

HOUSE BILL NO. 1095

Introduced by

Representative Weisz

1 A BILL for an Act to create and enact chapter 26.1-36.11 of the North Dakota Century Code,
2 relating to the inclusion of comprehensive medication management services in health benefit
3 plans.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** Chapter 26.1-36.11 of the North Dakota Century Code is created and enacted
6 as follows:

7 **26.1-36.11-01. Definitions.**

8 For the purposes of this chapter, unless the context otherwise requires:

9 1. a. "Comprehensive medication management" means medication management
10 pursuant to a standard of care that ensures each enrollee's medications, both
11 prescription and nonprescription, are individually assessed to determine each
12 medication is appropriate for the enrollee, effective for the medical condition, and
13 safe, given the comorbidities and other medications being taken and able to be
14 taken by the enrollee as intended. Services provided in comprehensive
15 medication management are, as follows:

16 (1) Performing or obtaining necessary assessments of the enrollee's health
17 status;

18 (2) Formulating a medication treatment plan;

19 (3) Monitoring and evaluating the enrollee's response to therapy, including
20 safety and effectiveness;

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

- 1 (5) Providing verbal or written, or both, counseling, education, and training
2 designed to enhance enrollee understanding and appropriate use of the
3 enrollee's medications;
4 (6) Providing information, support services, and resources designed to enhance
5 enrollee adherence with the enrollee's therapeutic regimens;
6 (7) Coordinating and integrating medication therapy management services
7 within the broader health care management services being provided to the
8 enrollee;
9 (8) Initiating or modifying drug therapy under a collaborative agreement with a
10 practitioner in accordance with section 43-15-31.4;
11 (9) Prescribing medications pursuant to protocols approved by the state board
12 of pharmacy in accordance with subsection 24 of section 43-15-10;
13 (10) Administering medications in accordance with requirements in section
14 43-15-31.5; and
15 (11) Ordering, performing, and interpreting laboratory tests authorized by section
16 43-15-25.3 and North Dakota administrative code section 61-04-10-06.

17 b. This subsection may not be construed to expand or modify pharmacist scope of
18 practice.

19 2. "Enrollee" means an individual covered under a health benefit plan.

20 3. "Health benefit plan" has the same meaning as provided in section 26.1-36.3-01,
21 whether offered on a group or individual basis.

22 4. "Health carrier" or "carrier" has the same meaning as provided in section 26.1-36.3-01.

23 ~~5. "Rural service area" means a five-digit zip code in which the population density is less~~
24 ~~than four hundred individuals per square mile [2.59 square kilometers].~~

25 ~~6. "Suburban service area" means a five-digit zip code in which the population density is~~
26 ~~between four hundred and one thousand individuals per square mile [2.59 square~~
27 ~~kilometers].~~

28 ~~7. "Urban service area" means a five-digit zip code in which the population density is~~
29 ~~greater than one thousand individuals per square mile [2.59 square kilometers].~~

30 26.1-36.11-02. Required coverage for comprehensive medication management services.

- 1 1. A health carrier shall provide coverage for licensed pharmacists to provide
2 comprehensive medication management to enrollees.
- 3 2. At least annually, the health carrier shall provide, in print, or electronically under the
4 provisions of section 26.1-02-32, notice of an enrollee's eligibility to receive
5 comprehensive medication management services from a pharmacist, delivered to the
6 eligible enrollee and the enrollee's designated primary care provider if at least one of
7 the following criteria are met:
 - 8 a. The enrollee is taking five or more chronic medications;
 - 9 b. The enrollee had three or more hospital admissions in the preceding year;
 - 10 c. The enrollee was admitted to a hospital with one of the following diagnoses:
 - 11 (1) Congestive heart failure;
 - 12 (2) Pneumonia;
 - 13 (3) Myocardial infarction;
 - 14 (4) Mood disorder; or
 - 15 (5) Chronic obstructive pulmonary disorder;
 - 16 d. The enrollee has active diagnosis of comorbid diabetes and:
 - 17 (1) Hypertension; or
 - 18 (2) Hyperlipemia; and
 - 19 e. Additional criteria identified by the commissioner and adopted by rule.
- 20 3. Comprehensive medication management services may be provided via telehealth as
21 defined in section 26.1-36-09.15 and may be delivered into an enrollee's residence.
- 22 4. The health carrier shall include an adequate number of pharmacists in the carrier's
23 network of participating ~~medical~~pharmacy providers.
 - 24 a. The participation of ~~pharmacists and~~ pharmacies in the health carrier network's
25 drug benefit does not satisfy the requirement that health benefit plans include
26 pharmacists in the health benefit plan's networks of participating
27 ~~medical~~pharmacy providers;
 - 28 b. For health benefit plans issued or renewed after December 31, ~~2023~~2024, health
29 carriers that delegate credentialing agreements to contracted health care facilities
30 shall accept credentialing for pharmacists employed or contracted by those
31 facilities. Health carriers shall reimburse facilities for covered services provided

1 by network pharmacists within the pharmacists' scope of practice per
2 negotiations with the facility;

3 ~~e. The health carrier shall comply with the following comprehensive medication-~~
4 ~~management network access standards:~~

5 ~~(1) At least ninety percent of enrollee's residing in each urban service area live~~
6 ~~within ten miles [16.09 kilometers] of a pharmacy or clinic affiliated with a~~
7 ~~pharmacist that is a participating provider in the health benefit plan's~~
8 ~~medical provider network;~~

9 ~~(2) At least ninety percent of enrollee's residing in each suburban service area~~
10 ~~live within twenty miles [32.19 kilometers] of a pharmacy or clinic affiliated~~
11 ~~with a pharmacist that is a participating provider in the health benefit plan's~~
12 ~~medical provider network; and~~

13 ~~(3) At least seventy percent of enrollee's residing in each rural service area live~~
14 ~~within thirty miles [48.28 kilometers] of a pharmacy or clinic affiliated with a~~
15 ~~pharmacist that is a participating provider in the health benefit plan's~~
16 ~~medical provider network.~~

17 5. The health carrier shall post electronically a current and accurate directory of pharmacists
18 who are participating medical providers and eligible to provide comprehensive
19 medication management.

20 a. In making the directory available electronically, the health carrier shall ensure the
21 general public is able to view all of the current providers for a plan through a
22 clearly identifiable link or tab and without creating or accessing an account or
23 entering a policy or contract;

24 ~~b. The health carrier shall update the provider directory at least monthly;~~

25 e.b. The health carrier shall audit quarterly at least twenty-five percent of provider
26 directory entries for accuracy and retain documentation of the audit to be made
27 available to the commissioner upon request;

28 d.c. The health carrier shall ensure ~~the~~that one hundred percent of provider directory
29 entries are audited annually for accuracy and retain documentation of the audit to
30 be made available to the commissioner upon request;

1 e.d. The health carrier shall provide a print copy of current electronic directory
2 information upon request of an enrollee or a prospective enrollee;

3 f.e. The electronically posted directory must include search functionality that enables
4 electronic searches by each of the following:

5 (1) Name;

6 (2) Gender;

7 (3) Participating location;

8 (4) Participating facility affiliations, if applicable;

9 (5) Languages spoken other than English, if applicable; and

10 (6) Whether accepting new enrollees.

11 6. The requirements of this section apply to all health benefit plans issued or renewed
12 after December 31, ~~2023~~2024.

13 **26.1-36.11-03. Comprehensive medication management advisory committee.**

14 1. The commissioner shall establish and facilitate an advisory committee to implement
15 the provisions of this chapter. The advisory committee shall develop best practice
16 recommendations on standards to ensure pharmacists are adequately included and
17 appropriately utilized in participating provider networks of health benefit plans. In
18 developing these standards, the committee also shall discuss topics as they relate to
19 implementation, including program quality measures, pharmacist training and
20 credentialing, care coordination, and health benefit plan data reporting requirements.

21 2. The commissioner or the commissioner's designee shall create an advisory committee
22 including representatives of the following stakeholders:

23 a. The commissioner or designee;

24 b. The state health officer or designee;

25 c. An organization representing pharmacists;

26 d. An organization representing physicians;

27 e. An organization representing hospitals;

28 f. A community pharmacy with pharmacists providing medical services;

29 g. The two largest health carriers in the state based upon enrollment;

30 h. The North Dakota state university school of pharmacy;

31 i. An employer as a health benefit plan sponsor;

1 j. An enrollee;

2 k. An advanced practice registered nurse; and

3 ~~k.l.~~ Other representatives appointed by the insurance commissioner.

4 3. No later than ~~December 1, 2023~~ June 30, 2024, the advisory committee shall present
5 initial best practice recommendations to the insurance commissioner and the
6 department of health and human services. The commissioner or department of health
7 and human services may adopt rules to implement the standards developed by the
8 advisory committee. The advisory committee shall remain intact to assist the
9 insurance commissioner or department of health and human services in rulemaking.

10 Upon completion of the rulemaking process, the committee is dissolved.

11 **26.1-36.11-04. Rulemaking authority.**

12 The commissioner may adopt reasonable rules for the implementation and administration of
13 the provisions of this chapter.