

Introduced by

Representative Weisz

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

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

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

7 **26.1 - 36.11 - 01. Definitions .**

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

9 1. a. "Comprehensive medication management" means the thorough evaluation of all
medications prescribed to an eligible enrollee to optimize therapeutic outcomes

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14 :: Comprehensive medication programs established by plans to provide these
services to eligible enrollees may include the following:

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

18 (2) Formulating a medication treatment plan;

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

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

- 1 (5) Providing verbal or written, or both, counseling, education, and training
2 designed to enhance enrollee understanding and appropriate use of the
3 enrollee's medications;
- 4 (6) Providing information, support services, and resources designed to enhance
5 enrollee adherence with the enrollee's therapeutic regimens;
- 6 (7) Coordinating and integrating medication therapy management services
7 within the broader health care management services being provided to the
8 enrollee;
- 9 (8) Initiating or modifying drug therapy under a collaborative agreement with a
10 practitioner in accordance with section 43 - 15 - 31.4 ;
- 11 (9) Prescribing medications pursuant to protocols approved by the state board
12 of pharmacy in accordance with subsection 24 of section 43 - 15 - 10 ;
- 13 (10) Administering medications in accordance with requirements in section
14 43 - 15 - 31.5; and
- 15 (11) Ordering, performing, and interpreting laboratory tests authorized by section
16 43 - 15 - 25.3 and North Dakota administrative code section 61 - 04 - 10 - 06 .
- 17 b. This subsection may not be construed to expand or modify pharmacist scope of
18 practice.
- 19 2. "Enrollee" means an individual covered under a health benefit plan.
- 20 3. "Health benefit plan" has the same meaning as provided in section 26.1 - 36.3 - 01,
21 whether offered on a group or individual basis.
- 22 4. "Health carrier" or "carrier" has the same meaning as provided in section 26.1 - 36.3 - 01 .
- 23 ~~5. "Rural service area" means a five-digit zip code in which the population density is less~~
24 ~~than four hundred individuals per square mile [2.59 square kilometers].~~
- 25 ~~6. "Suburban service area" means a five-digit zip code in which the population density is~~
26 ~~between four hundred and one thousand individuals per square mile [2.59 square~~
27 ~~kilometers].~~
- 28 ~~7. "Urban service area" means a five-digit zip code in which the population density is~~
29 ~~greater than one thousand individuals per square mile [2.59 square kilometers].~~

1 **26.1 - 36.11 - 02. Required coverage for comprehensive medication management**
2 **services.**

3 1. A health carrier shall provide coverage for
4 comprehensive medication management to eligible enrollees who elect to participate in
5 such programs.

6 2 At least annually, and upon the request of the enrollee, the health carrier shall provide,
7 in print, or electronically under the

8 provisions of section 26.1 – 02 – 32, notice of an enrollee’s eligibility to receive

9 comprehensive medication management services delivered to the

10 eligible enrollee and the enrollee’s designated primary care provider if applicable, if at
11 least one of

12 the following criteria are met:

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

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

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

16 (1) Congestive heart failure;

17 (2) Pneumonia;

18 (3) Myocardial infarction;

19 (4) Mood disorder; or

20 (5) Chronic obstructive pulmonary disorder;

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

22 (1) Hypertension; or

23 (2) Hyperlipemia; and

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

25 3. Comprehensive medication management services may be provided via telehealth as

26 defined in section 26.1 – 36 – 09.15 and may be delivered into an enrollee’s residence .

27 4. The health carrier may contract with eligible pharmacists, pharmacies, or qualified
28 clinicians in the carrier’s

29 network of participating ~~medical~~pharmacy or medical providers.

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31 b. For health benefit plans issued or renewed on or after January 1, 2025, health

carriers that delegate credentialing agreements to contracted health care facilities

shall accept credentialing for pharmacies employed or contracted by those

1 facilities. Health carriers shall reimburse facilities for covered services provided
2 by eligible network pharmacies within the pharmacists' scope of practice per
3 negotiations with the facility;

4 ~~e. The health carrier shall comply with the following comprehensive medication~~
5 ~~management network access standards:~~

6 ~~(1) At least ninety percent of enrollee's residing in each urban service area live~~
7 ~~within ten miles [16.09 kilometers] of a pharmacy or clinic affiliated with a~~
8 ~~pharmacist that is a participating provider in the health benefit plan's~~
9 ~~medical provider network;~~

10 ~~(2) At least ninety percent of enrollee's residing in each suburban service area~~
11 ~~live within twenty miles [32.19 kilometers] of a pharmacy or clinic affiliated~~
12 ~~with a pharmacist that is a participating provider in the health benefit plan's~~
13 ~~medical provider network; and~~

14 ~~(3) At least seventy percent of enrollee's residing in each rural service area live~~
15 ~~within thirty miles [48.28 kilometers] of a pharmacy or clinic affiliated with a~~
16 ~~pharmacist that is a participating provider in the health benefit plan's~~
17 ~~medical provider network.~~

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1 **NEW SECTION: Pharmacy Participation and Certification**

A pharmacy participating in delivering comprehensive medication management services shall have a valid and up to date pharmacy license in this state and shall be certified in medication therapy management by a nationally-recognized credentialing organization. 13 **26.1 – 36.11 – 03. Comprehensive medication management advisory committee .**

14 1. The commissioner shall establish and facilitate an advisory committee to implement
15 the provisions of this chapter. The advisory committee shall develop best practice
16 recommendations on standards to ensure pharmacies or appropriate clinicians are
17 adequately included and
18 appropriately utilized in participating provider networks of health benefit plans without
19 raising costs to consumers. In
20 developing these standards, the committee also shall discuss topics as they relate to
21 implementation, including program quality measures, pharmacist training and
22 credentialing, provider directories, care
coordination, health benefit plan data reporting requirements, and potential cost
savings and cost increases to consumers
21 2. The commissioner or the commissioner's designee shall create an advisory committee
22 including representatives of the following stakeholders:

- 23 a. The commissioner or designee;
- 24 b. The state health officer or designee;
- 25 c. An organization representing pharmacists;
- 26 d. An organization representing physicians;
- 27 e. An organization representing hospitals;
- 28 A community pharmacy with pharmacists providing medical services;
- 29 g. The two largest health carriers in the state based upon enrollment;
- 30 h. The North Dakota state university school of pharmacy;
- 31 i. An employer as a health benefit plan sponsor;

j. An enrollee; andk. Other representatives appointed by the insurance commissioner.

3 3. No later than ~~December 1, 2023~~ June 30, 2024, the advisory committee shall present
initial best

4 practice recommendations to the Legislature.

9 **26.1 - 36.11 - 04. Rulemaking authority .**

10 The commissioner may adopt reasonable rules for the implementation and administration of

