

## **Support Legislation to Reduce Medication Errors and Improve Patient Outcomes**

Avoidable illness and death resulting from non-optimized medication use causes an estimated 275,000 avoidable deaths annually and contribute \$528.4 billion in annual health care costs, equivalent to 16% of U.S. healthcare expenditures.

Comprehensive Medication Management (CMM) is a team-based approach to reduce medication-related problems and improve patient outcomes. This legislation creates a mechanism to pay physician-pharmacist care teams to implement this coordinated approach to medication use.

### **Explanation of Key Elements:**

#### **1. Provide an inclusive list of comprehensive medication management services**

The model legislation outlines an inclusive list of CMM services. In addition, it establishes clear authority for pharmacists to provide CMM as part of team-based care. While pharmacists are licensed to provide these services, health insurance plans do not typically reimburse care teams for providing this type of care. Nothing in this language is meant to expand or modify pharmacist scope of practice.

#### **2. Create a mechanism to reimburse care teams for comprehensive medication management services**

The legislation provides guidance on the rate of reimbursement for healthcare services, including services provided via telehealth. The legislation is intended to allow physician-led teams to be reimbursed for CMM services provided to their patients, including when they partner with a pharmacist to provide those services. Payment for these services could be made to the physicians that partner with pharmacists to provide these services, or to hospitals or clinics that employ the pharmacist on the care team, or to the pharmacist providing the service.

#### **3. Utilize existing credentialing processes by insurers**

Allow insurers to utilize the existing credentialing process of facilities. Insurers already have relationships with hospitals and clinics to recognize their clinical staff that are credentialed to provide services at the facility. This provision reduces the need for payers to implement new credentialing processes.

### **Model legislative text:**

#### **A bill relating to the inclusion of comprehensive medication management services in health benefit plans.**

**(a) Definitions** - For the purposes of this chapter, unless the context otherwise requires:

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

- a. Performing or obtaining necessary assessments of the enrollee's health status;
  - b. Ordering, performing, and interpreting laboratory tests, including pharmacogenomics tests, appropriate to support the enrollee's personalized medication treatment;
  - c. Formulating a medication treatment plan;
  - d. Monitoring and evaluating the enrollee's response to therapy, including safety and effectiveness;
  - e. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
  - f. Providing verbal or written, or both, counseling, education, and training designed to enhance enrollee understanding of test results and appropriate use of the enrollee's medications;
  - g. Providing information, support services, and resources designed to enhance enrollee adherence with the enrollee's therapeutic regimens;
  - h. Coordinating and integrating medication therapy management services within the broader health care management services being provided to the enrollee;
  - i. Initiating or modifying drug therapy under a collaborative agreement with a practitioner;
  - j. Prescribing medications pursuant to protocols approved by the state board of pharmacy; and
  - k. Administering medications.
- (2) "Enrollee" means an individual covered under a health benefit plan.
- (3) "Health Plan" means an individual or group health insurance plan as defined in the state insurance code, and the state's Medicaid medical assistance program [and its Medicaid managed care issuers].

**(b) Required coverage for comprehensive medication management**

**services** - A health plan shall:

- (1) Reimburse a contracted pharmacist for comprehensive medication management services.
  - a. Health plans shall reimburse a pharmacist at the same rate that other non-physician practitioners are reimbursed when providing the same or equivalent health care services or procedures if the health plan would have provided reimbursement if the service or procedure had been performed by another health care provider.
- (2) Allow comprehensive medication management services to be provided via telehealth or delivered into an enrollee's residence.
- (3) Include an adequate number of pharmacists in the health plan's network of participating providers. Participation of pharmacies in the health plan's drug benefit does not satisfy the requirement that health plans include pharmacists in the health plan's network of participating providers.

**(c) Facilitating team-based care**

- (1) Health plans that delegate credentialing agreements to contracted health care facilities shall accept credentialing for pharmacists employed or contracted with those facilities.
- (2) For Comprehensive Medication Management services provided by a pharmacist employed by a health care facility that is contracted with a health plan, the plan may
  - a. Reimburse the pharmacist directly;
  - b. Reimburse the contracted facility directly for services provided by the employed pharmacist; or
  - c. Reimburse the physician or non-physician provider on the enrollee's care team as a service provided incident-to that physician or non-physician provider if the payer's incident-to requirements are met.

**(d) Advisory committee** - The Insurance Commissioner may establish an advisory committee to support the implementation of this provision, including developing recommendations regarding quality metrics relevant to comprehensive medication management, pharmacist training and credentialing, care coordination and peer-to-peer review of services provided.

**(e) No effect on pharmacist scope of practice.** Nothing in this section shall be construed to expand or modify pharmacist scope of practice.

**(f) Effective Date** The requirements of this section apply to all policies, contracts and health benefit plans issued, delivered, or renewed after December 31, 2024.