

Senate Study Bill 3084 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON RAGAN)

A BILL FOR

1 An Act relating to benefit coverage for medication therapy
2 management.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.26 Medication therapy
2 management coverage.

3 1. As used in this section:

4 a. "Commissioner" means the commissioner of insurance.

5 b. "Medication therapy management" means a systematic
6 process performed by a licensed pharmacist, designed to
7 optimize therapeutic outcomes through improved medication use
8 and reduced risk of adverse drug events, including all of the
9 following services:

10 (1) A medication therapy review of all medications
11 currently being taken by an individual.

12 (2) A medication action plan communicated to the
13 individual and the individual's primary care physician
14 or other appropriate prescriber to address safety issues,
15 inconsistencies, duplicative therapy, omissions, and medication
16 costs. The medication action plan may include recommendations
17 to the prescriber for changes in drug therapy.

18 (3) Documentation and follow-up to ensure consistent levels
19 of pharmacy services and positive outcomes.

20 2. Notwithstanding the uniformity of treatment requirements
21 of section 514C.6, a contract, policy, or plan providing
22 for third-party payment or prepayment for health or medical
23 expenses that include pharmaceutical benefits shall provide
24 coverage for medication therapy management in accordance
25 with rules adopted by the commissioner. The provisions of
26 this section shall apply to all of the following classes of
27 third-party payment provider contracts, policies, or plans
28 delivered, issued for delivery, continued, or renewed in this
29 state on or after July 1, 2010:

30 a. Individual or group accident and sickness insurance
31 providing coverage on an expense-incurred basis.

32 b. An individual or group hospital or medical service
33 contract issued pursuant to chapter 509, 514, or 514A.

34 c. An individual or group health maintenance organization
35 contract regulated under chapter 514B.

1 *d.* An individual or group Medicare supplemental policy,
2 unless coverage pursuant to such policy is preempted by federal
3 law.

4 *e.* A plan established pursuant to chapter 509A for public
5 employees.

6 3. This section shall not apply to accident-only, specified
7 disease, short-term hospital or medical, hospital confinement
8 indemnity, credit, dental, vision, long-term care, basic
9 hospital, and medical-surgical expense coverage as defined
10 by the commissioner, disability income insurance coverage,
11 coverage issued as a supplement to liability insurance,
12 workers' compensation or similar insurance, or automobile
13 medical payment insurance.

14 4. The commissioner shall adopt rules pursuant to chapter
15 17A regarding coverage of benefits for medication therapy
16 management based on all of the following:

17 *a.* Medication therapy management shall be a covered benefit
18 for any of the following individuals:

19 (1) An individual who takes four or more prescription drugs
20 to treat or prevent two or more chronic medical conditions.

21 (2) An individual who has a prescription drug therapy
22 problem as identified by the prescribing physician or other
23 appropriate prescriber, and is referred to a pharmacist for
24 medication therapy management.

25 (3) An individual who meets other criteria established by
26 the commissioner by rule in consultation with the director of
27 public health.

28 (4) An individual who meets other criteria established by
29 the third-party payment provider contract, policy, or plan
30 which is not inconsistent with or more restrictive than the
31 criteria otherwise specified in this paragraph "*a*".

32 *b.* Reimbursement of medication therapy management services
33 shall be separate from the reimbursement for prescription drug
34 product or dispensing services; shall be determined by each
35 third-party payment provider contract, policy, or plan; and

1 shall be reasonably based on the resources and time required
2 to provide the services.

3 c. If any part of the medication therapy management
4 services provided by a pharmacist incorporates services which
5 are outside the pharmacist's independent scope of practice
6 including the initiation of therapy, modification of dosages,
7 therapeutic interchange, or changes in drug therapy, the
8 express authorization of the individual's physician or other
9 appropriate prescriber is required. Express authorization
10 includes but is not limited to a collaborative practice
11 agreement.

12 EXPLANATION

13 This bill relates to medication therapy management. The
14 bill defines "medication therapy management" and provides that
15 a contract, policy, or plan providing for third-party payment
16 or prepayment which includes coverage for health or medical
17 expenses that includes pharmaceutical benefits shall provide
18 coverage for medication therapy management in accordance
19 with rules adopted by the commissioner of insurance. The
20 bill specifies the classes of third-party payment provider
21 contracts, policies, or plans delivered, issued for delivery,
22 continued, or renewed in this state on or after July 1, 2010,
23 that must include or that are exempt from providing coverage
24 for medication therapy management. The bill directs the
25 commissioner of insurance to adopt rules pursuant to Code
26 chapter 17A regarding coverage of benefits for medication
27 therapy management based on specific provisions.