

ASSEMBLY BILL

No. 2084

Introduced by Assembly Member Wood
(Principal coauthor: Senator Stone)

February 17, 2016

An act to add Section 14132.08 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2084, as introduced, Wood. Medi-Cal: comprehensive medication management.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides for a schedule of benefits under the Medi-Cal program, which includes outpatient prescription drugs, subject to utilization controls and the Medi-Cal list of contract drugs.

This bill would provide that comprehensive medication management (CMM) services, as defined, are a covered benefit under the Medi-Cal program, and would require those services to include, among other things, the development and implementation of a written medication treatment plan that is designed to resolve documented medication therapy problems and to prevent future medication therapy problems. The bill would require the department to evaluate the effectiveness of CMM on quality of care, patient outcomes, and total program costs, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14132.08 is added to the Welfare and
2 Institutions Code, to read:
3 14132.08. (a) (1) Comprehensive medication management
4 (CMM) services are covered under the Medi-Cal program.
5 (2) (A) For purposes of this section, “comprehensive medication
6 management” means the process of care that ensures each
7 beneficiary’s medications, whether they are prescription drugs and
8 biologics, over-the-counter medication, or nutritional supplements,
9 are individually assessed to determine that each medication is
10 appropriate for the beneficiary, effective for the medical condition,
11 and safe given the comorbidities and other medications being
12 taken, and all medications are able to be taken by the patient as
13 intended.
14 (B) The goals of CMM are to improve quality outcomes for
15 beneficiaries and to lower overall health care costs by optimizing
16 appropriate medication use linked directly to achievement of the
17 clinical goals of therapy.
18 (b) CMM services shall be offered to a beneficiary who meets
19 one or more of the following criteria:
20 (1) Is taking three or more prescription drugs or biologics to
21 treat or prevent one or more chronic medical conditions, or who
22 has been identified by a treating prescriber as high risk for
23 medication-related problems and who has one or more chronic
24 diseases.
25 (2) Has been discharged from a hospital, rehabilitation facility,
26 or long-term care setting with one or more chronic medical
27 conditions, with a need for a plan to enhance care coordination
28 efforts, including those related to the health home transitional care
29 services objectives consistent with paragraph (3) of subdivision
30 (b) of Section 14127.2.
31 (3) Has been referred by the beneficiary’s treating prescriber
32 as having a medical condition or gap in care that could benefit
33 from the provision of CMM services.
34 (4) Any other criteria established by the department that is
35 consistent with the goals of CMM.

1 (c) Utilizing the clinical services of a primary care physician or
2 pharmacist, working in collaboration with other appropriate
3 providers and in direct communication with the beneficiary, CMM
4 services that are provided pursuant to this section shall include the
5 following services:

6 (1) Assessment of the beneficiary's health status, including
7 discussing the beneficiary's personal medication experience and
8 preferences, and documenting the beneficiary's actual use patterns
9 of all prescription drugs and biologics, over-the-counter
10 medications, and nutritional supplements.

11 (2) Documentation of the beneficiary's current clinical status
12 and clinical goals of therapy for each identified chronic condition
13 for which a medication therapy is indicated, such as current blood
14 pressure and the prescriber's clinical goals of therapy in a
15 hypertensive patient.

16 (3) Assessment of each medication for appropriateness,
17 effectiveness, safety, and adherence, with a focus on achievement
18 of the desired clinical and beneficiary goals.

19 (4) Identification of all medication therapy problems.

20 (5) Development and implementation, in collaboration with the
21 beneficiary, of a written medication treatment plan that is designed
22 to resolve documented medication therapy problems and to prevent
23 future medication therapy problems, including any additions,
24 deletions, or adjustments to a medication treatment plan by, or in
25 collaboration with, the treating prescriber or primary care
26 physician, that may be needed to achieve optimal therapeutic
27 outcomes.

28 (6) Verbal education and training, information, support services,
29 and resources designed to enhance the beneficiary's adherence to,
30 and appropriate use of, medication.

31 (7) Follow-up evaluation and monitoring with the beneficiary
32 to determine the effects of any changes made to a beneficiary's
33 medication treatment plan, reassess actual outcomes, and
34 recommend or implement further therapeutic changes necessary
35 to achieve desired clinical outcomes.

36 (d) The typical intervention for a beneficiary receiving CMM
37 services shall include an average of three to four visits per year
38 with a CMM primary care physician or pharmacist, as appropriate,
39 to continually monitor and evaluate medication therapy progress

1 and problems, and to recommend resolutions or to make changes
2 consistent with a collaborative practice agreement.
3 (e) The department shall evaluate the effectiveness of CMM on
4 quality of care, patient outcomes, and total program costs, and
5 shall include a description of any savings generated under the
6 Medi-Cal program that can be attributed to the coverage of CMM
7 services, including the effect on emergency room, hospital, and
8 other provider visit costs. The department may utilize patient and
9 prescriber surveys to assess the acceptance of, and perceived value
10 added by, CMM services.

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