

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

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

24           **services.**

25           1. A health carrier shall provide coverage for licensed pharmacists to provide

26                    comprehensive medication management to eligible enrollees who elect to participate in

such programs.

27           2 At least annually, the health carrier shall provide, in print, or electronically under the

28                    provisions of section 26.1-02-32, notice of an enrollee's eligibility to receive

29                    comprehensive medication management services from a pharmacist, delivered to the

30                    eligible enrollee and the enrollee's designated primary care provider if applicable, if at

least one of

31                    the following criteria are met:

- 1           a. The enrollee is taking five or more chronic medications;  
2           b. The enrollee had three or more hospital admissions in the preceding year;  
3           c. The enrollee was admitted to a hospital with one of the following diagnoses:  
4               (1) Heart failure;  
5               (2) Pneumonia;  
6               (3) Myocardial infarction;  
7               (4) Mood disorder; or  
8               (5) Chronic obstructive pulmonary disorder;  
9           d. The enrollee has active diagnosis of comorbid diabetes and:  
10               (1) Hypertension; or  
11               (2) Hyperlipemia; and  
12           e. Additional criteria identified by the commissioner and adopted by rule.  
13       3. Comprehensive medication management services may be provided via telehealth as  
14       defined in section 26.1-36-09.15 and may be delivered into an enrollee's residence.  
15       4. The health carrier shall include an adequate number of pharmacists in the carrier's  
16       network of participating pharmacy providers.  
17           a. The participation of pharmacists and pharmacies in the health carrier or their  
18               affiliates network's  
19               drug benefit does not satisfy the requirement that health benefit plans include  
20               pharmacists in the health benefit plan's networks of participating pharmacy  
21               providers;  
22           b. For health benefit plans issued or renewed after January 1, 2025 , health  
23               carriers that delegate credentialing agreements to contracted health care facilities  
24               shall accept credentialing for pharmacists employed or contracted by those  
25               facilities. Health carriers shall reimburse facilities for covered services provided  
26               by network pharmacists within the pharmacists' scope of practice per  
27               negotiations with the facility;  
28       5. The health carrier shall post electronically a current and accurate directory of  
29       pharmacists who are participating medical providers and eligible to provide  
30       comprehensive medication management.  
31           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

1 clearly identifiable link or tab and without creating or accessing an account or  
2 entering a policy or contract;

3 b. c. The health carrier shall ensure that one hundred percent of provider  
4 directory

5 entries are audited annually for accuracy and retain documentation of the audit to  
6 be made available to the commissioner upon request;

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

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

11 (1) Name;

12 (2)

13 (3) Participating location;

14 (4) Participating facility affiliations, if applicable;

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

16 (6) Whether accepting new enrollees.

17 6. The requirements of this section apply to all health benefit plans issued or renewed  
18 after January 1, 2025

19 **26.1-36.11-03. Comprehensive medication management advisory committee.**

20 1. The commissioner shall establish and facilitate an advisory committee to implement  
21 the provisions of this chapter. The advisory committee shall develop best practice  
22 recommendations for the implementation of comprehensive medication management,  
23 and on standards to ensure pharmacists are adequately included and  
24 appropriately utilized in participating provider networks of health benefit plans. In  
25 developing these standards, the committee also shall discuss topics as they relate to  
26 implementation, including program quality measures, pharmacist training and  
27 credentialing, provider directories, care coordination, health benefit plan data reporting  
28 requirements, billing standards and potential cost savings and cost increase to  
29 consumers.

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

a. The commissioner or designee;

- 1           **b.**   The state health officer or designee;  
2           **c.**   An organization representing pharmacists;  
3           **d.**   An organization representing physicians;  
4           **e.**   An organization representing hospitals;  
5           **f.**   A community pharmacy with pharmacists providing medical services;  
6           **g.**   The two largest health carriers in the state based upon enrollment;  
7           **h.**   The North Dakota state university school of pharmacy;  
8           **i.**   An employer as a health benefit plan sponsor;  
9           **j.**   An enrollee;  
10          **k.**   An advanced practice registered nurse; and  
11          **l.**   Other representatives appointed by the insurance commissioner.  
12          **3.**   No later than June 30, 2024, the advisory committee shall present initial best practice  
13          recommendations to the insurance commissioner and the department of health and  
14          human services. The commissioner or department of health and human services may  
15          adopt rules to implement the standards developed by the advisory committee. The  
16          advisory committee shall remain intact to assist the insurance commissioner or  
17          department of health and human services in rulemaking. Upon completion of the  
18          rulemaking process, the committee is dissolved.  
19          **26.1-36.11-04. Rulemaking authority.**  
20          The commissioner may adopt reasonable rules for the implementation and administration of  
21          the provisions of this chapter.