

**FIRST ENGROSSMENT
with Senate Amendments**

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 purpose of
11 the collaborative drug therapy program is to improve the health of individuals in
12 identified health populations and to manage health care expenditures.
- 13 2. Under the program, the board may involve physicians, pharmacists, and other
14 health professionals to coordinate health care for individuals in identified health
15 populations in order to improve health outcomes and reduce spending on care for
16 the identified health problem. Under the program, pharmacists and other health
17 professionals may be reimbursed for providing face-to-face collaborative drug
18 therapy services to covered individuals in the identified health population. To
19 encourage enrollment in the plan, the board may provide incentives to covered
20 individuals in the identified health population which may include waived or reduced
21 copayment for related treatment drugs and supplies.
- 22 3. The board may request the assistance of the North Dakota pharmacists
23 association or a specified delegate to implement a formalized disease
24 management program with the approval of the prescriptive practices committee

- 1 established in section 43-15-31.4, which must serve to standardize chronic
2 disease care and improve patient outcomes. This program must facilitate
3 enrollment procedures, provide standards of care, enable consistent
4 documentation of clinical and economic outcomes, and structure an outcomes
5 reporting system.
- 6 4. The board may seek and accept private contributions, gifts, and grants-in-aid from
7 the federal government, private industry, and other sources for a collaborative drug
8 therapy program for identified health populations. Any funds that may become
9 available through contributions, gifts, grants-in-aid, or other sources to the board
10 for a collaborative drug therapy program are appropriated to the board on a
11 continuing basis.