State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2692

03/08/2016 Authored by Liebling, Mullery and Persell
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to health; establishing an academic detailing program for prescription drugs; assessing fees; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 256B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[256B.0639] PRESCRIPTION DRUG EDUCATION PROGRAM.**

Subdivision 1. **Program design.** The commissioner of human services, in collaboration with the Board of Pharmacy, the University of Minnesota Medical School, and the University of Minnesota College of Pharmacy, shall develop an evidence-based prescription drug education program designed to provide information and education on the therapeutic and cost-effective utilization of prescription drugs to health care professionals authorized to prescribe drugs. The commissioner may contract for technical and clinical support in the development and the administration of the program from entities conducting independent research in the effectiveness of prescription drugs.

Subd. 2. **Program components.** (a) The program must include outreach and education components regarding the therapeutic and cost-effective utilization of prescription drugs as provided in peer-reviewed scientific, medical, and academic research publications. The commissioner may limit the scope of the outreach and education to those drugs identified by the Drug Utilization Review Board, established under section 256B.0625, subdivision 13i, as being: (1) the most subject to fraud, abuse, or gross overuse; (2) associated with inappropriate or medically unnecessary care; or (3) associated with the increase in opioid addiction. To the extent possible, the commissioner shall utilize or incorporate information regarding clinical trials, pharmaceutical efficacy, adverse effects of drugs, evidence-based treatment options, and drug marketing approaches that

are intended to circumvent competition from generic and therapeutically equivalent drugs, and shall incorporate into the program other independent educational resources or models proven effective in promoting high-quality, evidence-based, cost-effective information regarding the effectiveness and safety of prescription drugs.

(b) Educational materials used by the program shall be based on a balanced and comprehensive review of evidence that is accepted within the practice of medicine, including scientific research that conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation, with the purpose of providing unbiased continuing education on the comparative efficacy, safety, and cost-effectiveness of prescription drugs. The program may use materials that meet these criteria developed by a medical school, an academic medical center, a school of pharmacy, a medical society, a research institute, or another publicly sponsored prescriber education service.

(c) The program shall include, but is not limited to, in-person outreach and education sessions for health care professionals in their place of work that shall be facilitated by qualified educators.

(d) The commissioner shall establish:

(1) minimum clinical and educational qualifications for educators employed by or under contract with the program;

(2) required training for educators; and

(3) a code of conduct governing the educators in their interactions with health care professionals and conflict of interest guidelines for educators and others involved in advising, developing, and administering the program.

Subd. 3. **Program coverage.** (a) The program must, except as provided in paragraph (b), provide outreach and education to those groups and subgroups of health care professionals who collectively prescribe 80 percent or more of prescription medications dispensed to enrollees in the medical assistance and MinnesotaCare programs, and who participate in, contract with, or are reimbursed by state health care programs.

(b) The commissioner may narrow the scope of outreach and education under paragraph (a), or may limit the outreach and education to specific prescribers identified by the Drug Utilization Review Board if the commissioner determines that this is a more cost-effective use of resources.

(c) The program may provide outreach and education to health care providers, health plan companies, hospitals, employers, and other persons interested in utilizing the program on a subscription or fee-paying basis. The commissioner may establish subscription

rates and fees. Any revenue collected shall be appropriated for the administration of the prescription drug education program.

(d) For purposes of this section, "state health care programs" include the medical assistance program, the MinnesotaCare program, health care programs funded by the Department of Corrections, and the state employee group health insurance program.

Subd. 4. **Annual report.** By April 1 of each year, beginning April 1, 2017, the commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care policy and finance on the operation of the program. The report must include information on the outreach and education components of the program; revenues, expenditures, and balances; and savings attributable to the program in state health care programs.

Subd. 5. **Funding.** The commissioner may seek grants and private funds from nonprofit charitable foundations to fund the planning, development, and ongoing operations of the program.

Subd. 6. **Fee assessed.** The commissioner of human services, effective July 1, 2016, shall assess each wholesale drug distributor required to be licensed under section 151.47 a quarterly fee, equal to 0.5 percent of revenues the distributor would have received in the most recent quarter for which drug utilization information by manufacturer labeler code is available, had the distributor been reimbursed by the commissioner under section 256B.0625, subdivision 13e, for drugs provided to medical assistance and MinnesotaCare enrollees. The commissioner shall use revenues from the assessment to implement the prescription drug education program.