

**DRAFT ONLY  
NOT APPROVED FOR  
INTRODUCTION**

HOUSE BILL NO.

Physician-administered medication regulations.

Sponsored by: Joint Labor, Health & Social Services Interim  
Committee

A BILL

for

1 AN ACT relating to the insurance code; prohibiting adverse  
2 insurance-related actions covering physician-administered  
3 medication; providing definitions; providing requirements  
4 related to physician-administered medication; providing  
5 remedies for violations of this act; making a conforming  
6 amendment; requiring rulemaking; and providing for  
7 effective dates.

8

9 *Be It Enacted by the Legislature of the State of Wyoming:*

10

11 **Section 1.** W.S. 26-55-101 through 26-55-103 are  
12 created to read:

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2

## CHAPTER 55 - PHYSICIAN-ADMINISTERED MEDICATION

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**26-55-101. Purpose.**

5

6 The purpose of this chapter is to ensure patient access to  
7 physician-administered drugs and related services furnished  
8 to persons covered under a health insurance plan. This  
9 chapter shall ensure that health insurance issuers do not  
10 interfere with patients' freedom of choice with respect to  
11 providers furnishing physician-administered drugs and  
12 ensure that patients receive safe and effective drug  
13 therapies.

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**26-55-102. Definitions.**

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(a) As used in this chapter:

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(i) "Covered person" means a policyholder,  
subscriber, enrollee, insured or other individual enrolled  
in a health insurance plan as defined by W.S. 9-3-  
203(a)(vi) and who is receiving health care services from a  
participating provider pursuant to the participating

1 provider's contract or agreement with a health insurance  
2 issuer;

3

4 (ii) "Health insurance issuer" means as defined  
5 by W.S. 26-20-801(a)(ii);

6

7 (iii) "Health insurance plan" means a policy,  
8 contract, certificate or subscriber agreement entered into,  
9 offered or issued by a health insurance issuer to provide,  
10 deliver, arrange for, pay for or reimburse any of the costs  
11 of health care services. "Health insurance plan" does not  
12 include Medicaid or Medicare plans;

13

14 (iv) "Medical necessity" means as defined by  
15 W.S. 26-40-102(a)(iii);

16

17 (v) "Participating provider" means a health care  
18 provider who, under a contract or agreement with a health  
19 insurance issuer or with the health insurance issuer's  
20 contractor or subcontractor, has agreed to provide health  
21 care services to covered persons with an expectation of  
22 receiving payment, other than in-network coinsurance,

1 copayments or deductibles, directly or indirectly from the  
2 health insurance issuer;

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4 (vi) "Physician-administered drug" means any  
5 prescription drug other than a vaccine that requires  
6 administration by a participating provider and is not  
7 approved as a self-administered drug;

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9 (vii) "Pharmacy" means as defined by W.S. 26-52-  
10 102(a)(vi);

11

12 (viii) "Pharmacy benefit manager" means as  
13 defined by W.S. 26-52-102(a)(vii).

14

15 **26-55-103. Prohibited actions by health insurance**  
16 **issuers and pharmacy benefit managers; requirements;**  
17 **exceptions; violators subject to the Unfair Trade**  
18 **Practices Act.**

19

20 (a) A health insurance issuer, pharmacy benefit  
21 manager or person acting on behalf of a pharmacy benefit  
22 manager shall not:

23

1           (i) Refuse to authorize, approve or pay a  
2 participating provider for providing covered physician-  
3 administered drugs and related services to covered persons;  
4

5           (ii) Condition, deny, restrict, refuse to  
6 authorize or reduce payment to a participating provider for  
7 a physician-administered drug when administration of the  
8 drug is a medical necessity and the participating provider  
9 obtains the physician-administered drug from a pharmacy  
10 that is not a participating provider in the health  
11 insurance issuer's network.  
12

13           (b) Subsection (a) of this section shall apply only  
14 to a physician-administered drug that meets the supply  
15 chain security controls and chain of distribution set by  
16 the Drug Supply Chain Security Act, Pub. L. 113-54, as  
17 amended. All payments for a physician-administered drug  
18 required by subsection (a) of this section shall be at a  
19 rate set forth in the health insurance issuer's agreement  
20 with the participating provider and, if no rate is  
21 established in the agreement, at the wholesale acquisition  
22 cost.  
23

1           (c) A health insurance issuer, pharmacy benefit  
2 manager or person acting on behalf of a pharmacy benefit  
3 manager shall not require a covered person to pay an  
4 additional fee, or any other increased cost-sharing amount,  
5 in addition to cost-sharing amounts payable by the covered  
6 person as required within the health benefit plan, to  
7 obtain the physician-administered drug when provided by a  
8 participating provider. Nothing in this chapter shall  
9 prohibit a health insurance issuer or its agent from  
10 establishing differing copayments or other cost-sharing  
11 amounts within the health insurance plan for covered  
12 persons who acquire physician-administered drugs from other  
13 providers.

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15           (d) Nothing in this chapter shall prohibit a health  
16 insurance issuer or its agent from refusing to authorize or  
17 approve, or from denying coverage for a physician-  
18 administered drug based upon a failure to satisfy medical  
19 necessity criteria. For purposes of this section, the  
20 location of receiving the physician-administered drug shall  
21 not be included in the medical necessity criteria.

22

1           (e) The commission of any act prohibited by this  
2 chapter shall be considered an unfair method of competition  
3 and an unfair practice or act which shall subject the  
4 violator to any and all actions provided for in the Unfair  
5 Trade Practices Act under W.S. 26-13-101 through 26-13-125.

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7           (f) Any provision of a contract that is contrary to  
8 any provision of this chapter shall be void and  
9 unenforceable in this state.

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11           **Section 2.** W.S. 26-13-102 is amended to read:

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13           **26-13-102. Unfair methods and deceptive acts**  
14 **prohibited.**

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16 No person shall engage in this state in any trade practice  
17 prohibited by W.S. 26-55-101 through 26-55-103 or which is  
18 defined in this article as or is determined pursuant to  
19 this article to be an unfair method of competition or an  
20 unfair or deceptive act or practice in the business of  
21 insurance.

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1           **Section 3.** The department of insurance shall  
2 promulgate any rules necessary to implement this act.

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4           **Section 4.**

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6           (a) Except as otherwise provided by subsection (b) of  
7 this section, this act is effective July 1, 2024.

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9           (b) Sections 3 and 4 of this act are effective  
10 immediately upon completion of all acts necessary for a  
11 bill to become law as provided by Article 4, Section 8 of  
12 the Wyoming Constitution.

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14

(END)