider be reimbursed for clinician-administered drugs as a medical benefit.

**ISSUES DISCUSSED:**

- Applicability of the measure to cancer drugs only
- Provisions of the measure

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

Traditionally, physicians have been able to "buy-and-bill" physician-administered drugs; wherein they purchase, store, prepare, and administer the drug to the patient and are then reimbursed for both the drug itself and its administration under the patient's medical benefit. In recent years, payers have sought to reduce costs by requiring that physician-administered drugs be purchased from a specialty pharmacy and shipped to the provider's office to administer. This practice, referred to as "white bagging," commonly shifts reimbursement for the drug from being paid to the provider under the patient's medical benefit to being paid to the specialty pharmacy under the patient's pharmacy benefit. While patients can benefit from reduced costs under this reimbursement model, providers cite safety concerns such as the inability to adjust dosages or delays in the provision of care due to drug shipping issues.