

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 2305**  
**100TH GENERAL ASSEMBLY**

5096H.02C

DANA RADEMAN MILLER, Chief Clerk

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**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.

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*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Section A. Section 208.175, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.175, to read as follows: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]~~ **The**  
56 **board** shall advise providers of inappropriate drug utilization when it deems it appropriate to do  
57 so.

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

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

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

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

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