

1 licensed pharmacist under the West Virginia Code, and that is
2 designed to assure, with respect to targeted patients that
3 medications are appropriately used to optimize therapeutic outcomes
4 through improved medication use, and to reduce the risk of adverse
5 events, including adverse drug interactions. Such a program may
6 distinguish between services in ambulatory and institutional
7 settings. Upon implementation, third-party providers and state
8 health care providers shall pay a fee to pharmacy providers for
9 medication therapy management services. Targeted patients are
10 individuals who have at least one chronic disease, including, but
11 not limited to, diabetes, asthma, chronic obstructive pulmonary
12 disease or other chronic lung disorders, hypertension,
13 hyperlipidemia, congestive heart failure, chronic pain disorder or
14 behavioral health disorder, and are taking multiple drugs to treat
15 one or more such conditions. A patient with a prescription drug
16 therapy problem who is identified by the primary health care
17 provider and is eligible for medication therapy management services
18 under the plan, self-pay.

19 **§16-43-2. Definition.**

20 For purpose of this article:

21 "Medication therapy management" means the one-on-one provision
22 of the following pharmaceutical care services by a licensed
23 pharmacist to optimize the therapeutic outcomes of the patient's
24 medications. Working with the patient to develop a personal

1 medication record as part of a personal health record that contains
2 all prescribed and nonprescription drugs, herbal products, and
3 dietary supplements taken by the patient.

4 **§16-43-3. Patient treatment.**

5 "Medication therapy management" may include:

6 (a) Interviewing the patient to gather data, including
7 demographic information, general health and activity status,
8 medical history, medication history, immunization history, and to
9 collect the patient's personal assessment about his or her disease
10 or condition and medication use;

11 (b) Performing necessary clinical assessments of the patient's
12 health status, including current or previous diseases or
13 conditions;

14 (c) Assessing patient values, preferences, quality of life,
15 goals of therapy, cultural issues, education level, language
16 barriers, literacy level and other characteristics affecting the
17 patient's communication skills that could affect patient outcomes;

18 (d) Monitoring and evaluating the patient's responses to his
19 or her medication therapies, including the safety and effectiveness
20 of those therapies;

21 (e) Assessing, identifying, prioritizing and developing a plan
22 for resolving medication-related problems related to the clinical
23 appropriateness of each medication, the appropriateness of the
24 dosage of each medication, including considerations of indications,

1 contra-indications, and potential adverse effects, adherence to
2 regimen, untreated diseases or conditions, medication costs, and
3 provider access considerations;

4 (f) Providing consultative services for the patient,
5 intervening to address medication-related issues, and, when the
6 pharmacist believes it will be beneficial to the patient's health,
7 referring the patient to his/her regular health care provider for
8 evaluation and additional referral(s);

9 (g) Communicating information to the primary health care
10 provider or other health care professionals, including consultation
11 on the selection of medications, suggestions to address identified
12 medication problems, updates on the patient's progress, and
13 recommended follow-up care;

14 (h) Providing education and training on the appropriate use of
15 medications and monitoring devices;

16 (i) Coaching patients to manage their own medications and
17 promote their wellness;

18 (j) Evaluating the patient's ability to detect symptoms that
19 could be attributed to adverse reactions or interactions from
20 medications;

21 (k) Monitoring, and assessing the results of a patient's
22 laboratory testing, including those performed in the pharmacy
23 setting;

24 (l) Increasing patient adherence to prescription medication

1 regimens through medication refill reminders, compliance aids (such
2 as pill boxes, timers, packaging, and calendaring, and other
3 appropriate and cost-effective interventions);

4 (m) Detection of adverse drug events, as well as overuse and
5 underuse of prescription and nonprescription products;

6 (n) Coordinating and integrating medication therapy management
7 services within the broader health care management services being
8 provided to the patient as recommended by the primary healthcare
9 provider and/or other healthcare professional or specialist;

10 (o) Performing follow-up MTM services for the maintenance and
11 support of the patient, as recommended by the primary health care
12 provider and/or other health care professional or specialist; and

13 (p) Maintaining all necessary documentation, including the
14 following and any other records required for compliance with state
15 and federal laws and regulations pertaining to maintenance of
16 patient records:

17 (1) Patient demographics and basic identifying information;

18 (2) Subjective, meaning, patient-reported, information;

19 (3) Objective, meaning, service provider-based, observations
20 regarding known allergies, diseases, conditions, laboratory test
21 results, vital signs, physical exam results, review of systems, and
22 recorded medical diagnoses;

23 (4) Assessment of medication-related problems;

24 (5) Written care plan;

1 (6) Recorded collaborative communication with primary health
2 care providers and other healthcare professionals;

3 (7) Patient-specific lists of actions to be followed in
4 tracking progress in medication self-management;

5 (8) Any relevant transition plan or scheduling of follow-up
6 visits and billing information, including level of patient care,
7 level of complexity and charges;

8 (9) Patient health and medication literacy assessment; and

9 (10) Patient's pharmacy encounter satisfaction survey.

10 (q) Providing the individual with a written or printed summary
11 of the results of such medication therapy management review
12 session.

13 **§16-43-4. Reimbursement eligibility.**

14 To be eligible for reimbursement for services provided under
15 this section, a pharmacist shall:

16 (a) Hold a valid and current license issued by the West
17 Virginia Board of Pharmacy;

18 (b) Have completed a structured and comprehensive education
19 program approved by the West Virginia Board of Pharmacy or the
20 American Council of Pharmaceutical Education for the provision and
21 documentation of pharmaceutical care management services that has
22 both clinical and didactic elements;

23 (c) Develop a structured written patient care process
24 protocol; and

1 (d) Maintain an electronic patient record system for outcomes
2 analysis and patient care.

3 **§16-43-5. Evaluation.**

4 The Board of Pharmacy shall evaluate the effect of medication
5 therapy management on quality of care, patient outcomes, and
6 program costs, and shall include a description of any savings
7 generated in the medical assistance and general assistance medical
8 care programs that can be attributable to this coverage. The
9 evaluation shall be submitted to the Legislature within two years
10 of the effective date of the legislation.

11 **§16-43-6. Payment of fees.**

12 (a) Upon implementation of this legislation, third-party
13 providers shall pay a fee to pharmacy providers for medication
14 therapy management services. These services may also be provided by
15 pharmacists on a self-pay basis when a patient does not have a
16 third-party provider.

17 (b) The fee shall be calculated using one or more quarter-
18 hourly rates implemented by formal regulation that are designed to
19 reimburse the pharmacist or pharmacy based on time spent in
20 providing the medication therapy management services.

21 (c) Third-Party Plans shall pay the fee, separate from
22 reimbursement for prescription drug product or dispensing services,
23 to any individual pharmacist or pharmacy participating in the plans
24 that provides medication therapy management services.

NOTE: The purpose of this bill is to create a medication management therapy program and setting out the funding source for paying for the program.

The article is new; therefore, strike-throughs and underscoring have been omitted.