

SENATE No. 2671

The Commonwealth of Massachusetts

—
In the One Hundred and Ninety-First General Court
(2019-2020)
—

SENATE, April 30, 2020.

The committee on Public Health to whom was referred the petition (accompanied by bill, Senate, No. 1295) of Jason M. Lewis, Elizabeth A. Malia, Mark C. Montigny and Jonathan Hecht for legislation to reduce healthcare costs by promoting non-biased prescriber education, reports the accompanying bill (Senate, No. 2671).

For the committee,
Joanne M. Comerford

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An Act to reduce healthcare costs by promoting non-biased prescriber education.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 6D of the General Laws, as appearing in the 2018 Official Edition, is hereby
2 amended by inserting after section 15 the following section:-

3 Section 15A. (a) The commission shall develop, implement and promote an evidence-
4 based outreach and education program to support the therapeutic and cost-effective utilization of
5 prescription drugs for health care practitioners authorized to prescribe and dispense prescription
6 drugs including, but not limited to, physicians, podiatrists and pharmacists. The commission
7 shall develop the program in consultation with health care practitioners authorized to prescribe
8 and dispense prescription drugs, as well as with private insurers, hospitals, community health
9 centers, pharmacy benefit managers, consumers, the MassHealth drug utilization review board,
10 the University of Massachusetts medical school and researchers and organizations engaged in the
11 development, training and deployment of health practitioner education outreach programs.

12 (b) The program shall provide outreach to: (i) health care practitioners who participate in:
13 (A) MassHealth; (B) the subsidized catastrophic prescription drug insurance program established

14 in section 39 of chapter 19A; and (C) other publicly-funded, contracted or subsidized health care
15 programs; (ii) academic medical centers; and (iii) other health care practitioners authorized to
16 prescribe and dispense prescription drugs. The program shall include in-person visits to
17 prescribers by physicians, podiatrists, pharmacists and nurses that utilize evidence-based
18 materials and borrowing methods from behavioral science, educational theory and, where
19 appropriate, pharmaceutical industry data and outreach techniques; provided, however, that the
20 program shall inform prescribers about drug marketing intended to circumvent competition from
21 generic or other therapeutically-equivalent pharmaceutical alternatives or other evidence-based
22 treatment options, if applicable. The commission shall, to the extent possible, utilize or
23 incorporate into its program other independent educational resources or models proven
24 effective in promoting high quality, evidenced-based, cost-effective information regarding the
25 effectiveness and safety of prescription drugs.

26 (c) Annually, not later than April 1, the commission shall report on the operation of the
27 program including, but not limited to, information on the outreach and education components of
28 the program, revenues, expenditures and balances, including an accounting of the estimated
29 expenses of the program for the following year, and savings attributable to the program in health
30 care programs funded by the commonwealth. The report shall be made publicly available on the
31 commission's website.

32 (d) The commission shall undertake a public education initiative to inform residents of
33 the commonwealth about clinical trials, drug safety and prescription drug adherence information.
34 The commission shall prioritize outreach and public education initiatives in low-income
35 communities.

36 (e) The commission may establish and collect fees for subscriptions and contracts with
37 private health care payers related to this section. The commission may seek funding from
38 nongovernmental health access foundations and undesignated drug litigation settlement funds
39 associated with pharmaceutical marketing and pricing practices.