SANFORD HEALTH PLAN

Madam Chair and Members of the Senate Human Services Committee –

My name is Dylan Wheeler, Head of Government Affairs for Sanford health Plan, submitting comments today **in opposition** to HB1095, for a number of reasons. While we appreciate the diligent work by the Insurance Department on this issue, HB1095 is not clear on its impact or scope and has unresolved issues at this time. We do not challenge the importance and role of pharmacists as a valued partner in health care delivery and service to patients and members.

At its core, however, HB1095 is a coverage mandate, which would compel health carriers in North Dakota to provide coverage for Comprehensive Medication Management services, as defined in the bill. In fact, on page 2, lines 25 and 26 – the bill states "a health carrier **shall provide coverage** for licensed pharmacists to provider comprehensive medication management to enrollees." Sanford Health Plan generally opposes mandates, and this also true to HB1095. In addition to the coverage mandate, the current form of the bill appears to not comply with the necessary NDPERS 2 year pilot period.

In addition, we have concerns with the broad scope of the bill, premium implications, initial/continued investment to comply, and questions related to certain aspects of the proposal. To begin, HB1095 would authorize pharmacists to bill for and receive reimbursement for certain services as defined in the bill; however, what is not clear is how/what form those claims would be submitted under; i.e. what CPT codes, claim volume, etc. I want to make clear that we are not questioning the role of a pharmacist in care delivery, but in scoping, planning, and implementing the bill – we would like to be informed of the impact. In addition, our team has not been able to adequately price the premium impact of HB1095 as written, and that is due to a number of reasons; a primary one of which is that an advisory committee would continue to implement the bill post-passage – hence, further adjustments and critiques could occur in the future.

Next, the initial and continued investment to implement/oversee HB1095 is not clear. For example, HB1095 would require SHP to create new contracts for pharmacists, as health plans traditionally contract with pharmacies, not pharmacists. Moreover, HB1095 would require health plans to create a new stand-alone network and comply with additional network adequacy standards. Finally, we have additional questions about how this program will interplay with other payers in the state including government programs (Medicaid, Medicaid Expansion, Medicare, self-pay, dual-eligibles, etc.). As we know, some enrollees may receive their services from different providers, different payers, and perhaps different pharmacists. We want to ensure we can adequately capture utilization with the multiple touchpoints our members come into contact with.

To conclude, HB1095 is well-intended and recognizes a key piece in health care delivery; however, due to the unresolved issues, impact to premium, and HB1095 being a mandate – we respectfully oppose at this time.

Dylan Wheeler

Head of Government Affairs – Sanford Health Plan