

Sixtieth
Legislative Assembly
of North Dakota

ENGROSSED HOUSE BILL NO. 1432

Introduced by

Representatives Price, Svedjan, Weisz

Senators Fischer, Holmberg, J. Lee

1 A BILL for an Act to create and enact a new section to chapter 54-52.1 of the North Dakota
2 Century Code, relating to health treatment management services for state employees and their
3 families; and to provide a continuing appropriation.

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

5 **SECTION 1.** A new section to chapter 54-52.1 of the North Dakota Century Code is
6 created and enacted as follows:

7 **Uniform group insurance program - Collaborative drug therapy program -**
8 **Continuing appropriation.**

- 9 1. The board may establish a collaborative drug therapy program available to
10 individuals in the medical and hospital benefits coverage group. The board shall
11 receive bids for this program under section 54-52.1-04. The purpose of the
12 collaborative drug therapy program is to improve the health of individuals in
13 identified health populations and to manage health care expenditures.
- 14 2. Under the program, the board may involve physicians and pharmacists to
15 coordinate health care for individuals in identified health populations in order to
16 improve health outcomes and reduce spending on care for the identified health
17 problem. Under the program pharmacists may be reimbursed for providing
18 face-to-face collaborative drug therapy services to covered individuals in the
19 identified health population. To encourage enrollment in the plan, the board may
20 provide incentives to covered individuals in the identified health population which
21 may include waived or reduced copayment for related treatment drugs and
22 supplies.
- 23 3. The board may request the assistance of the North Dakota pharmacists
24 association or a specified delegate to implement a formalized disease

1 management program with the approval of the prescriptive practices committee
2 established in section 43-15-31.4, which must serve to standardize chronic
3 disease care and improve patient outcomes. This program must facilitate
4 enrollment procedures, provide standards of care, enable consistent
5 documentation of clinical and economic outcomes, and structure an outcomes
6 reporting system.

7 4. The board may seek and accept private contributions, gifts, and grants-in-aid from
8 the federal government, private industry, and other sources for a collaborative drug
9 therapy program for identified health populations. Any funds that may become
10 available through contributions, gifts, grants-in-aid, or other sources to the board
11 for a collaborative drug therapy program are appropriated to the board on a
12 continuing basis.