MAINE STATE LEGISLATURE

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118th MAINE LEGISLATURE

FIRST REGULAR SESSION-1997

Legislative Document

No. 733

H.P. 542

House of Representatives, February 4, 1997

An Act to Require Medicaid to Pay for Intravenous Drug Therapy at Home.

Reference to the Committee on Health and Human Services suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative VIGUE of Winslow. Cosponsored by Senator DAGGETT of Kennebec.

2	Sec. 1. 22 MRSA §3174-R is enacted to read:
4	§3174-R. Medicaid coverage for home intravenous drug therapy
6	Services
8	1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the
10	following meanings.
12	A. "Home intravenous drug therapy services" means the items and services described in this paragraph furnished to an
14	individual who is under the care of a physician in a place of residence used as the individual's home by a qualified
16	home intravenous drug therapy provider and under a plan established and periodically reviewed by a physician. "Home
18	intravenous drug therapy services" includes pharmacy and related services, including medical supplies, intravenous
20	fluids and equipment used in administering intravenous fluids as are necessary to conduct safely and effectively an
22	intravenous-administered drug regimen.
24	B. "Qualified pharmacy home intravenous drug therapy provider" means any entity that the Maine Board of
26	Commissioners of the Profession of Pharmacy determines meets the following requirements.
28	(1) The entity is capable of providing home
30	intravenous drug therapy services.
32	(2) The entity makes services available, as needed, 7 days a week on a 24-hour basis.
34	(3) The entity adheres to the appropriate written
36	protocols and policies with respect to the provision of items and services.
38	
40	(4) The entity maintains clinical records on all patients.
42	(5) The entity coordinates all services with the
44	patient's physician.
	(6) The entity maintains patient records as to
46	frequency of nursing visits, a certificate of medical necessity from the attending physician, progress
48	reports on the patient and a patient care plan.

Be it enacted by the People of the State of Maine as follows:

	(7) The entity conducts a quality assessment and
2	assurance program, including a drug regimen review and coordination of patient care.
4	cooldinacton of pacienc care.
	(8) The entity provides sterile compounding of
6	intravenous drugs in an atmosphere that contains less
	than 1,000 particles 0.5 microns or larger in diameter
8	<pre>per cubic foot of air and has positive air flow. Clean air hoods must be certified at least annually.</pre>
10	air moods must be certified at least annually.
- •	(9) The entity performs stringent quality control
12	procedures, including keeping complete sterile
T 64	compounding records of drug lot number, expiration date
14	
1.4	and quantity used and a copy of the label attached to
1 6	the final compounded product.
10	(10) The entity is licensed by the Maine Board of
18	Commissioners of the Profession of Pharmacy.
10	Commissioners of the Floression of Findimacy.
20	(11) The entity meets such other requirements as the
20	Maine Board of Commissioners of the Profession of
22	Pharmacy may determine are necessary to ensure the safe
	and effective provision of home intravenous drug
24	therapy services and the efficient administration of
	home intravenous drug therapy.
26	
	C. "Referring physician" means, with respect to providing
28	home intravenous drug therapy services to an individual, a
	physician who:
30	
	(1) Prescribed the home intravenous drug for which the
32	services are to be provided; and
34	(2) Established the plan of care for the services.
36	2. Medicaid payment. Medicaid payment for home intravenous
	drug therapy services may not exceed an amount equal to the
38	lesser of the qualified provider's usual and customary charges
	for the services or the reimbursement schedule established under
40	this subsection when the services are determined medically
	necessary by the state Medicaid program.
42	
	A. The Department of Human Services shall establish a
44	reimbursement schedule for the following:
46	(1) Home intravenous antibiotics;
48	(2) Chemotherapy;
	
50	(3) Pain management;

	(4) local parenceral nuclicion; and
2	(5) Other home intravenous therapies.
4	
6	B. Service per diem rates include the following:
8	(1) Pharmacy sterile compounding fees:
10	(2) Intravenous pole, infusion pumps and pump cassettes;
12	(3) All required intravenous supplies such as syringes, tubing, catheter care kits and other similar
14	supplies; and
16	(4) Other related services necessary for home intravenous drug therapy services.
18	A reimbursement schedule established under this paragraph
20	must be on a per diem basis.
22	C. The Medicaid reimbursement must be the average wholesale
24	cost of drug and solution, plus a service per diem not to exceed the 40th percentile of average daily Medicaid per
26	diem to hospitals in the State or the usual and customary reimbursement, whichever is lower.
28	D. Reimbursement under this subsection is not subject to
30	the Medicaid pharmacy benefits limits.
	3. Physician clinical management fees. The referring
32	physician prescribing the home intravenous drug therapy services is entitled to Medicaid payment for certain clinical management
34	services determined by the Department of Human Services. The schedule of physicians' fees for these services may not exceed,
36	on a per diem basis, the 40th percentile of average Medicaid fees paid to physicians for hospital visits in the State or the usual
38	and customary reimbursement, whichever is lower.
40	4. Limitation. Limitation on acceptance of and payments for certain referrals is governed as follows.
42	
44	A. Except as provided in paragraph B, payment for home intravenous drug therapy services may not be made to any
46	provider in which a physician or a physician's immediate family member has an ownership interest, or in any situation
48	where the physician receives compensation from the provider to induce referrals.
50	B. Paragraph A does not apply:

2	(1) If the ownership interest is the ownership of stock that is traded over a publicly regulated exchange
4	and was purchased on terms generally available to the public;
6	(2) If the compensation is reasonably related to items
8	or services actually provided by the physician and does not vary in proportion to the number of referrals made
10	by the referring physician, but such an exception does not apply to compensation provided for direct patient
12	care services; or
14	(3) To a referring physician whose only ownership or financial relationship with the provider is as an
16	uncompensated officer or director of the provider.
18	5. Administration of medication. When the home intravenous drug therapy medication must be administered by a licensed health
20	care professional, the management of this medication must be provided by a licensed home health agency.
22	6. Sales and delivery. A person may not sell intravenous
24	drugs in this State or deliver intravenous drugs into this State through the United States mail or a private carrier, unless that
26	person is licensed by the Maine Board of Commissioners of the Profession of Pharmacy.
28	7. Sanctions. Payment may not be made under this section
30	for home intravenous drug therapy services that are provided in violation of this section or that jeopardize federal financial
32	participation.
34	8. Exclusion. The provisions of this section do not grant the Maine Board of Commissioners of the Profession of Pharmacy
36	any authority to regulate the practice of nursing in this State, and the practicing of nursing in this State remains the sole
38	responsibility of the State Board of Nursing pursuant to Title 32, chapter 31.
40	Jay Grapect J.
42	SUMMARY
44	This bill authorizes state Medicaid to pay for intravenous
46	drug therapy services at home. By allowing patients, such as those in need of continuous medication to alleviate pain, to receive intravenous drugs at home rather than in the hospital,
48	the State's Medicaid program will save money and hospital beds will be freed for other patients.

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