

FIRST REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 552**  
96TH GENERAL ASSEMBLY

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Reported from the Committee on Financial and Governmental Organizations and Elections, May 10, 2011, with recommendation that the Senate Committee Substitute do pass.

1601S.06C

TERRY L. SPIELER, Secretary.

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**AN ACT**

To repeal section 208.152, RSMo, and to enact in lieu thereof two new sections relating to the standard of care for the treatment of persons with bleeding disorders.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 208.152, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 208.152 and 338.400, to read as follows:

208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as defined in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

16           (2) All outpatient hospital services, payments therefor to be in amounts  
17 which represent no more than eighty percent of the lesser of reasonable costs or  
18 customary charges for such services, determined in accordance with the principles  
19 set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the  
20 federal Social Security Act (42 U.S.C. 301, et seq.), but the MO HealthNet  
21 division may evaluate outpatient hospital services rendered under this section  
22 and deny payment for services which are determined by the MO HealthNet  
23 division not to be medically necessary, in accordance with federal law and  
24 regulations;

25           (3) Laboratory and X-ray services;

26           (4) Nursing home services for participants, except to persons with more  
27 than five hundred thousand dollars equity in their home or except for persons in  
28 an institution for mental diseases who are under the age of sixty-five years, when  
29 residing in a hospital licensed by the department of health and senior services or  
30 a nursing home licensed by the department of health and senior services or  
31 appropriate licensing authority of other states or government-owned and  
32 -operated institutions which are determined to conform to standards equivalent  
33 to licensing requirements in Title XIX of the federal Social Security Act (42  
34 U.S.C. 301, et seq.), as amended, for nursing facilities. The MO HealthNet  
35 division may recognize through its payment methodology for nursing facilities  
36 those nursing facilities which serve a high volume of MO HealthNet  
37 patients. The MO HealthNet division when determining the amount of the  
38 benefit payments to be made on behalf of persons under the age of twenty-one in  
39 a nursing facility may consider nursing facilities furnishing care to persons under  
40 the age of twenty-one as a classification separate from other nursing facilities;

41           (5) Nursing home costs for participants receiving benefit payments under  
42 subdivision (4) of this subsection for those days, which shall not exceed twelve per  
43 any period of six consecutive months, during which the participant is on a  
44 temporary leave of absence from the hospital or nursing home, provided that no  
45 such participant shall be allowed a temporary leave of absence unless it is  
46 specifically provided for in his plan of care. As used in this subdivision, the term  
47 "temporary leave of absence" shall include all periods of time during which a  
48 participant is away from the hospital or nursing home overnight because he is  
49 visiting a friend or relative;

50           (6) Physicians' services, whether furnished in the office, home, hospital,  
51 nursing home, or elsewhere;

52 (7) Drugs and medicines when prescribed by a licensed physician, dentist,  
53 or podiatrist; except that no payment for drugs and medicines prescribed on and  
54 after January 1, 2006, by a licensed physician, dentist, or podiatrist may be made  
55 on behalf of any person who qualifies for prescription drug coverage under the  
56 provisions of P.L. 108-173;

57 (8) Emergency ambulance services and, effective January 1, 1990,  
58 medically necessary transportation to scheduled, physician-prescribed nonelective  
59 treatments;

60 (9) Early and periodic screening and diagnosis of individuals who are  
61 under the age of twenty-one to ascertain their physical or mental defects, and  
62 health care, treatment, and other measures to correct or ameliorate defects and  
63 chronic conditions discovered thereby. Such services shall be provided in  
64 accordance with the provisions of Section 6403 of P.L. 101-239 and federal  
65 regulations promulgated thereunder;

66 (10) Home health care services;

67 (11) Family planning as defined by federal rules and regulations;  
68 provided, however, that such family planning services shall not include abortions  
69 unless such abortions are certified in writing by a physician to the MO HealthNet  
70 agency that, in his professional judgment, the life of the mother would be  
71 endangered if the fetus were carried to term;

72 (12) Inpatient psychiatric hospital services for individuals under age  
73 twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C.  
74 1396d, et seq.);

75 (13) Outpatient surgical procedures, including presurgical diagnostic  
76 services performed in ambulatory surgical facilities which are licensed by the  
77 department of health and senior services of the state of Missouri; except, that  
78 such outpatient surgical services shall not include persons who are eligible for  
79 coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the  
80 federal Social Security Act, as amended, if exclusion of such persons is permitted  
81 under Title XIX, Public Law 89-97, 1965 amendments to the federal Social  
82 Security Act, as amended;

83 (14) Personal care services which are medically oriented tasks having to  
84 do with a person's physical requirements, as opposed to housekeeping  
85 requirements, which enable a person to be treated by his physician on an  
86 outpatient rather than on an inpatient or residential basis in a hospital,  
87 intermediate care facility, or skilled nursing facility. Personal care services shall

88 be rendered by an individual not a member of the participant's family who is  
89 qualified to provide such services where the services are prescribed by a physician  
90 in accordance with a plan of treatment and are supervised by a licensed  
91 nurse. Persons eligible to receive personal care services shall be those persons  
92 who would otherwise require placement in a hospital, intermediate care facility,  
93 or skilled nursing facility. Benefits payable for personal care services shall not  
94 exceed for any one participant one hundred percent of the average statewide  
95 charge for care and treatment in an intermediate care facility for a comparable  
96 period of time. Such services, when delivered in a residential care facility or  
97 assisted living facility licensed under chapter 198 shall be authorized on a tier  
98 level based on the services the resident requires and the frequency of the services.  
99 A resident of such facility who qualifies for assistance under section 208.030  
100 shall, at a minimum, if prescribed by a physician, qualify for the tier level with  
101 the fewest services. The rate paid to providers for each tier of service shall be set  
102 subject to appropriations. Subject to appropriations, each resident of such facility  
103 who qualifies for assistance under section 208.030 and meets the level of care  
104 required in this section shall, at a minimum, if prescribed by a physician, be  
105 authorized up to one hour of personal care services per day. Authorized units of  
106 personal care services shall not be reduced or tier level lowered unless an order  
107 approving such reduction or lowering is obtained from the resident's personal  
108 physician. Such authorized units of personal care services or tier level shall be  
109 transferred with such resident if her or she transfers to another such  
110 facility. Such provision shall terminate upon receipt of relevant waivers from the  
111 federal Department of Health and Human Services. If the Centers for Medicare  
112 and Medicaid Services determines that such provision does not comply with the  
113 state plan, this provision shall be null and void. The MO HealthNet division  
114 shall notify the revisor of statutes as to whether the relevant waivers are  
115 approved or a determination of noncompliance is made;

116 (15) Mental health services. The state plan for providing medical  
117 assistance under Title XIX of the Social Security Act, 42 U.S.C. 301, as amended,  
118 shall include the following mental health services when such services are  
119 provided by community mental health facilities operated by the department of  
120 mental health or designated by the department of mental health as a community  
121 mental health facility or as an alcohol and drug abuse facility or as a  
122 child-serving agency within the comprehensive children's mental health service  
123 system established in section 630.097. The department of mental health shall

124 establish by administrative rule the definition and criteria for designation as a  
125 community mental health facility and for designation as an alcohol and drug  
126 abuse facility. Such mental health services shall include:

127       (a) Outpatient mental health services including preventive, diagnostic,  
128 therapeutic, rehabilitative, and palliative interventions rendered to individuals  
129 in an individual or group setting by a mental health professional in accordance  
130 with a plan of treatment appropriately established, implemented, monitored, and  
131 revised under the auspices of a therapeutic team as a part of client services  
132 management;

133       (b) Clinic mental health services including preventive, diagnostic,  
134 therapeutic, rehabilitative, and palliative interventions rendered to individuals  
135 in an individual or group setting by a mental health professional in accordance  
136 with a plan of treatment appropriately established, implemented, monitored, and  
137 revised under the auspices of a therapeutic team as a part of client services  
138 management;

139       (c) Rehabilitative mental health and alcohol and drug abuse services  
140 including home and community-based preventive, diagnostic, therapeutic,  
141 rehabilitative, and palliative interventions rendered to individuals in an  
142 individual or group setting by a mental health or alcohol and drug abuse  
143 professional in accordance with a plan of treatment appropriately established,  
144 implemented, monitored, and revised under the auspices of a therapeutic team  
145 as a part of client services management. As used in this section, mental health  
146 professional and alcohol and drug abuse professional shall be defined by the  
147 department of mental health pursuant to duly promulgated rules. With respect  
148 to services established by this subdivision, the department of social services, MO  
149 HealthNet division, shall enter into an agreement with the department of mental  
150 health. Matching funds for outpatient mental health services, clinic mental  
151 health services, and rehabilitation services for mental health and alcohol and  
152 drug abuse shall be certified by the department of mental health to the MO  
153 HealthNet division. The agreement shall establish a mechanism for the joint  
154 implementation of the provisions of this subdivision. In addition, the agreement  
155 shall establish a mechanism by which rates for services may be jointly developed;

156       (16) Such additional services as defined by the MO HealthNet division to  
157 be furnished under waivers of federal statutory requirements as provided for and  
158 authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to  
159 appropriation by the general assembly;

160 (17) Beginning July 1, 1990, the services of a certified pediatric or family  
161 nursing practitioner with a collaborative practice agreement to the extent that  
162 such services are provided in accordance with chapters 334 and 335, and  
163 regulations promulgated thereunder;

164 (18) Nursing home costs for participants receiving benefit payments under  
165 subdivision (4) of this subsection to reserve a bed for the participant in the  
166 nursing home during the time that the participant is absent due to admission to  
167 a hospital for services which cannot be performed on an outpatient basis, subject  
168 to the provisions of this subdivision:

169 (a) The provisions of this subdivision shall apply only if:

170 a. The occupancy rate of the nursing home is at or above ninety-seven  
171 percent of MO HealthNet certified licensed beds, according to the most recent  
172 quarterly census provided to the department of health and senior services which  
173 was taken prior to when the participant is admitted to the hospital; and

174 b. The patient is admitted to a hospital for a medical condition with an  
175 anticipated stay of three days or less;

176 (b) The payment to be made under this subdivision shall be provided for  
177 a maximum of three days per hospital stay;

178 (c) For each day that nursing home costs are paid on behalf of a  
179 participant under this subdivision during any period of six consecutive months  
180 such participant shall, during the same period of six consecutive months, be  
181 ineligible for payment of nursing home costs of two otherwise available temporary  
182 leave of absence days provided under subdivision (5) of this subsection; and

183 (d) The provisions of this subdivision shall not apply unless the nursing  
184 home receives notice from the participant or the participant's responsible party  
185 that the participant intends to return to the nursing home following the hospital  
186 stay. If the nursing home receives such notification and all other provisions of  
187 this subsection have been satisfied, the nursing home shall provide notice to the  
188 participant or the participant's responsible party prior to release of the reserved  
189 bed;

190 (19) Prescribed medically necessary durable medical equipment. An  
191 electronic web-based prior authorization system using best medical evidence and  
192 care and treatment guidelines consistent with national standards shall be used  
193 to verify medical need;

194 (20) Hospice care. As used in this [subsection] **subdivision**, the term  
195 "hospice care" means a coordinated program of active professional medical

196 attention within a home, outpatient and inpatient care which treats the  
197 terminally ill patient and family as a unit, employing a medically directed  
198 interdisciplinary team. The program provides relief of severe pain or other  
199 physical symptoms and supportive care to meet the special needs arising out of  
200 physical, psychological, spiritual, social, and economic stresses which are  
201 experienced during the final stages of illness, and during dying and bereavement  
202 and meets the Medicare requirements for participation as a hospice as are  
203 provided in 42 CFR Part 418. The rate of reimbursement paid by the MO  
204 HealthNet division to the hospice provider for room and board furnished by a  
205 nursing home to an eligible hospice patient shall not be less than ninety-five  
206 percent of the rate of reimbursement which would have been paid for facility  
207 services in that nursing home facility for that patient, in accordance with  
208 subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act  
209 of 1989);

210 (21) Prescribed medically necessary dental services. Such services shall  
211 be subject to appropriations. An electronic web-based prior authorization system  
212 using best medical evidence and care and treatment guidelines consistent with  
213 national standards shall be used to verify medical need;

214 (22) Prescribed medically necessary optometric services. Such services  
215 shall be subject to appropriations. An electronic web-based prior authorization  
216 system using best medical evidence and care and treatment guidelines consistent  
217 with national standards shall be used to verify medical need;

218 (23) **Blood clotting products-related services. For persons**  
219 **diagnosed with a bleeding disorder, as defined in section 338.400,**  
220 **reliant on blood clotting products, as defined in section 338.400, such**  
221 **services include:**

222 (a) **Home delivery of blood clotting products and ancillary**  
223 **infusion equipment and supplies, including the emergency deliveries**  
224 **of the product when medically necessary;**

225 (b) **Medically necessary ancillary infusion equipment and**  
226 **supplies required to administer the blood clotting products; and**

227 (c) **In-home assessments conducted by a pharmacist, nurse, or**  
228 **local home health care agency trained in bleeding disorders when**  
229 **deemed necessary by the participant's treating physician;**

230 (24) The MO HealthNet division shall, by January 1, 2008, and annually  
231 thereafter, report the status of MO HealthNet provider reimbursement rates as

232 compared to one hundred percent of the Medicare reimbursement rates and  
233 compared to the average dental reimbursement rates paid by third-party payors  
234 licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide  
235 to the general assembly a four-year plan to achieve parity with Medicare  
236 reimbursement rates and for third-party payor average dental reimbursement  
237 rates. Such plan shall be subject to appropriation and the division shall include  
238 in its annual budget request to the governor the necessary funding needed to  
239 complete the four-year plan developed under this subdivision.

240           2. Additional benefit payments for medical assistance shall be made on  
241 behalf of those eligible needy children, pregnant women and blind persons with  
242 any payments to be made on the basis of the reasonable cost of the care or  
243 reasonable charge for the services as defined and determined by the division of  
244 medical services, unless otherwise hereinafter provided, for the following:

245           (1) Dental services;

246           (2) Services of podiatrists as defined in section 330.010;

247           (3) Optometric services as defined in section 336.010;

248           (4) Orthopedic devices or other prosthetics, including eye glasses,  
249 dentures, hearing aids, and wheelchairs;

250           (5) Hospice care. As used in this subsection, the term "hospice care"  
251 means a coordinated program of active professional medical attention within a  
252 home, outpatient and inpatient care which treats the terminally ill patient and  
253 family as a unit, employing a medically directed interdisciplinary team. The  
254 program provides relief of severe pain or other physical symptoms and supportive  
255 care to meet the special needs arising out of physical, psychological, spiritual,  
256 social, and economic stresses which are experienced during the final stages of  
257 illness, and during dying and bereavement and meets the Medicare requirements  
258 for participation as a hospice as are provided in 42 CFR Part 418. The rate of  
259 reimbursement paid by the MO HealthNet division to the hospice provider for  
260 room and board furnished by a nursing home to an eligible hospice patient shall  
261 not be less than ninety-five percent of the rate of reimbursement which would  
262 have been paid for facility services in that nursing home facility for that patient,  
263 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus  
264 Budget Reconciliation Act of 1989);

265           (6) Comprehensive day rehabilitation services beginning early posttrauma  
266 as part of a coordinated system of care for individuals with disabling  
267 impairments. Rehabilitation services must be based on an individualized,



268 goal-oriented, comprehensive and coordinated treatment plan developed,  
269 implemented, and monitored through an interdisciplinary assessment designed  
270 to restore an individual to optimal level of physical, cognitive, and behavioral  
271 function. The MO HealthNet division shall establish by administrative rule the  
272 definition and criteria for designation of a comprehensive day rehabilitation  
273 service facility, benefit limitations and payment mechanism. Any rule or portion  
274 of a rule, as that term is defined in section 536.010, that is created under the  
275 authority delegated in this subdivision shall become effective only if it complies  
276 with and is subject to all of the provisions of chapter 536 and, if applicable,  
277 section 536.028. This section and chapter 536 are nonseverable and if any of the  
278 powers vested with the general assembly pursuant to chapter 536 to review, to  
279 delay the effective date, or to disapprove and annul a rule are subsequently held  
280 unconstitutional, then the grant of rulemaking authority and any rule proposed  
281 or adopted after August 28, 2005, shall be invalid and void.

282         3. The MO HealthNet division may require any participant receiving MO  
283 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an  
284 additional payment after July 1, 2008, as defined by rule duly promulgated by the  
285 MO HealthNet division, for all covered services except for those services covered  
286 under subdivisions (14) and (15) of subsection 1 of this section and sections  
287 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the  
288 federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations  
289 thereunder. When substitution of a generic drug is permitted by the prescriber  
290 according to section 338.056, and a generic drug is substituted for a name-brand  
291 drug, the MO HealthNet division may not lower or delete the requirement to  
292 make a co-payment pursuant to regulations of Title XIX of the federal Social  
293 Security Act. A provider of goods or services described under this section must  
294 collect from all participants the additional payment that may be required by the  
295 MO HealthNet division under authority granted herein, if the division exercises  
296 that authority, to remain eligible as a provider. Any payments made by  
297 participants under this section shall be in addition to and not in lieu of payments  
298 made by the state for goods or services described herein except the participant  
299 portion of the pharmacy professional dispensing fee shall be in addition to and  
300 not in lieu of payments to pharmacists. A provider may collect the co-payment  
301 at the time a service is provided or at a later date. A provider shall not refuse  
302 to provide a service if a participant is unable to pay a required payment. If it is  
303 the routine business practice of a provider to terminate future services to an

304 individual with an unclaimed debt, the provider may include uncollected  
305 co-payments under this practice. Providers who elect not to undertake the  
306 provision of services based on a history of bad debt shall give participants  
307 advance notice and a reasonable opportunity for payment. A provider,  
308 representative, employee, independent contractor, or agent of a pharmaceutical  
309 manufacturer shall not make co-payment for a participant. This subsection shall  
310 not apply to other qualified children, pregnant women, or blind persons. If the  
311 Centers for Medicare and Medicaid Services does not approve the Missouri MO  
312 HealthNet state plan amendment submitted by the department of social services  
313 that would allow a provider to deny future services to an individual with  
314 uncollected co-payments, the denial of services shall not be allowed. The  
315 department of social services shall inform providers regarding the acceptability  
316 of denying services as the result of unpaid co-payments.

317           4. The MO HealthNet division shall have the right to collect medication  
318 samples from participants in order to maintain program integrity.

319           5. Reimbursement for obstetrical and pediatric services under subdivision  
320 (6) of subsection 1 of this section shall be timely and sufficient to enlist enough  
321 health care providers so that care and services are available under the state plan  
322 for MO HealthNet benefits at least to the extent that such care and services are  
323 available to the general population in the geographic area, as required under  
324 subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations promulgated  
325 thereunder.

326           6. Beginning July 1, 1990, reimbursement for services rendered in  
327 federally funded health centers shall be in accordance with the provisions of  
328 subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget  
329 Reconciliation Act of 1989) and federal regulations promulgated thereunder.

330           7. Beginning July 1, 1990, the department of social services shall provide  
331 notification and referral of children below age five, and pregnant, breast-feeding,  
332 or postpartum women who are determined to be eligible for MO HealthNet  
333 benefits under section 208.151 to the special supplemental food programs for  
334 women, infants and children administered by the department of health and senior  
335 services. Such notification and referral shall conform to the requirements of  
336 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

337           8. Providers of long-term care services shall be reimbursed for their costs  
338 in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security  
339 Act, 42 U.S.C. 1396a, as amended, and regulations promulgated thereunder.

340 9. Reimbursement rates to long-term care providers with respect to a total  
341 change in ownership, at arm's length, for any facility previously licensed and  
342 certified for participation in the MO HealthNet program shall not increase  
343 payments in excess of the increase that would result from the application of  
344 Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. 1396a (a)(13)(C).

345 10. The MO HealthNet division, may enroll qualified residential care  
346 facilities and assisted living facilities, as defined in chapter 198, as MO  
347 HealthNet personal care providers.

348 11. Any income earned by individuals eligible for certified extended  
349 employment at a sheltered workshop under chapter 178 shall not be considered  
350 as income for purposes of determining eligibility under this section.

**338.400. 1. As used in this section, the following terms shall  
2 mean:**

3 **(1) "Ancillary infusion equipment and supplies", the equipment**  
4 **and supplies required to infuse a blood clotting therapy product into**  
5 **a human vein, including syringes, needles, sterile gauze, field pads,**  
6 **gloves, alcohol swabs, numbing creams, tourniquets, medical tape,**  
7 **sharps or equivalent biohazard waste containers, and cold compression**  
8 **packs;**

9 **(2) "Assay", the amount of a particular constituent of a mixture**  
10 **or of the biological or pharmacological potency of a drug;**

11 **(3) "Bleeding disorder", a medical condition characterized by a**  
12 **deficiency or absence of one or more essential blood-clotting**  
13 **components in the human blood, including all forms of hemophilia, von**  
14 **Willebrand's disease, and other bleeding disorders that result in**  
15 **uncontrollable bleeding or abnormal blood clotting;**

16 **(4) "Blood clotting product", a medicine approved for distribution**  
17 **by the federal Food and Drug Administration that is used for the**  
18 **treatment and prevention of symptoms associated with bleeding**  
19 **disorders, including but not limited to recombinant Factor VII,**  
20 **recombinant-activated Factor VIIa, recombinant Factor VIII, plasma-**  
21 **derived Factor VIII, recombinant Factor IX, plasma-derived Factor IX,**  
22 **von Willebrand factor products, bypass products for patients with**  
23 **inhibitors, prothrombin complex concentrates; and activated**  
24 **prothrombin complex concentrates;**

25 **(5) "Home nursing services", specialized nursing care provided**  
26 **in the home setting to assist a patient in the reconstitution and**

27 administration of blood clotting products;

28 (6) "Home use", infusion or other use of a blood clotting product  
29 in a place other than a hemophilia treatment center, hospital,  
30 emergency room, physician's office, outpatient facility, or clinic;

31 (7) "Pharmacy", an entity engaged in practice of pharmacy as  
32 defined in section 338.010 that provides patients with blood clotting  
33 products and ancillary infusion equipment and supplies.

34 2. The Missouri state board of pharmacy shall promulgate rules  
35 governing the standard of care for pharmacies dispensing blood  
36 clotting therapies. Such rules shall include, when feasible, the  
37 standards established by the medical advisory committees of the  
38 patient groups representing the hemophilia and von Willebrand  
39 diseases, including but not limited to Recommendation 188 of the  
40 National Hemophilia Foundation's Medical and Scientific Advisory  
41 Council. Such rules shall include safeguards to ensure the pharmacy:

42 (1) Has the ability to obtain and fill a physician prescription as  
43 written of all brands of blood clotting products approved by the federal  
44 Food and Drug Administration in multiple assay ranges of low, medium,  
45 and high, as applicable, and vial sizes, including products  
46 manufactured from human plasma and those manufactured from  
47 recombinant technology techniques, provided manufacturer supply  
48 exists and payer authorization is obtained;

49 (2) Provides for the shipment of prescribed blood clotting  
50 products to the patient within two business days or less for established  
51 patients and three business days or less for new patients in  
52 nonemergency situations;

53 (3) Provides established patients with access to blood clotting  
54 products within twelve hours of notification by the physician of the  
55 patient's emergent need for blood clotting products;

56 (4) Provides all ancillary infusion equipment and supplies  
57 necessary for established patients for administration of blood clotting  
58 products;

59 (5) Has a pharmacist available twenty-four hours a day, seven  
60 days a week, every day of the year, either onsite or on call, to fill  
61 prescriptions for blood clotting products;

62 (6) Provides patients who have received blood clotting products  
63 with a designated contact telephone number for reporting problems

64 with a delivery or product;

65 (7) Provides patients with notification of recalls and withdrawals  
66 of blood clotting products and ancillary infusion equipment within  
67 twenty-four hours of receipt of the notification; and

68 (8) Provides containers for the disposal of hazardous waste, and  
69 provide patients with instructions on the proper collection, removal,  
70 and disposal of hazardous waste under state and federal law.

71 3. Notwithstanding the provisions of subsection 2 of this section,  
72 pharmacies and pharmacists shall exercise that degree of skill and  
73 learning ordinarily exercised by members of their profession in the  
74 dispensing and distributing of blood clotting products.

✓