

**SECOND ENGROSSMENT
with Conference Committee Amendments****REENGROSSED HOUSE BILL NO. 1459**

Introduced by

Representatives Price, Devlin, Kaldor

Senators Brown, J. Lee, Warner

1 A BILL for an Act to create and enact a new section to chapter 50-06 and a new section to
2 chapter 50-24.1 of the North Dakota Century Code, relating to creation of a prescription drug
3 monitoring program and medical assistance program management; to provide for reports to the
4 legislative council; to provide for a legislative council study; to provide legislative intent; to
5 provide an expiration date; and to declare an emergency.

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

7 **SECTION 1.** A new section to chapter 50-06 of the North Dakota Century Code is
8 created and enacted as follows:

9 **Prescription drug monitoring program.** The department of human services shall
10 seek federal grant funds for the planning and implementing of a prescription drug monitoring
11 program. Upon receipt of federal grant funds, the department of human services shall adopt
12 rules necessary to implement the prescription drug monitoring program and shall implement the
13 program. State agencies shall cooperate with the department to ensure the success of the
14 program.

15 **SECTION 2.** A new section to chapter 50-24.1 of the North Dakota Century Code is
16 created and enacted as follows:

17 **Medical assistance program management.** The department of human services, with
18 respect to the state medical assistance program, shall:

19 1. Provide statewide targeted case management services to include a concentrated,
20 but not an exclusive, emphasis for the two thousand medical assistance recipients
21 with the highest cost for treatment of chronic diseases and the families of neonates
22 that can benefit from case management services. Case management services
23 must focus on those recipients in these groups which will result in the most
24 cost-savings, taking into consideration available resources, and may include a

primary pharmacy component for the management of medical assistance recipient medication.

2. Require medical assistance providers to use the appropriate diagnosis or reason and procedure codes when submitting claims for medical assistance reimbursement; review and develop recommendations to identify instances in which a provider of services is not properly reporting diagnosis or reason and procedure codes when submitting claims for medical assistance reimbursements; and review and recommend any specific providers from which a potential benefit might be obtained by requiring additional diagnosis or reason and procedure codes.
3. Review and develop recommendations for the improvement of mental health treatment and services including the use of prescription drugs for medical assistance recipients.
4. Review and develop recommendations regarding whether the number of medical assistance recipients who are placed in out-of-state nursing homes should be reduced.
5. Review and develop recommendations regarding whether the use of post-office addresses or street addresses are the appropriate mailing addresses for medical assistance recipients.
6. Review and develop recommendations regarding whether to require medical assistance providers to secure prior authorization for certain high-cost medical procedures.
7. Review and develop recommendations regarding whether a system for providing and requiring the use of photo identification medical assistance cards for all medical assistance recipients should be implemented.
8. Review and develop recommendations regarding whether medical assistance providers should be required to use tamper-resistant prescription pads.
9. Develop a plan to provide information to blind and disabled medical assistance recipients who may be eligible for part D benefits under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 [Pub. L. 108-173; 117 Stat.

2066; 42 U.S.C. 1396kk-1]. The information must inform recipients of part D benefits for which the recipient may be eligible.

10. Review and recommend a plan for implementing the necessary infrastructure to permit risk-sharing arrangements between the department and medical assistance providers.

**SECTION 3. PRESCRIPTION DRUG MONITORING PROGRAM WORKING GROUP -
REPORT TO LEGISLATIVE COUNCIL.**

1. The department of human services shall form a prescription drug monitoring program working group of interested individuals to:
 - a. Identify problems relating to the abuse and diversion of controlled substances and how a prescription drug monitoring program may address these problems.
 - b. Identify a strategy and propose a prescription drug monitoring program through which to address the identified problems, including consideration of how the program would fit into the overall strategy. Factors to be addressed in the program must include:
 - (1) Determination of what types of prescription drugs will be monitored.
 - (2) Determination of what types of drug dispensers will be required to participate in the program.
 - (3) Determination of what data will be required to be reported.
 - (4) Determination of what persons will be allowed to access data, what types of data will be accessible, and how to ensure appropriate protection of data.
 - (5) Determination of the entity that will implement and sustain the program.
 - c. Establish how the program will be implemented, the fiscal requirements for implementation, and the timelines for implementation. In establishing how the program will be implemented, the working group shall consider the feasibility and desirability of formal or informal educational outreach to North Dakota communities and interested persons.

d. Consider possible performance measures the state may use to assess the impact of the program and whether special data collection instruments would be required to effectively monitor the impact of the program.

e. Provide to the department of human services a draft of proposed administrative rules to implement the proposed program.

2. The membership of the working group may include representatives from the private and public sectors, including representatives from the North Dakota medical association; the North Dakota nurses association; the North Dakota pharmacists association; the North Dakota society of health-system pharmacists; the North Dakota board of pharmacy; the North Dakota dental association; the North Dakota veterinary medical association; the North Dakota healthcare association; the North Dakota long term care association; the university of North Dakota school of medicine and health sciences; law enforcement agencies, appointed by the attorney general; the department of human services; the state department of health; workforce safety and insurance; the information technology department; and the federally designated state peer review organization.
3. During the 2005-06 interim, the department of human services and the prescription drug monitoring program working group shall provide the legislative council with periodic status reports on the activities of the working group and the implementation of the program.
4. The department shall designate the chairman and vice chairman of the working group.

SECTION 4. REPORT TO LEGISLATIVE COUNCIL. During the 2005-06 interim, the department of human services shall receive input from and report to the legislative council regarding the development of recommendations required in section 2 of this Act.

SECTION 5. LEGISLATIVE COUNCIL STUDY. The legislative council shall consider studying, during the 2005-06 interim, the medicaid medical reimbursement system, including costs of providing services, fee schedules, parity among provider groups, and access. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.

1 **SECTION 6. LEGISLATIVE INTENT.** It is the intent of the fifty-ninth legislative
2 assembly that the department promptly initiate and conduct the rulemaking activity under
3 chapter 28-32 which is deemed necessary to implement this Act.

4 **SECTION 7. EXPIRATION DATE.** Section 3 of this Act is effective through
5 December 31, 2006, and after that date is ineffective.

6 **SECTION 8. EMERGENCY.** This Act is declared to be an emergency measure.