

# SENATE BILL REPORT

## SB 6107

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As Reported by Senate Committee On:  
Health & Long-Term Care, January 26, 2012

**Title:** An act relating to prescription review for medicaid managed care enrollees.

**Brief Description:** Concerning prescription review for medicaid managed care enrollees.

**Sponsors:** Senators Becker, Keiser, Conway, Swecker, Pridemore, Harper, King, Kilmer, Schoesler, Fain, Frockt, Haugen, Honeyford, Hatfield, Hill and Parlette.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/16/12, 1/26/12 [DPS-WM, w/oRec].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 6107 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Frockt, Kline, Parlette and Pridemore.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Pflug.

**Staff:** Mich'l Needham (786-7442)

**Background:** Many patients are simultaneously managing more than one chronic health condition and may receive multiple medications to manage their health. The complexity of managing the multiple health conditions and multiple medications that may have interactions is appropriate to address within a medical home model with the provider and care team to ensure medications remain appropriate and effective. The 2011 Legislature passed SSB 5394 which directed the Health Care Authority (HCA) to include in all of the state purchased medical programs (Medical Assistance, Basic Health, and Public Employees Benefits Board programs) the development of a health home or primary care health home with emphasis on a primary care provider coordinating all medical care services with a multidisciplinary team. Although the health care team may include a pharmacist, the description of possible medical home services did not call out the review and management of prescriptions.

**Summary of Bill (Recommended Substitute):** HCA contracts for Medical Assistance, commonly referred to as Medicaid, managed care services must include a requirement that

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any patient with five or more prescriptions for two or more chronic medical conditions be placed in a comprehensive medication management process with the primary care provider or a Washington State licensed pharmacist. The comprehensive medication management process should work to ensure all the prescriptions are medically appropriate, review for drug interactions, and look for opportunities to improve clinical outcomes and reduce emergency care.

The comprehensive medication management process is defined to mean the provision of the following services of a licensed pharmacist for patients taking five or more medications for two or more chronic medical conditions:

- assessment of the patients health status including the personal medication experience and use patterns of all prescribed and over-the-counter medications;
- documentation of the patient's current clinical status and clinical goals of therapy;
- assessment of each medication for appropriateness, effectiveness, safety and adherence focusing on achievement of desired clinical goals;
- identification of all drug therapy problems including additions or deletions in medications or changes in dosage needed to meet desired clinical goals;
- development of a comprehensive medication therapy plan for the patient in consultation with the prescribing practitioner; and
- documentation and follow up of the effects of recommended drug therapy changes on the patient's clinical status and outcomes.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute):** HCA Medicaid contracts with managed care plans must include comprehensive medication management services within health homes. A definition is added for comprehensive medication management process which means the provision of the following services of a licensed pharmacist for patients taking five or more medications for two or more chronic medical conditions:

- assessment of the patients health status including the personal medication experience and use patterns of all prescribed and over-the-counter medications;
- documentation of the patient's current clinical status and clinical goals of therapy;
- assessment of each medication for appropriateness, effectiveness, safety and adherence focusing on achievement of desired clinical goals;
- identification of all drug therapy problems including additions or deletions in medications or changes in dosage needed to meet desired clinical goals;
- development of a comprehensive medication therapy plan for the patient in consultation with the prescribing practitioner; and
- documentation and follow up of the effects of recommended drug therapy changes on the patient's clinical status and outcomes.

The contracts with Medicaid managed care plans must include a requirement that any patient with five or more medications and two or more chronic medical conditions be placed in a comprehensive medication management process with the primary care provider or Washington State licensed pharmacist.

**Appropriation:** None.

**Fiscal Note:** Requested on January 14, 2012.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** PRO: This is a great concept to provide a review of multiple prescriptions that people take, to ensure appropriate patient care and review for drug interactions, and possibly save money by reducing the number of prescriptions people take. Focusing on the Medicaid managed care plans is a start that may help the state. We support the goal of reviewing patient prescriptions, and most family providers already review a patient's drugs with them. We have some concerns about putting language in statute and some concerns about the potential administrative burdens of the approach outlined here.

OTHER: We have concerns about the potential burden on the front line and concerns about the cost of creating a program.

**Persons Testifying:** PRO: Senator Becker, prime sponsor; Mary Clogston, Washington Academy of Family Physicians.

OTHER: Carl Nelson, Washington State Medical Association.