

House Bill 2521

Sponsored by Representative THOMPSON (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Specifies requirements for provision of comprehensive medication management services by coordinated care organizations.

A BILL FOR AN ACT

1
2 Relating to comprehensive medication management.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Section 2 of this 2013 Act is added to and made a part of ORS chapter 414.**

5 **SECTION 2. (1) As used in this section:**

6 (a) **“Comprehensive medication management services” means the following services pro-**
7 **vided by a pharmacist or physician in direct communication with a patient:**

8 (A) **Assessment of the patient’s health status including the patient’s medication experi-**
9 **ences, history and preferences and the identification and recording of actual use patterns**
10 **of all prescribed and over-the-counter medications, supplements and bioactive supplements;**

11 (B) **Documentation of the patient’s current clinical status and clinical goals of therapy**
12 **for each identified chronic condition for which medication therapy is indicated;**

13 (C) **Assessment of each medication for appropriateness, effectiveness, safety and adher-**
14 **ence focusing on achievement of desired clinical and patient goals;**

15 (D) **Identification of all drug therapy problems including additions, deletions or changes**
16 **in dosages needed to achieve desired clinical outcomes;**

17 (E) **Development of a written comprehensive medication care plan with the patient ad-**
18 **dressing recommended steps including the therapeutic changes needed to achieve optimal**
19 **outcomes by or in collaboration or consultation with the prescribing or primary care prac-**
20 **titioner; and**

21 (F) **Documentation and follow-up evaluations with the patient to determine the effects**
22 **of changes, to reassess actual outcomes and recommend further therapeutic changes to**
23 **achieve desired clinical goals and outcomes within the context of the patient’s care team.**

24 (b) **“Pharmacist” means an individual who:**

25 (A) **Is licensed under ORS chapter 689;**

26 (B) **Has graduated from an accredited college of pharmacy or completed a structured and**
27 **comprehensive education program approved by the State Board of Pharmacy and the Ac-**
28 **creditation Council for Pharmaceutical Education for the provision and documentation of**
29 **pharmaceutical care management services that has both clinical and didactic elements; and**

30 (C) **Is practicing:**

31 (i) **In an ambulatory care setting as part of a multidisciplinary team;**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (ii) Using a structured patient care process that is offered in a private or semiprivate
2 patient care area that is separate from the commercial business that also occurs in the
3 setting; or

4 (iii) In home settings or telephonically in direct communication between the pharmacist
5 and the patient, and the quality of the interaction, clinical results and economic results is
6 documented to be equivalent to face-to-face interactions and the service is ordered by the
7 patient's care team.

8 (2) In addition to health services specified in ORS 414.065, 414.707 and 414.710, a coordi-
9 nated care organization shall provide comprehensive medication management services to any
10 member:

11 (a) Who is taking four or more prescription drugs to treat two or more chronic medical
12 conditions;

13 (b) Who has been identified by a clinician as having not reached the clinical goals of
14 therapy and who has a chronic disease, including but not limited to diabetes, hypertension,
15 cardiovascular disease or chronic obstructive pulmonary disease; or

16 (c) Who is at high risk for hospital admission or readmission or other transition to a
17 more intensive level of care, and appropriate medication use could significantly reduce the
18 risk, improve clinical outcomes and reduce health care costs.

19 (3) A pharmacist and a physician offering comprehensive medication management ser-
20 vices shall utilize an electronic health record system that:

21 (a) Meets state standards and meaningful use requirements;

22 (b) Can adequately document and share medication care plans for both the patient and
23 the prescriber to use;

24 (c) Can generate quality reports to document drug therapy problem identification and
25 resolution with changes in clinical goal achievement;

26 (d) Can substantiate all of the elements of comprehensive medication management ser-
27 vices described in subsection (1)(a) of this section; and

28 (e) Can adequately capture the work performed to substantiate the appropriate com-
29 plexity level for billing in a fee-for-service arrangement, a global payment system or a shared
30 savings arrangement.

31 (4) This section is not intended to expand or modify the scope of practice of a pharmacist
32 licensed under ORS chapter 689.

33 (5) The Oregon Health Authority may evaluate and report on the effect of comprehensive
34 medication management services on the quality of care, patient outcomes and program costs,
35 and any report shall include a description of any savings generated in the medical assistance
36 program that can be attributed to the services, including the effect on emergency room
37 utilization, provider visits and hospital costs. The authority may use patient and prescriber
38 surveys to assess patient and provider acceptance of the services and their perception of the
39 value added by the services.

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