

6368-S

Sponsor(s): Senate Committee on Health & Long-Term Care (originally sponsored by Senators Thibaudeau, Deccio and Winsley)

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

SB 6368-S.E - DIGEST

(AS OF SENATE 2ND READING 2/18/02)

Finds that prescription drugs are an effective and important part of efforts to improve the health of Washington state residents. Yet prescription drug expenditures in both the public and private sectors are growing at rates far in excess of consumer or medical inflation, placing a strain on the ability of public and private health care purchasers to continue to offer comprehensive health benefits coverage. In addition, inappropriate use of prescription drugs can have serious health consequences for Washington state residents.

Declares an intent to develop a comprehensive prescription drug education and utilization system in Washington state that will improve prescription drug prescribing practices, increase consumer understanding of and compliance with appropriate use of prescription drugs, 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 this chapter, and other state purchased health care programs. The administrator must 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 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 mechanized drug claims processing and information retrieval systems to analyze medical claims to identify those providers 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 providers as needed; 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 each person's primary care provider.

Requires the administrator to design, in concert with state agencies involved in state-purchased health care, a uniform drug utilization review program for state-purchased health care. Each state agency that purchases or provides health care services must adopt the uniform drug utilization review program and may implement it directly or by contract or interagency agreement. The program must include but is not limited to prescription drug review, management, and education, including prospective, concurrent, and retrospective review, to improve the quality of pharmaceutical care by ensuring that prescription drugs provided through state-purchased health care programs advance quality clinical outcomes and are appropriate, medically necessary, and not likely to produce adverse medical results.

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.

Directs 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.

Requires 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.

Provides that, by January 1, 2004, and January 1, 2005, the administrator must submit to the governor and the health care and fiscal committees of the legislature a report on the impacts of the prescription drug education and utilization system.

Requires that, by January 1, 2003, the secretary of the department of social and health services shall submit to the governor and the health care and fiscal committees of the legislature a report on implementation and operation of the therapeutic consultation program.