

# SENATE BILL REPORT

## SB 5213

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As of February 6, 2013

**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, Tom, Bailey, Honeyford and Frockt.

**Brief History:**

**Committee Activity:** Health Care: 2/05/13.

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### SENATE COMMITTEE ON HEALTH CARE

**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 multiple health conditions and multiple medications that may have interactions is appropriate to address within a health home model with a primary care provider and care team to ensure medications remain appropriate and effective.

The federal Affordable Care Act authorized the development of health homes for state Medicaid programs, to help enrollees with chronic conditions. The federal Centers for Medicare and Medicaid Services (CMS) have developed guidance on the core quality measures for health homes. The initial core set of reporting requirements was developed with the Agency for Healthcare Research and Quality's Subcommittee to the National Advisory Council for Healthcare Research and Quality, and multiple workgroups focused on core areas. The recommendations align with existing federal programs such as the National Quality Strategy's priorities, Medicare and Medicaid Electronic Health Record Incentive Programs, and Physician Quality Reporting. The initial reporting is voluntary and meant to be phased in with gradual expansion of the core data set for all Medicaid programs.

State law also requires the Health Care Authority (HCA) contracts for all state purchased medical programs to include the development of a health home with primary care health providers and an interdisciplinary care team. The health homes must have a special focus on patients with chronic medical conditions, include provider reimbursement methods that incentivize chronic care management, and reward health homes that reduce emergency

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department and inpatient use. The state's current Medicaid managed care contracts require intensive care coordination for high risk or high cost consumers.

**Summary of Bill:** Contracts for Medicaid managed care plans must include a requirement that any patient with five or more medications be placed in an automatic review process with the primary care provider to ensure all the prescriptions are medically appropriate, and to review for drug interactions and opportunities to reduce the number of prescriptions. The prescription review must be completed at least annually.

**Appropriation:** None.

**Fiscal Note:** Available.

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

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

**Staff Summary of Public Testimony:** PRO: Many patients with chronic health conditions end up on multiple medications that can have interactions and adverse reactions. It is important to have a once a year review of all the medications a patient is taking. Pharmacists are trained in managing medications - that is the true value they can add to health care. We need to rethink how we use pharmacists as part of the care team that more effectively manages the patient's medications. Medicare Part D requires a review of medications. It is important to provide more direction in the bill on prescription review. Perhaps a clarifying amendment could define comprehensive medication management or medication therapy management as is used in Medicare Part D.

OTHER: We are a plan that participates in the Medicaid-managed care contracts and they already require the development of health homes and chronic care management. It might be more helpful to place the language in the health home section adding to the list of activities that providers are incented to manage. We agree this is the right idea but not the right context. Medication management is a critical piece of care management. It may be more appropriate to reference the activity within the health home requirements since that section includes the pharmacist as a part of the care team. The language could also be added to all the HCA contracts with health home language. Medicare and Medicaid already require health records with the list of medications in the electronic health record and it is not clear that additional scrutiny is necessary. The threshold of five medications is too low and may sweep nearly everyone into a review, and the review may just create more paperwork.

**Persons Testifying:** PRO: Senator Becker, prime sponsor; Jeff Rochon, WA State Pharmacy Assn.; Lisa Thatcher, GlaxoSmithKline.

OTHER: Dave Knutson, United Healthcare; Mary Clogston, WA Academy of Family Physicians; Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses.