

MAINE STATE LEGISLATURE

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125th MAINE LEGISLATURE

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 Beginning January 1, 2012, the department shall provide reimbursement under the
5 MaineCare program for medication therapy management services as described in Title
6 24-A, section 4319 if the commissioner after consideration of the costs and benefits of
7 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 Beginning January 1, 2012, coverage for medication therapy management services, as
11 defined in section 13702-A, subsection 19-A, is governed by the provisions of this
12 section.

13 **1. Reimbursement.** A carrier that provides coverage for prescription drugs as part
14 of a health plan shall provide coverage for medication therapy management services
15 provided by a qualified pharmacist as defined in Title 32, section 13702-A, subsection
16 31-A.

17 **2. Identification of potential targeted patients.** A carrier that provides coverage
18 for prescription drugs shall establish a process to identify, at least on a quarterly basis,
19 potential targeted patients, as defined in Title 32, section 13702-A, subsection 33-A.
20 When a carrier identifies a potential targeted patient, the carrier shall notify the patient's
21 primary health care provider who may designate the patient as a targeted patient.

22 **3. Enrollment.** A carrier, directly or through a plan sponsor, shall enroll in
23 medication therapy management an individual who has been designated as a targeted
24 patient, as defined in Title 32, section 13702-A, subsection 33-A, by the patient's primary
25 health care provider. A carrier shall provide a targeted patient with the option to
26 disenroll.

27 **4. Disclosure.** Upon request of the superintendent, a carrier shall disclose to the
28 superintendent the amounts of the carrier's dispensing fees and medication therapy
29 management services payments in the preceding 6 months.

30 **5. Rules.** The superintendent shall adopt rules to implement this section. Rules
31 adopted pursuant to this subsection are routine technical rules as defined in Title 5,
32 chapter 375, subchapter 2-A.

33 **Sec. 3. 32 MRSA §13702-A, sub-§19-A** is enacted to read:

34 **19-A. Medication therapy management services.** "Medication therapy
35 management services" means the services listed in section 13725 provided to a targeted
36 patient by a qualified pharmacist.

1 **Sec. 4. 32 MRSA §13702-A, sub-§24, ¶A**, as enacted by PL 2007, c. 402, Pt.
2 DD, §2, is amended to read:

3 A. Any pharmacy or drug outlet located in a retail store, mail order business, free
4 clinic or rural health center with facilities located in this State that is engaged in
5 dispensing, delivering or distributing prescription drugs or providing medication
6 therapy management services; or

7 **Sec. 5. 32 MRSA §13702-A, sub-§28**, as amended by PL 2009, c. 308, §1, is
8 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
11 and devices, except labeling by a manufacturer, packer or distributor of nonprescription
12 drugs and commercially packaged legend drugs and devices; the participation in drug
13 selection and drug utilization reviews; the proper and safe storage of drugs and devices
14 and the maintenance of proper records for these drugs and devices; the administration of
15 influenza vaccine, intranasal influenza vaccine, pneumococcal vaccine, shingles or herpes
16 zoster vaccine, tetanus-diphtheria-pertussis vaccine and tetanus-diphtheria vaccine; the
17 responsibility for advising, when necessary or regulated, of therapeutic values, content,
18 hazards and use of drugs and devices; ~~and~~ the offering or performing of those acts,
19 services, operations or transactions necessary in the conduct, operation, management and
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:

22 **31-A. Qualified pharmacist.** "Qualified pharmacist" means a pharmacist licensed
23 under this chapter who has completed a structured and comprehensive education program
24 in medication therapy management services approved by the board or the American
25 Council on Pharmaceutical Education or a successor organization, who has developed a
26 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:

28 **33-A. Targeted patient.** "Targeted patient" or "patient" means a person diagnosed
29 with at least one chronic disease, disorder or condition and prescribed multiple drugs for
30 the treatment of a disease, disorder or condition who has been designated by the person's
31 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**

34 **1. Provision of medication therapy management services.** Beginning January 1,
35 2012, a qualified pharmacist may charge for medication therapy management services
36 provided to targeted patients. These services include:

37 A. Working personally with the patient to record as part of a personal health record a
38 personal medication record that contains all prescription drugs, nonprescription
39 drugs, herbal products and dietary supplements taken by the patient;

- 1 B. Interviewing the patient to gather data on health status; demographic information;
2 medical, medication and immunization history; vital signs; laboratory and physical
3 exam results; allergies; diagnoses; written care plan; and the patient's self-assessment
4 of health;
- 5 C. Performing necessary clinical assessments of the patient's health status;
- 6 D. Assessing the patient's values, preferences, quality of life, goals for therapy,
7 cultural issues, education and literacy level, language barriers and other
8 characteristics that could affect health care outcomes for the patient;
- 9 E. Monitoring and evaluating the patient's responses to medication, including the
10 medication's safety and effectiveness to the patient and medication-related problems;
- 11 F. Developing a plan for resolving medication-related problems;
- 12 G. Providing consultation services for the patient and referring the patient to the
13 patient's primary health care provider;
- 14 H. Communicating information to the patient's primary health care provider or other
15 health care professional concerning selection of medications, identified medication
16 problems, updates on the patient's progress and recommended follow-up care and
17 coordinating and integrating other health care management services for the patient;
- 18 I. Educating the patient on use of medications and monitoring devices, tracking
19 progress in medication self-management and promotion of wellness and providing
20 follow-up medication therapy management services as recommended by the patient's
21 primary health care provider or other health care professional;
- 22 J. Evaluating the patient's ability to detect symptoms that could be attributed to
23 adverse reactions or interactions from medications;
- 24 K. Monitoring and assessing the results of the patient's laboratory testing;
- 25 L. Providing services or products to improve a patient's adherence to drug regimens
26 through refill reminders, compliance aids and other appropriate and cost-effective
27 interventions; and
- 28 M. Maintaining patient records to comply with state and federal law and to document
29 the provision of medication therapy management services.

30 The qualified pharmacist shall provide the patient with a written or printed summary of
31 the results of each medication therapy management services session.

32 **2. Billing.** The qualified pharmacist may charge for medication therapy
33 management services under subsection 1 using quarter-hour time increments that reflect
34 the time spent with the patient on medication therapy management services during the
35 billing period separately from the charge for the prescription drug dispensed and any
36 dispensing fee.

37 **3. Rules.** The board shall adopt rules regarding medication therapy management
38 services and charges for those services under this section taking into consideration the
39 time and resources dedicated to the services. The rules may distinguish among
40 medication therapy management services provided in community, ambulatory care and

1 institutional settings. Rules adopted pursuant to this subsection are routine technical rules
2 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
5 therapy management services as provided in the Maine Revised Statutes, Title 32, section
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
10 contract with a vendor based in this State or academic institution with expertise in
11 evaluating health care outcomes.

12 **Sec. 10. Advising the Superintendent of Insurance.** The Superintendent of
13 Insurance within the Department of Professional and Financial Regulation shall appoint
14 the members of the Medication Therapy Management Advisory Committee to advise the
15 superintendent on implementation of medication therapy management services pursuant
16 to the Maine Revised Statutes, Title 24-A, section 4319. The Medication Therapy
17 Management Advisory Committee consists of 3 pharmacists licensed in the State who
18 provide medication therapy management services, 2 of whom practice in retail pharmacy
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
21 members serve on a voluntary, unpaid basis. The Medication Therapy Management
22 Advisory Committee is a public body, its meetings are public proceedings and its records
23 are public records for the purposes of Title 1, chapter 13. By July 1, 2014 the
24 superintendent shall evaluate the effect of medication therapy management services on
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,
27 program costs and savings attributable to medication therapy management services. The
28 superintendent shall provide a draft of the evaluation to members of the Medication
29 Therapy Management Advisory Committee by November 1, 2014. The superintendent
30 shall provide a final report to the members of the Medication Therapy Management
31 Advisory Committee and the 127th Legislature no later than January 1, 2015.

32 SUMMARY

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

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