

SECOND REGULAR SESSION

HOUSE BILL NO. 2305

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE RUTH.

5096H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 208.175, RSMo, and to enact in lieu thereof one new section relating to the MO HealthNet drug utilization review board.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 208.175, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.175, to read as follows:

208.175. 1. The "Drug Utilization Review Board" is hereby established within the MO HealthNet division and shall be composed of the following **twelve** health care professionals who shall be appointed by the governor and whose appointment shall be subject to the advice and consent of the senate:

(1) ~~Six physicians who shall include:~~

~~— (a) Three physicians who hold the doctor of medicine degree and are active in medical practice;~~

~~— (b) Two physicians who hold the doctor of osteopathy degree and are active in medical practice; and~~

~~— (c) One physician who holds the doctor of medicine or the doctor of osteopathy degree and is active in the practice of psychiatry;~~

~~(2) Six actively practicing pharmacists who shall include:~~

~~— (a) Three pharmacists who hold bachelor of science degrees in pharmacy and are active as retail or patient care pharmacists;~~

~~— (b) Two pharmacists who hold advanced clinical degrees in pharmacy and are active in the practice of pharmaceutical therapy and clinical pharmaceutical management; and~~

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 ~~———— (c) One pharmacist who holds either a bachelor of science degree in pharmacy or an~~
18 ~~advanced clinical degree in pharmacy and is employed by a pharmaceutical manufacturer of~~
19 ~~Medicaid-approved formulary drugs; and~~

20 ~~———— (3) One certified medical quality assurance registered nurse with an advanced degree.~~

21 ~~———— 2. The membership of the drug utilization review board shall include health care~~
22 ~~professionals who have recognized knowledge and expertise in one or more of the following:~~

23 ~~———— (1) The clinically appropriate prescribing of covered outpatient drugs;~~

24 ~~———— (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;~~

25 ~~———— (3) Drug use review, evaluation and intervention;~~

26 ~~———— (4) Medical quality assurance.~~

27 ~~———— 3. A chairperson shall be elected by the board members. The board shall meet at least~~
28 ~~once every ninety days. A quorum of eight members, including no fewer than three physicians~~
29 ~~and three pharmacists, shall be required for the board to act in its official capacity] **At least four**~~
30 **members, but no more than six members, shall be licensed and actively practicing**
31 **physicians;**

32 **(a) At least one physician shall be a doctor of medicine;**

33 **(b) At least one physician shall be a doctor of osteopathy;**

34 **(2) At least four members shall be licensed and actively practicing pharmacists;**

35 **(3) At least one member shall be a licensed and actively practicing psychiatrist or**
36 **psychiatric nurse practitioner; and**

37 **(4) All other members shall be licensed and actively practicing physicians, subject**
38 **to the limitation in subdivision (1) of this subsection; pharmacists; or nurse practitioners.**

39 ~~[4-] 2. Members appointed pursuant to subsection 1 of this section shall serve four-year~~
40 ~~terms, except that of the original members, four shall be appointed for a term of two years, four~~
41 ~~shall be appointed for a term of three years and five shall be appointed for a term of four years.~~
42 ~~Members may be reappointed.~~

43 ~~[5-] 3. The members of the drug utilization review board or any regional advisory~~
44 ~~committee shall receive no compensation for their services other than reasonable expenses~~
45 ~~actually incurred in the performance of their official duties.~~

46 ~~[6-] 4. The drug utilization review board shall, either directly or through contracts~~
47 ~~between the MO HealthNet division and accredited health care educational institutions, state~~
48 ~~medical societies or state pharmacist associations or societies or other appropriate organizations,~~
49 ~~provide for educational outreach programs to educate practitioners on common drug therapy~~
50 ~~problems with the aim of improving prescribing and dispensing practices.~~

51 ~~[7-] 5. The drug utilization review board shall monitor drug usage and prescribing~~
52 ~~practices in the Medicaid program. The board shall conduct its activities in accordance with the~~

53 requirements of subsection (g) of section 4401 of the Omnibus Budget Reconciliation Act of
54 1990 (P.L. 101-508). The board shall publish an educational newsletter to Missouri Medicaid
55 providers as to its considered opinion of the proper usage of the Medicaid formulary. It shall
56 advise providers of inappropriate drug utilization when it deems it appropriate to do so.

57 ~~[8-]~~ 6. The drug utilization review board may provide advice on guidelines, policies, and
58 procedures necessary to establish and maintain the Missouri Rx plan.

59 ~~[9-]~~ 7. Office space and support personnel shall be provided by the MO HealthNet
60 division.

61 ~~[10-]~~ 8. Subject to appropriations made specifically for that purpose, up to six regional
62 advisory committees to the drug utilization review board may be appointed. Members of the
63 regional advisory committees shall be physicians and pharmacists appointed by the drug
64 utilization review board. Each such member of a regional advisory committee shall have
65 recognized knowledge and expertise in one or more of the following:

- 66 (1) The clinically appropriate prescribing of covered outpatient drugs;
- 67 (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;
- 68 (3) Drug use review, evaluation, and intervention; or
- 69 (4) Medical quality assurance.

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