

1 **Senate Bill No. 148**

2 (By Senator Yost)

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4 [Introduced February 14, 2013; referred to the Committee on

5 Health and Human Resources; and then to the Committee on

6 Finance.]

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11 A BILL to amend the Code of West Virginia, 1931, as amended, by

12 adding thereto a new article, designated §16-45-1, §16-45-2,

13 §16-45-3, §16-45-4, §16-45-5 and §16-45-6, all relating to

14 creating the Medication Therapy Management Act; and specifying

15 that fees for third-party providers pay for the therapy under

16 this act.

17 *Be it enacted by the Legislature of West Virginia:*

18 That the Code of West Virginia, 1931, as amended, be amended

19 by adding thereto a new article, designated §16-45-1, §16-45-2,

20 §16-45-3, §16-45-4, §16-45-5 and §16-45-6, all to read as follows:

21 **ARTICLE 45. MEDICATION THERAPY MANAGEMENT ACT.**

22 **§16-45-1. Medication therapy management program.**

23 A medication therapy management program defined in this

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

20 **§16-45-2. Definition.**

21 For purpose of this article:

22 "Medication therapy management" means the one-on-one provision
23 of the following pharmaceutical care services by a licensed

1 pharmacist to optimize the therapeutic outcomes of the patient's
2 medications. Working with the patient to develop a personal
3 medication record as part of a personal health record that contains
4 all prescription and nonprescription drugs, herbal products, and
5 dietary supplements taken by the patient.

6 **§16-45-3. Patient treatment.**

7 "Medication therapy management" may include:

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

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

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

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

23 (e) Assessing, identifying, prioritizing and developing a plan

1 for resolving medication-related problems related to the clinical
2 appropriateness of each medication, the appropriateness of the
3 dosage of each medication, including considerations of indications,
4 contraindications, and potential adverse effects, adherence to
5 regimen, untreated diseases or conditions, medication costs, and
6 provider access considerations;

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

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

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

19 (i) Coaching patients to manage their own medications and
20 promote their wellness;

21 (j) Evaluating the patient's ability to detect symptoms that
22 could be attributed to adverse reactions or interactions from
23 medications;

1 (k) Monitoring, and assessing the results of a patient's
2 laboratory testing, including those performed in the pharmacy
3 setting;

4 (l) Increasing patient adherence to prescription medication
5 regimens through medication refill reminders, compliance aids (such
6 as pill boxes, timers, packaging, and calendaring, and other
7 appropriate and cost-effective interventions);

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

10 (n) Coordinating and integrating medication therapy management
11 services within the broader health care management services being
12 provided to the patient as recommended by the primary healthcare
13 provider and/or other healthcare professional or specialist;

14 (o) Performing follow-up medication therapy management
15 services for the maintenance and support of the patient, as
16 recommended by the primary health care provider or other health
17 care professional or specialist, or both; and

18 (p) Maintaining all necessary documentation, including the
19 following and any other records required for compliance with state
20 and federal laws and regulations pertaining to maintenance of
21 patient records:

22 (1) Patient demographics and basic identifying information;

23 (2) Subjective, patient-reported, information;

1 (3) Objective, service provider-based, observations regarding
2 known allergies, diseases, conditions, laboratory test results,
3 vital signs, physical exam results, review of systems, and recorded
4 medical diagnoses;

5 (4) Assessment of medication-related problems;

6 (5) Written care plan;

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

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

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

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

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

16 (q) Providing the individual with a written or printed summary
17 of the results of such medication therapy management review
18 session.

19 **§16-45-4. Reimbursement eligibility.**

20 To be eligible for reimbursement for services provided under
21 this article, a pharmacist shall:

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

1 (b) Have completed a structured and comprehensive education
2 program approved by the West Virginia Board of Pharmacy or the
3 American Council of Pharmaceutical Education for the provision and
4 documentation of pharmaceutical care management services that has
5 both clinical and didactic elements;

6 (c) Develop a structured written patient care process
7 protocol; and

8 (d) Maintain an electronic patient record system for outcomes
9 analysis and patient care.

10 **§16-45-5. Evaluation.**

11 The Board of Pharmacy shall evaluate the effect of medication
12 therapy management on quality of care, patient outcomes, and
13 program costs, and shall include a description of any savings
14 generated in the medical assistance and general assistance medical
15 care programs that can be attributable to this coverage. The
16 evaluation shall be submitted to the Legislature within two years
17 of the effective date of the legislation.

18 **§16-45-6. Payment of fees.**

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

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

5 (c) Third-Party Plans shall pay the fee, separate from
6 reimbursement for prescription drug product or dispensing services,
7 to any individual pharmacist or pharmacy participating in the plans
8 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.