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FIRST REGULAR SESSION-2011

Legislative Document

No. 612

S.P. 192

In Senate, February 17, 2011

An Act To Provide Reimbursement for Medication Therapy Management Services

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

Joseph G. Carleton Jr.

JOSEPH G. CARLETON, JR. Secretary of the Senate

Presented by Senator RECTOR of Knox. Cosponsored by Representative FITTS of Pittsfield and Senators: COURTNEY of York, McCORMICK of Kennebec, President RAYE of Washington, SCHNEIDER of Penobscot, SNOWE-MELLO of Androscoggin, Representatives: Speaker NUTTING of Oakland, PETERSON of Rumford, STRANG BURGESS of Cumberland.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §3174-QQ is enacted to read:
3	§3174-QQ. Reimbursement for medication therapy management services
4 5 6 7	Beginning January 1, 2012, the department shall provide reimbursement under the MaineCare program for medication therapy management services as described in Title 24-A, section 4319 if the commissioner after consideration of the costs and benefits of medication therapy management services determines the services to be cost-effective.
8	Sec. 2. 24-A MRSA §4319 is enacted to read:
9	§4319. Coverage for medication therapy management services
10 11 12	Beginning January 1, 2012, coverage for medication therapy management services, as defined in section 13702-A, subsection 19-A, is governed by the provisions of this section.
13 14 15 16	1. Reimbursement. A carrier that provides coverage for prescription drugs as part of a health plan shall provide coverage for medication therapy management services provided by a qualified pharmacist as defined in Title 32, section 13702-A, subsection 31-A.
17 18 19 20 21	2. Identification of potential targeted patients. A carrier that provides coverage for prescription drugs shall establish a process to identify, at least on a quarterly basis, potential targeted patients, as defined in Title 32, section 13702-A, subsection 33-A. When a carrier identifies a potential targeted patient, the carrier shall notify the patient's primary health care provider who may designate the patient as a targeted patient.
22 23 24 25 26	3. Enrollment. A carrier, directly or through a plan sponsor, shall enroll in medication therapy management an individual who has been designated as a targeted patient, as defined in Title 32, section 13702-A, subsection 33-A, by the patient's primary health care provider. A carrier shall provide a targeted patient with the option to disenroll.
27 28 29	4. Disclosure. Upon request of the superintendent, a carrier shall disclose to the superintendent the amounts of the carrier's dispensing fees and medication therapy management services payments in the preceding 6 months.
30 31 32	5. Rules. The superintendent shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
33	Sec. 3. 32 MRSA §13702-A, sub-§19-A is enacted to read:
34 35 36	<u>19-A. Medication therapy management services.</u> "Medication therapy management services" means the services listed in section 13725 provided to a targeted patient by a qualified pharmacist.

- **Sec. 4. 32 MRSA §13702-A, sub-§24,** ¶**A**, as enacted by PL 2007, c. 402, Pt. DD, §2, is amended to read:
- A. Any pharmacy or drug outlet located in a retail store, mail order business, free clinic or rural health center with facilities located in this State that is engaged in dispensing, delivering or distributing prescription drugs or providing medication therapy management services; or
- Sec. 5. 32 MRSA §13702-A, sub-§28, as amended by PL 2009, c. 308, §1, is
 further amended to read:

9 28. Practice of pharmacy. "Practice of pharmacy" means the interpretation and 10 evaluation of prescription drug orders; the compounding, dispensing, labeling of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription 11 12 drugs and commercially packaged legend drugs and devices; the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices 13 and the maintenance of proper records for these drugs and devices; the administration of 14 15 influenza vaccine, intranasal influenza vaccine, pneumococcal vaccine, shingles or herpes zoster vaccine, tetanus-diphtheria-pertussis vaccine and tetanus-diphtheria vaccine; the 16 responsibility for advising, when necessary or regulated, of therapeutic values, content, 17 18 hazards and use of drugs and devices; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and 19 20 control of a pharmacy; and the provision of medication therapy management services.

21 Sec. 6. 32 MRSA §13702-A, sub-§31-A is enacted to read:

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31-A. Qualified pharmacist. "Qualified pharmacist" means a pharmacist licensed
 under this chapter who has completed a structured and comprehensive education program
 in medication therapy management services approved by the board or the American
 Council on Pharmaceutical Education or a successor organization, who has developed a
 patient care protocol and who maintains an electronic patient record system.

27 Sec. 7. 32 MRSA §13702-A, sub-§33-A is enacted to read:

33-A. Targeted patient. "Targeted patient" or "patient" means a person diagnosed
 with at least one chronic disease, disorder or condition and prescribed multiple drugs for
 the treatment of a disease, disorder or condition who has been designated by the person's
 primary health care provider as eligible for medication therapy management services.

- 32 Sec. 8. 32 MRSA §13725 is enacted to read:
- 33 §13725. Medication therapy management services
- **1. Provision of medication therapy management services.** Beginning January 1,
 2012, a qualified pharmacist may charge for medication therapy management services
 provided to targeted patients. These services include:
- A. Working personally with the patient to record as part of a personal health record a
 personal medication record that contains all prescription drugs, nonprescription
 drugs, herbal products and dietary supplements taken by the patient;

1 2 3 4	B. Interviewing the patient to gather data on health status; demographic information; medical, medication and immunization history; vital signs; laboratory and physical exam results; allergies; diagnoses; written care plan; and the patient's self-assessment of health;
5	C. Performing necessary clinical assessments of the patient's health status;
6 7 8	D. Assessing the patient's values, preferences, quality of life, goals for therapy, cultural issues, education and literacy level, language barriers and other characteristics that could affect health care outcomes for the patient;
9 10	E. Monitoring and evaluating the patient's responses to medication, including the medication's safety and effectiveness to the patient and medication-related problems;
11	F. Developing a plan for resolving medication-related problems;
12 13	G. Providing consultation services for the patient and referring the patient to the patient's primary health care provider;
14 15 16 17	H. Communicating information to the patient's primary health care provider or other health care professional concerning selection of medications, identified medication problems, updates on the patient's progress and recommended follow-up care and coordinating and integrating other health care management services for the patient;
18 19 20 21	I. Educating the patient on use of medications and monitoring devices, tracking progress in medication self-management and promotion of wellness and providing follow-up medication therapy management services as recommended by the patient's primary health care provider or other health care professional;
22 23	J. Evaluating the patient's ability to detect symptoms that could be attributed to adverse reactions or interactions from medications;
24	K. Monitoring and assessing the results of the patient's laboratory testing;
25 26 27	L. Providing services or products to improve a patient's adherence to drug regimens through refill reminders, compliance aids and other appropriate and cost-effective interventions; and
28 29	<u>M. Maintaining patient records to comply with state and federal law and to document</u> the provision of medication therapy management services.
30 31	The qualified pharmacist shall provide the patient with a written or printed summary of the results of each medication therapy management services session.
32 33 34 35 36	2. Billing. The qualified pharmacist may charge for medication therapy management services under subsection 1 using quarter-hour time increments that reflect the time spent with the patient on medication therapy management services during the billing period separately from the charge for the prescription drug dispensed and any dispensing fee.
37 38 39 40	3. Rules. The board shall adopt rules regarding medication therapy management services and charges for those services under this section taking into consideration the time and resources dedicated to the services. The rules may distinguish among medication therapy management services provided in community, ambulatory care and

institutional settings. Rules adopted pursuant to this subsection are routine technical rules
 as defined in Title 5, chapter 375, subchapter 2-A.

3 Sec. 9. Evaluation by Commissioner of Health and Human Services. The 4 Commissioner of Health and Human Services shall evaluate the effect of medication therapy management services as provided in the Maine Revised Statutes, Title 32, section 5 6 13725 on the provision of health care reimbursed through the MaineCare program and the 7 general assistance program using as performance measures quality of care, patient health 8 outcomes, program costs and savings. The commissioner shall complete the evaluation 9 no later than January 1, 2017. In performing the evaluation the commissioner may contract with a vendor based in this State or academic institution with expertise in 10 11 evaluating health care outcomes.

12 Sec. 10. Advising the Superintendent of Insurance. The Superintendent of Insurance within the Department of Professional and Financial Regulation shall appoint 13 the members of the Medication Therapy Management Advisory Committee to advise the 14 superintendent on implementation of medication therapy management services pursuant 15 to the Maine Revised Statutes, Title 24-A, section 4319. The Medication Therapy 16 Management Advisory Committee consists of 3 pharmacists licensed in the State who 17 provide medication therapy management services, 2 of whom practice in retail pharmacy 18 19 settings; 2 physicians licensed in the State; one representative of consumers; and one 20 representative of health plans or health insurance carriers licensed in the State. All members serve on a voluntary, unpaid basis. The Medication Therapy Management 21 22 Advisory Committee is a public body, its meetings are public proceedings and its records are public records for the purposes of Title 1, chapter 13. By July 1, 2014 the 23 superintendent shall evaluate the effect of medication therapy management services on 24 25 the provision of health care reimbursed through health plans or health insurance carriers 26 using as performance measures quality of care, health care outcomes for the patient, program costs and savings attributable to medication therapy management services. The 27 28 superintendent shall provide a draft of the evaluation to members of the Medication Therapy Management Advisory Committee by November 1, 2014. The superintendent 29 shall provide a final report to the members of the Medication Therapy Management 30 Advisory Committee and the 127th Legislature no later than January 1, 2015. 31

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SUMMARY

This bill creates a category of pharmacy services, designated as medication therapy 33 management services, for which pharmacists may charge separately from a charge for the 34 prescription drug or a dispensing fee. The bill defines "medication therapy management 35 services," "qualified pharmacist" and "targeted patient." The bill authorizes the 36 MaineCare program to reimburse for these services if they are found by the 37 Commissioner of Health and Human Services to be cost-effective. The bill requires 38 health insurance carriers to pay for medication therapy management services to targeted 39 40 patients by qualified pharmacists if the carrier provides coverage for prescription drugs. This bill requires an evaluation by the Commissioner of Health and Human Services of 41 the effect of medication therapy management services by January 1, 2017 and establishes 42 the Medication Therapy Management Advisory Committee to advise the Superintendent 43

- of Insurance within the Department of Professional and Financial Regulation on implementation of medication therapy management services. 1
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