

2431-S

Sponsor(s): House Committee on Health Care (originally sponsored by Representatives Cody, Campbell, Sommers, Schual-Berke, Fromhold, Hunt, Doumit, McIntire, Lysen, Hatfield, Conway, Voloria, Chase, Ogden, Upthegrove, Romero, Santos, Kagi, Haigh, Wood, Kenney and Simpson)

Brief Description: Developing a comprehensive prescription drug education and utilization system.

HB 2431-S - DIGEST

(SEE ALSO PROPOSED 2ND SUB)

Declares an intent to develop a comprehensive prescription drug education and utilization system in Washington state that will ensure best prescribing practices and pharmaceutical use, reduce administrative burdens on providers, increase consumer understanding of and compliance with appropriate use of prescription drugs, help to control increases in consumer and state health care spending, and improve prescription drug purchasing through a sound evidence-based process that evaluates the therapeutic value and cost-effectiveness of prescription drugs.

Requires the administrator, in concert with other state agencies involved in state purchased health care, to begin implementation of a preferred drug program by January 1, 2003.

Declares that the preferred drug program is initially limited to fee-for-service prescription drug purchasing through medical assistance programs under chapter 74.09 RCW, the uniform medical plan under chapter 41.05 RCW, and other state purchased health care programs.

Requires the administrator to include bulk purchased prescription drugs in the preferred drug program according to a timetable of the administrator's choosing. The preferred drug program shall not be applied to health care purchased through managed care contracts with carriers.

Provides that, to complement the preferred drug program established in section 4 of this act, the administrator must, in concert with state agencies involved in state purchased health care: (1) Implement a program of academic detailing and client counterdetailing that educates physicians and other prescribers, and clients of state purchased health care, on the cost-effective utilization of prescription drugs on the preferred drug list;

(2) By July 1, 2004, use electronic drug claims processing and information retrieval systems to analyze pharmacy and medical claims to identify those prescribers who request that prescriptions for nonpreferred drugs be dispensed as written on a more frequent basis than their peers, and provide information and education to those prescribers as needed to improve the system and prescribing practices; and

(3) Conduct a feasibility study of developing a system to periodically provide a complete drug profile of persons covered through state purchased health care systems to health care providers caring for those persons.

Requires the administrator to design, in concert with state agencies involved in state purchased fee-for-service health care, a uniform drug utilization review program for state purchased health care that meets the requirement of Title XIX of the social security act. Each state agency that purchases or provides health care services must adopt the uniform drug utilization review program for its fee-for-service purchasing and may implement it directly or by contract or interagency agreement.

Authorizes the administrator to engage in consolidated prescription drug purchasing. The authority granted the administrator by this provision shall be liberally construed to achieve the purposes of this act.

Requires the administrator, in concert with agencies involved in state purchased health care, to design and implement at least two, but not more than five, pilot disease management programs for persons covered through state purchased health care programs. The programs must begin operation by July 1, 2003.

Requires any savings to health care benefit programs administered by the public employees' benefits board that result from implementation of the prescription drug education and utilization system under this act to be deposited into the public employees' and retirees' insurance account established under RCW 41.05.120. In developing its annual budget proposal for public employee health benefits, the administrator must consider the extent to which implementation of the preferred drug program has moderated increases in public employee health benefit costs and attempt to reflect that moderation in employee cost-sharing.

Provides that, by January 1, 2003, the administrator must submit to the governor and the health care and fiscal committees of the legislature a progress report regarding the implementation of the prescription drug education and utilization system. The report must include a description of the extent to which the evidence-based review has been incorporated into the preferred drug list, and any prior authorization policies or procedures that have been developed.