

House Bill 448

By: Representatives Schofield of the 63<sup>rd</sup>, Mitchell of the 88<sup>th</sup>, Scott of the 76<sup>th</sup>, Davis of the 87<sup>th</sup>, and Bennett of the 94<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
2 insurance generally, so as to provide for a covered person to have safe and affordable access  
3 to a physician-administered medication; to provide for definitions; to prohibit a health  
4 insurer, pharmacy benefits manager, or their agent from imposing financial incentives on a  
5 participating provider or a covered person for a physician-administered medication and  
6 related service; to prohibit such entities from requiring a covered person to accept direct  
7 delivery of such medication with the intent that such person transport such medication to a  
8 healthcare provider for administration; to allow such entities to arrange for an infused or  
9 injected medication to be administered to a covered person in such person's home or other  
10 healthcare facility under certain conditions; to prohibit unfair trade practices; to provide that  
11 contract provisions in derogation of these provisions are null and void; to provide for a short  
12 title; to provide for related matters; to provide for an effective date; to repeal conflicting  
13 laws; and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

15 **SECTION 1.**

16 This Act shall be known and may be cited as "The Medication and Patient Safety Act."

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**SECTION 2.**

17

18 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance  
19 generally, is amended by adding a new Code section to read as follows:

20 "33-24-59.33.

21 (a) As used in this Code section, the term:

22 (1) 'Covered person' means an individual, including, but not limited to, any subscriber,  
23 enrollee, member, beneficiary, participant, or his or her dependent, eligible to receive  
24 healthcare benefits by a health insurer pursuant to a healthcare plan.

25 (2) 'Health benefit plan' means any individual or group plan, policy, or contract for health  
26 care services issued, delivered, issued for delivery, executed, or renewed in this state by  
27 a health care corporation, health maintenance organization, accident and sickness insurer,  
28 fraternal benefit society, or similar entity. Such term shall include, but not be limited to,  
29 any health insurance plan established under Article 1 of Chapter 18 of Title 45 or under  
30 Article 7 of Chapter 4 of Title 49.

31 (3) 'Healthcare facility' means an institution providing physical, mental, or behavioral  
32 healthcare services or a healthcare setting, including, but not limited to, hospitals;  
33 licensed inpatient centers; ambulatory surgical centers; skilled nursing facilities;  
34 residential treatment centers; diagnostic, treatment, or rehabilitation centers; imaging  
35 centers; group home settings; and rehabilitation and other therapeutic health settings.

36 (4) 'Healthcare provider' means a licensed healthcare practitioner or a healthcare facility.

37 (5) 'Health insurer' means an entity subject to the insurance laws and regulations of this  
38 state, or subject to the jurisdiction of the Commissioner, that contracts or offers to  
39 contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of  
40 healthcare services and shall include a sickness and accident insurance company, a health  
41 maintenance organization, a preferred provider organization, or any similar entity, or any  
42 other entity providing a plan of health insurance or health benefits.

43 (6) 'Participating provider' means a healthcare provider that has entered into a contract  
44 or agreement with a health insurer for the delivery of healthcare services to covered  
45 persons under a health benefit plan.

46 (7) 'Pharmacy benefits manager' shall have the same meaning as provided in Code  
47 Section 33-64-1.

48 (8) 'Physician-administered medication' means an outpatient prescription medication or  
49 biologic, other than a vaccine, that is not approved for self-administration, cannot  
50 reasonably be self-administered by the patient to whom it is prescribed or by an  
51 individual assisting such patient with self-administration, and is typically administered  
52 by a healthcare provider acting under a physician's delegation and supervision in a  
53 physician's office, hospital outpatient infusion center, or other clinical setting, or under  
54 a physician's delegation and supervision in the patient's home and administered by  
55 healthcare provider from a home health agency.

56 (b) A health insurer, pharmacy benefits manager, or their agent shall not:

57 (1) Refuse to authorize, approve, or pay a participating provider for providing a covered  
58 physician-administered medication and related service to a covered person;

59 (2) Condition, deny, restrict, refuse to authorize or approve, or reduce payment to a  
60 participating provider for providing a covered physician-administered medication and  
61 related service to a covered person when all criteria for medical necessity are met because  
62 such provider obtains physician-administered medications from a pharmacy that is not  
63 a participating provider in the health insurer's network. For purposes of this subsection,  
64 the location of receiving a physician-administered medication shall not be included in  
65 medical necessity criteria. Payment shall be at the rate set forth in the health insurer's  
66 agreement with the participating provider applicable to such medication, or, if no such  
67 rate is included in the agreement, then at the wholesale acquisition cost;

68 (3) Impose coverage or benefits limitations, or require a covered person to pay an  
69 additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or

70 any other increased cost-sharing amount, in addition to applicable cost-sharing amounts  
71 payable by the covered person as designated within the health benefit plan, in order to  
72 obtain a physician-administered medication provided by a participating provider;

73 (4) Require a covered person to accept direct delivery of a physician-administered  
74 medication with the intent that such person transport such medication to a healthcare  
75 provider for administration; or

76 (5) Require as a condition of coverage or payment or offer an incentive for a  
77 physician-administered medication to be supplied in such a way that it fails or risks  
78 failing to comply with the supply chain security controls and chain of distribution set by  
79 the federal Drug Supply Chain Security Act, P.L. 113-54.

80 (c) A health insurer, pharmacy benefits manager, or their agent may arrange for an infused  
81 or injected medication to be administered to a covered person in such person's home or  
82 other healthcare facility when the treating healthcare provider and such person determine  
83 administration in such location is in the best interest of such person and such reasons are  
84 documented in such person's medical record.

85 (d) Nothing in this Code section shall prohibit a health insurer from establishing specialty  
86 care centers of excellence based on nationally established, objective quality measures, to  
87 be utilized by covered persons focused on specific medications or types of medications to  
88 impact the safety, quality, affordability, and expertise of treatment.

89 (e)(1) Nothing in this Code section shall prohibit a health insurer from establishing  
90 differing copayments or other cost-sharing amounts within the health benefit plan for  
91 covered persons who acquire physician-administered medications from other providers.

92 (2) Nothing in this Code section shall prohibit a health insurer from refusing to authorize  
93 or approve or from denying coverage of a physician-administered medication based upon  
94 failure to satisfy medical necessity criteria.

95 (f) The commission of any act prohibited by this Code section shall be considered an  
96 unfair method of competition and unfair trade practice, which shall subject the violator to

97 any and all actions, including investigative demands, protections, remedies and penalties,  
98 provided for in Chapter 6 of Title 33, relating to unfair trade practices.  
99 (g) Any provision of a contract entered into or renewed on and after January 1, 2024, that  
100 is contrary to any provision of this Code section shall be null, void, and unenforceable in  
101 this state."

102 **SECTION 3.**

103 This Act shall become effective upon its approval by the Governor or upon its becoming law  
104 without such approval.

105 **SECTION 4.**

106 All laws and parts of laws in conflict with this Act are repealed.