AMENDED IN SENATE MARCH 22, 2018

SENATE BILL No. 1322

Introduced by Senator Stone

February 16, 2018

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

LEGISLATIVE COUNSEL'S DIGEST

SB 1322, as amended, Stone. 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:

SECTION 1. Section 14132.08 is added to the Welfare and Institutions Code, to read:

14132.08. (a) (1) Comprehensive medication management (CMM) services are covered under the Medi-Cal program.

(2) (A) For purposes of this section, "comprehensive medication management" means the process of care that ensures each beneficiary's medications, whether they are prescription drugs and biologics, over-the-counter medication, or nutritional supplements, are individually assessed to determine that each medication is appropriate for the beneficiary, effective for the medical condition, and safe given the comorbidities and other medications being taken, and all medications are able to be taken by the patient as intended.

(B) The goals of CMM are to improve quality outcomes for beneficiaries and to lower overall health care costs by optimizing appropriate medication use linked directly to achievement of the clinical goals of therapy.

(b) *(1)* CMM services shall be offered to a beneficiary who has been identified ~~by a treating prescriber~~ as high risk for ~~medication-related problems~~ *poor health outcomes associated with medications, or as high risk for medication-related problems,* and who has one or more chronic diseases.

(2) The department shall establish the criteria to identify high risk for poor health outcomes associated with medications and the criteria to identify high risk for medication-related problems. The department shall base the criteria on peer-reviewed, evidence-based medical practice.

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

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

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

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

(4) Identification of all medication therapy problems.

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

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

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

(d) The typical intervention for a beneficiary receiving CMM services shall include an average of ~~three to four~~ *eight* visits per year with a CMM primary care physician or pharmacist, as appropriate, to continually monitor and evaluate medication therapy progress and problems, and to recommend resolutions or to make changes consistent with a collaborative practice agreement.

(e) The department shall evaluate the effectiveness of CMM on quality of care, patient outcomes, and total program costs, and shall include a description of any savings generated under the Medi-Cal program that can be attributed to the coverage of CMM services, including the effect on emergency room, hospital, and other provider visit costs. The department may utilize patient and

prescriber surveys to assess the acceptance of, and perceived value added by, CMM services.

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