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Sixty-eighth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1095

Introduced by

Representative Weisz

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

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

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

26.1-36.11-01. Definitions.

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

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

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

   (2) Formulating a medication treatment plan;

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

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

(5) Providing verbal or written, or both, counseling, education, and training designed to enhance enrollee understanding and appropriate use of the enrollee's medications;

(6) Providing information, support services, and resources designed to enhance enrollee adherence with the enrollee's therapeutic regimens;

(7) Coordinating and integrating medication therapy management services within the broader health care management services being provided to the enrollee;

(8) Initiating or modifying drug therapy under a collaborative agreement with a practitioner in accordance with section 43-15-31.4;

(9) Prescribing medications pursuant to protocols approved by the state board of pharmacy in accordance with subsection 24 of section 43-15-10;

(10) Administering medications in accordance with requirements in section 43-15-31.5; and

(11) Ordering, performing, and interpreting laboratory tests authorized by section 43-15-25.3 and North Dakota administrative code section 61-04-10-06.

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

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

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

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

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

1. A health carrier shall provide coverage for licensed pharmacists to provide comprehensive medication management to eligible enrollees who elect to participate in a comprehensive medication management program.

2 At least annually, the health carrier shall provide, in print, or electronically under the provisions of section 26.1-02-32, notice of an enrollee's eligibility to receive comprehensive medication management services from a pharmacist, delivered to the

eligible enrollee and the enrollee's designated primary care provider, if applicable, and if at least one of the following criteria are met:

a. The enrollee is taking five or more chronic medications;

b. ~~The enrollee had three or more hospital admissions in the preceding year;~~

~~c.~~ The enrollee was admitted to a hospital with one of the following diagnoses:

(1) ~~Congestive heart~~Heart failure;

(2) Pneumonia;

(3) Myocardial infarction;

(4) Mood disorder; or

(5) Chronic obstructive pulmonary disorder;

~~d.~~c. The enrollee has active diagnosis of comorbid diabetes and:

(1) Hypertension; or

(2) Hyperlipemia~~; and~~

~~e. Additional criteria identified by the commissioner and adopted by rule~~.

3. Comprehensive medication management services may be provided via telehealth as defined in section 26.1-36-09.15 and may be delivered into an enrollee's residence.

4. The health carrier shall include an adequate number of pharmacists in the carrier's network of participating pharmacy providers.

a. The participation of pharmacists and pharmacies in the health carrier network's or health carrier's affiliate network's drug benefit does not satisfy the requirement that health benefit plans include pharmacists in the health benefit plan's networks of participating pharmacy providers;

b. For health benefit plans issued or renewed after ~~December 31, 2024~~January 1, 2025, health carriers that delegate credentialing agreements to contracted health care facilities shall accept credentialing for pharmacists employed or contracted by those facilities. Health carriers shall reimburse facilities for covered services provided by network pharmacists within the pharmacists' scope of practice per negotiations with the facility;

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

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

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

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

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

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

(1) Name;

(2) ~~Gender;~~

~~(3)~~ Participating location;

~~(4)~~(3) Participating facility affiliations, if applicable;

~~(5)~~(4) Languages spoken other than English, if applicable; and

~~(6)~~(5) Whether accepting new enrollees.

6. The requirements of this section apply to all health benefit plans issued or renewed after ~~December 31, 2024~~January 1, 2025.

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

1. The commissioner shall establish and facilitate an advisory committee to implement the provisions of this chapter. The advisory committee shall develop best practice recommendations for the implementation of comprehensive medication management and on standards to ensure pharmacists are adequately included and appropriately utilized in participating provider networks of health benefit plans. In developing these standards, the committee also shall discuss topics as they relate to implementation, including program quality measures, pharmacist training and credentialing, provider

directories, care coordination, ~~and~~ health benefit plan data reporting requirements, billing standards, and potential cost-savings and cost increases to consumers.

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

a. The commissioner or designee;

b. The state health officer or designee;

c. An organization representing pharmacists;

d. An organization representing physicians;

e. An organization representing hospitals;

f. A community pharmacy with pharmacists providing medical services;

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

h. The North Dakota state university school of pharmacy;

i. An employer as a health benefit plan sponsor;

j. An enrollee;

k. An organization representing advanced practice registered ~~nurse~~nurses; and

l. Other representatives appointed by the insurance commissioner.

3. No later than June 30, 2024, the advisory committee shall present initial best practice recommendations to the insurance commissioner and the department of health and human services. The commissioner or department of health and human services may adopt rules to implement the standards developed by the advisory committee. The advisory committee shall remain intact to assist the insurance commissioner or department of health and human services in rulemaking. Upon completion of the rulemaking process, the committee is dissolved.

26.1-36.11-04. Rulemaking authority.

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