

CANCER DRUG DONATION PROGRAM

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House Bill 5672

Sponsor: Rep. Barb Vander Veen

Committee: Health Policy

Complete to 6-13-06

A SUMMARY OF HOUSE BILL 5672 AS INTRODUCED 2-14-06

The bill would create a Cancer Drug Donation Program as a new Part 52A within the Public Health Code. The following is a brief description of the bill's main features.

**** A Cancer Drug Donation Program would be created within the Department of Community Health to allow for the voluntary donation of cancer drugs and supplies and the dispensing of those drugs to eligible recipients. (The term "supplies" refers to supplies used in the administration of cancer drugs. A "cancer drug" is a prescription drug used to treat cancer or its side effects, or used to treat side effects of a cancer drug.)**

**** DCH would be required to promulgate rules and regulations on recipient eligibility and priority; standards and procedures for participants (physicians' offices, pharmacists, and health facilities); necessary administrative forms; the maximum allowable handling fee charged by participants; categories of drugs and supplies acceptable for dispensing and those not acceptable; and the maintenance and distribution of the participant registry.**

**** The participant registry would have to be on the DCH website and made available to the public. It would have to contain the name, address, and telephone number of a participant and identify whether the participant is a physician's office, a pharmacy, a county medical care facility, a freestanding surgical outpatient facility, a home for the aged, a hospital, a hospital long-term care unit, a nursing home, or a hospice.**

**** Under the program, any individual or entity could donate cancer drugs or supplies. Donations would have to be made at a physician's office, a pharmacy, or a health care facility that elects to participate and meets DCH criteria. Drugs would only be accepted in their original, unopened, sealed, and tamper-evident unit dose packaging. Single-unit doses could be dispensed if the outside packaging had been opened but the single-unit dose packaging is unopened. Each donated drug would have to be inspected for a pharmacist. A cancer drug could not be accepted or dispensed if it has an expiration date earlier than six months after the date was donated or if the drug is adulterated or misbranded.**

**** Only a prescriber could prescribe donated cancer drugs and supplies, and they could only be prescribed to an eligible recipient. A prescriber could not dispense drugs and supplies; only a pharmacist could dispense donated drugs and supplies.**

** Donated drugs and supplies could not be sold. A dispensing pharmacist could not submit a claim or otherwise seek reimbursement from any public or private third-party payer, nor could a public or private third-party payer be required to provide reimbursement.

** A participant (a physician, pharmacist, or health care facility) would have to comply with applicable state and federal law regarding the storage, distribution, and dispensing of donated drugs and supplies. A participant could charge a nominal handling fee (as determined by DCH rules) for distributing or dispensing donated drugs and supplies.

** Recipients of Medicaid pharmaceutical benefits would not be eligible to receive donated drugs or supplies, nor would individuals who have prescription drug coverage under any other public health care payment or benefits plan funded in whole or in part by the state.

** Donors and participants who exercise reasonable care in donating, accepting, distributing, or dispensing cancer drugs or supplies and who follow the program's rules and regulations would be immune from civil and criminal liability, and from professional disciplinary action, for any injury, death, or loss to person or property. A drug or device manufacturer would not be liable for any claim or injury arising out of the transfer of any donated cancer drugs or supplies.

FISCAL IMPACT:

A fiscal analysis is in process.

Legislative Analyst: Chris Couch
Fiscal Analyst: Susan Frey

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.