

**FIRST ENGROSSMENT
with Senate Amendments
ENGROSSED HOUSE BILL NO. 1095**

Introduced by

Representative Weisz

1 A BILL for an Act to create and enact chapter 26.1-36.11 of the North Dakota Century Code,
2 relating to the inclusion of comprehensive medication management services in health benefit
3 plans.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** Chapter 26.1-36.11 of the North Dakota Century Code is created and enacted
6 as follows:

7 **26.1-36.11-01. Definitions.**

8 For the purposes of this chapter, unless the context otherwise requires:

9 1. a. "Comprehensive medication management" means medication management
10 pursuant to a standard of care that ensures each enrollee's medications, both
11 prescription and nonprescription, are individually assessed to determine each
12 medication is appropriate for the enrollee, effective for the medical condition, and
13 safe, given the comorbidities and other medications being taken and able to be
14 taken by the enrollee as intended. Services provided in comprehensive
15 medication management are, as follows:

16 (1) Performing or obtaining necessary assessments of the enrollee's health
17 status;

18 (2) Formulating a medication treatment plan;

19 (3) Monitoring and evaluating the enrollee's response to therapy, including
20 safety and effectiveness;

21 (4) Performing a comprehensive medication review to identify, resolve, and
22 prevent medication-related problems, including adverse drug events;

- 1 (5) Providing verbal or written, or both, counseling, education, and training
- 2 designed to enhance enrollee understanding and appropriate use of the
- 3 enrollee's medications;
- 4 (6) Providing information, support services, and resources designed to enhance
- 5 enrollee adherence with the enrollee's therapeutic regimens;
- 6 (7) Coordinating and integrating medication therapy management services
- 7 within the broader health care management services being provided to the
- 8 enrollee;
- 9 (8) Initiating or modifying drug therapy under a collaborative agreement with a
- 10 practitioner in accordance with section 43-15-31.4;
- 11 (9) Prescribing medications pursuant to protocols approved by the state board
- 12 of pharmacy in accordance with subsection 24 of section 43-15-10;
- 13 (10) Administering medications in accordance with requirements in section
- 14 43-15-31.5; and
- 15 (11) Ordering, performing, and interpreting laboratory tests authorized by section
- 16 43-15-25.3 and North Dakota administrative code section 61-04-10-06.

17 b. This subsection may not be construed to expand or modify pharmacist scope of
18 practice.

19 2. "Enrollee" means an individual covered under a health benefit plan.

20 3. "Health benefit plan" has the same meaning as provided in section 26.1-36.3-01,
21 whether offered on a group or individual basis.

22 4. "Health carrier" or "carrier" has the same meaning as provided in section 26.1-36.3-01.

23 **26.1-36.11-02. Required coverage for comprehensive medication management**
24 **services.**

25 1. A health carrier shall provide coverage for licensed pharmacists to provide
26 comprehensive medication management to eligible enrollees who elect to participate
27 in a comprehensive medication management program.

28 2 At least annually, the health carrier shall provide, in print, or electronically under the
29 provisions of section 26.1-02-32, notice of an enrollee's eligibility to receive
30 comprehensive medication management services from a pharmacist, delivered to the

- 1 eligible enrollee and the enrollee's designated primary care provider, if applicable, and
2 if at least one of the following criteria are met:
- 3 a. The enrollee is taking five or more chronic medications;
4 b. The enrollee was admitted to a hospital with one of the following diagnoses:
5 (1) Heart failure;
6 (2) Pneumonia;
7 (3) Myocardial infarction;
8 (4) Mood disorder; or
9 (5) Chronic obstructive pulmonary disorder;
- 10 c. The enrollee has active diagnosis of comorbid diabetes and:
11 (1) Hypertension; or
12 (2) Hyperlipemia.
- 13 3. Comprehensive medication management services may be provided via telehealth as
14 defined in section 26.1-36-09.15 and may be delivered into an enrollee's residence.
- 15 4. The health carrier shall include an adequate number of pharmacists in the carrier's
16 network of participating pharmacy providers.
- 17 a. The participation of pharmacists and pharmacies in the health carrier network's or
18 health carrier's affiliate network's drug benefit does not satisfy the requirement
19 that health benefit plans include pharmacists in the health benefit plan's networks
20 of participating pharmacy providers;
- 21 b. For health benefit plans issued or renewed after December 31, 2024, health
22 carriers that delegate credentialing agreements to contracted health care facilities
23 shall accept credentialing for pharmacists employed or contracted by those
24 facilities. Health carriers shall reimburse facilities for covered services provided
25 by network pharmacists within the pharmacists' scope of practice per
26 negotiations with the facility;
- 27 5. The health carrier shall post electronically a current and accurate directory of
28 pharmacists who are participating pharmacy providers and eligible to provide
29 comprehensive medication management.
- 30 a. In making the directory available electronically, the health carrier shall ensure the
31 general public is able to view all of the current providers for a plan through a

- 1 clearly identifiable link or tab and without creating or accessing an account or
2 entering a policy or contract;
- 3 b. The health carrier shall ensure that one hundred percent of provider directory
4 entries are audited annually for accuracy and retain documentation of the audit to
5 be made available to the commissioner upon request;
- 6 c. The health carrier shall provide a print copy of current electronic directory
7 information upon request of an enrollee or a prospective enrollee;
- 8 d. The electronically posted directory must include search functionality that enables
9 electronic searches by each of the following:
- 10 (1) Name;
11 (2) Participating location;
12 (3) Participating facility affiliations, if applicable;
13 (4) Languages spoken other than English, if applicable; and
14 (5) Whether accepting new enrollees.
- 15 6. The requirements of this section apply to all health benefit plans issued or renewed
16 after December 31, 2024.

17 **26.1-36.11-03. Comprehensive medication management advisory committee.**

- 18 1. The commissioner shall establish and facilitate an advisory committee to implement
19 the provisions of this chapter. The advisory committee shall develop best practice
20 recommendations for the implementation of comprehensive medication management
21 and on standards to ensure pharmacists are adequately included and appropriately
22 utilized in participating provider networks of health benefit plans. In developing these
23 standards, the committee also shall discuss topics as they relate to implementation,
24 including program quality measures, pharmacist training and credentialing, provider
25 directories, care coordination, health benefit plan data reporting requirements, billing
26 standards, and potential cost-savings and cost increases to consumers.
- 27 2. The commissioner or the commissioner's designee shall create an advisory committee
28 including representatives of the following stakeholders:
- 29 a. The commissioner or designee;
30 b. The state health officer or designee;
31 c. An organization representing pharmacists;

- 1 d. An organization representing physicians;
- 2 e. An organization representing hospitals;
- 3 f. A community pharmacy with pharmacists providing medical services;
- 4 g. The two largest health carriers in the state based upon enrollment;
- 5 h. The North Dakota state university school of pharmacy;
- 6 i. An employer as a health benefit plan sponsor;
- 7 j. An enrollee;
- 8 k. An organization representing advanced practice registered nurses; and
- 9 l. Other representatives appointed by the insurance commissioner.
- 10 3. No later than June 30, 2024, the advisory committee shall present initial best practice
- 11 recommendations to the insurance commissioner and the department of health and
- 12 human services. The commissioner or department of health and human services may
- 13 adopt rules to implement the standards developed by the advisory committee. The
- 14 advisory committee shall remain intact to assist the insurance commissioner or
- 15 department of health and human services in rulemaking. Upon completion of the
- 16 rulemaking process, the committee is dissolved.
- 17 **26.1-36.11-04. Rulemaking authority.**
- 18 The commissioner may adopt reasonable rules for the implementation and administration of
- 19 the provisions of this chapter.