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Senate Bill No. 77

(By Senators Foster and Hall)

[Introduced January 13, 2011; referred to the Committee on
Health and Human Resources; and then to the Committee on
Finance.]

**FISCAL
NOTE**

A BILL to amend the Code of West Virginia, 1931, as amended, by
adding thereto a new section, designated §9-2-9a, relating to
creating a medication therapy management services program for
Medicaid recipients; authorizing licensed pharmacists to
consult with Medicaid patients to ensure they are taking the
appropriate drugs and the drugs are not interfering with each
other; setting forth the specific services to be provided by
a pharmacist; setting forth eligibility requirements for
participating pharmacists; and providing for a pilot program
for certain Medicaid patients.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended
by adding thereto a new section, designated §9-2-9a, to read as
follows:

ARTICLE 2. COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES AND

1 **RESPONSIBILITIES GENERALLY.**

2 **§9-2-9a. Medication therapy management services program.**

3 (a) The Secretary of the Department of Health and Human
4 Services shall develop a medication therapy management services
5 program for Medicaid recipients taking four or more prescriptions
6 to treat or prevent two or more chronic medical conditions, or a
7 Medicaid recipient with a drug therapy problem that has been
8 identified or is likely to result in significant nondrug program
9 costs. For purposes of this section, "medication therapy
10 management" means the provision of the following pharmaceutical
11 care services by a licensed pharmacist to optimize the therapeutic
12 outcomes of the patient's medications:

13 (1) Performing or obtaining necessary assessments of the
14 patient's health status;

15 (2) Formulating a medication treatment plan;

16 (3) Monitoring and evaluating the patient's response to
17 therapy, including safety and effectiveness;

18 (4) Performing a comprehensive medication review to identify,
19 resolve, and prevent medication-related problems, including adverse
20 drug events;

21 (5) Documenting the care delivered and communicating essential
22 information to the patient's other primary care providers;

23 (6) Providing verbal education and training designed to
24 enhance patient understanding and appropriate use of the patient's
25 medications;

1 (7) Providing information, support services and resources
2 designed to enhance patient adherence with the patient's
3 therapeutic regimens; and

4 (8) Coordinating and integrating medication therapy management
5 services within the broader health care management services being
6 provided to the patient.

7 Nothing in this section expands or modifies the scope of
8 practice of the pharmacist as set forth in article five, chapter
9 thirty of this code.

10 (b) To be eligible for reimbursement for services under this
11 section, a pharmacist must meet the following requirements:

12 (1) Have a valid license issued under article five, chapter
13 thirty of this code;

14 (2) Have graduated from an accredited college of pharmacy on
15 or after May 1996 or completed a structured and comprehensive
16 education program approved by the Board of Pharmacy and the
17 American Council of Pharmaceutical Education for the provision and
18 documentation of pharmaceutical care management services that has
19 both clinical and didactic elements;

20 (3) Be practicing in an ambulatory care setting as part of a
21 multidisciplinary team or have developed a structured patient care
22 process that is offered in a private or semiprivate patient care
23 area that is separate from the commercial business that also occurs
24 in the setting, or in home settings, excluding long-term care and
25 group homes, if the service is ordered by the provider-directed

1 care coordination team; and

2 (4) Make use of an electronic patient record system that has
3 been approved by the Secretary or the Board of Pharmacy.

4 (c) For purposes of reimbursement for medication therapy
5 management services, the secretary may enroll individual
6 pharmacists as medical assistance and general assistance medical
7 care providers. The secretary may also establish contact
8 requirements between the pharmacist and recipient, including
9 limiting the number of reimbursable consultations per recipient.

10 (d) If there are no pharmacists who meet the requirements of
11 subsection (b) of this section practicing within a reasonable
12 geographic distance of the Medicaid patient, a pharmacist may
13 provide the services via two-way interactive video. Reimbursement
14 shall be at the same rates and under the same conditions that would
15 otherwise apply to the services provided. To qualify for
16 reimbursement under this paragraph, the pharmacist providing the
17 services must meet the requirements of subsection (b) of this
18 section, and must be located within an ambulatory care setting
19 approved by the secretary. The patient must also be located within
20 an ambulatory care setting approved by the secretary.

21 (e) The secretary shall establish a pilot project for an
22 intensive medication therapy management program for Medicaid
23 patients identified by the secretary with multiple chronic
24 conditions and a high number of medications who are at high risk of
25 preventable hospitalizations, emergency room use, medication

1 complications, and suboptimal treatment outcomes due to medication-
2 related problems. For purposes of the pilot project, medication
3 therapy management services may be provided in a patient's home or
4 community setting, in addition to other authorized settings. The
5 secretary may waive existing payment policies and establish special
6 payment rates for the pilot project. The pilot project must be
7 designed to produce a net savings to the state compared to the
8 estimated costs that would otherwise be incurred for similar
9 patients without the program. The pilot project must begin by
10 January 1, 2012, and end June 30, 2014.

NOTE: The purpose of this bill is to create a medication therapy management services program for Medicaid recipients. The bill permits licensed pharmacists to consult with Medicaid patients to ensure they are taking the appropriate drugs and the drugs are not interfering with one another. The bill sets forth the specific services to be provided by a pharmacist and eligibility requirements. The bill also provides for a pilot program for certain Medicaid patients.

This section is new; therefore, strike-throughs and underscoring have been omitted.