

1-1 By: Zerwas (Senate Sponsor - Deuell) H.B. No. 2030  
1-2 (In the Senate - Received from the House April 8, 2009;  
1-3 April 15, 2009, read first time and referred to Committee on Health  
1-4 and Human Services; May 8, 2009, reported favorably by the  
1-5 following vote: Yeas 9, Nays 0; May 8, 2009, sent to printer.)

1-6 A BILL TO BE ENTITLED  
1-7 AN ACT

1-8 relating to the Medicaid Drug Utilization Review Program and  
1-9 prescription drug use under the Medicaid program.

1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-11 SECTION 1. Subchapter B, Chapter 531, Government Code, is  
1-12 amended by adding Sections 531.0691, 531.0692, and 531.0693 to read  
1-13 as follows:

1-14 Sec. 531.0691. MEDICAID DRUG UTILIZATION REVIEW PROGRAM:  
1-15 DRUG USE REVIEWS AND ANNUAL REPORT. (a) In this section:

1-16 (1) "Medicaid Drug Utilization Review Program" means  
1-17 the program operated by the vendor drug program to improve the  
1-18 quality of pharmaceutical care under the Medicaid program.

1-19 (2) "Prospective drug use review" means the review of  
1-20 a patient's drug therapy and prescription drug order or medication  
1-21 order before dispensing or distributing a drug to the patient.

1-22 (3) "Retrospective drug use review" means the review  
1-23 of prescription drug claims data to identify patterns of  
1-24 prescribing.

1-25 (b) The commission shall provide for an increase in the  
1-26 number and types of retrospective drug use reviews performed each  
1-27 year under the Medicaid Drug Utilization Review Program, in  
1-28 comparison to the number and types of reviews performed in the state  
1-29 fiscal year ending August 31, 2009.

1-30 (c) In determining the number and types of drug use reviews  
1-31 to be performed, the commission shall:

1-32 (1) allow for the repeat of retrospective drug use  
1-33 reviews that address ongoing drug therapy problems and that, in  
1-34 previous years, improved client outcomes and reduced Medicaid  
1-35 spending;

1-36 (2) consider implementing disease-specific  
1-37 retrospective drug use reviews that address ongoing drug therapy  
1-38 problems in this state and that reduced Medicaid prescription drug  
1-39 use expenditures in other states; and

1-40 (3) regularly examine Medicaid prescription drug  
1-41 claims data to identify occurrences of potential drug therapy  
1-42 problems that may be addressed by repeating successful  
1-43 retrospective drug use reviews performed in this state and other  
1-44 states.

1-45 (d) In addition to any other information required by federal  
1-46 law, the commission shall include the following information in the  
1-47 annual report regarding the Medicaid Drug Utilization Review  
1-48 Program:

1-49 (1) a detailed description of the program's  
1-50 activities; and

1-51 (2) estimates of cost savings anticipated to result  
1-52 from the program's performance of prospective and retrospective  
1-53 drug use reviews.

1-54 (e) The cost-saving estimates for prospective drug use  
1-55 reviews under Subsection (d) must include savings attributed to  
1-56 drug use reviews performed through the vendor drug program's  
1-57 electronic claims processing system and clinical edits screened  
1-58 through the prior authorization system implemented under Section  
1-59 531.073.

1-60 (f) The commission shall post the annual report regarding  
1-61 the Medicaid Drug Utilization Review Program on the commission's  
1-62 website.

1-63 Sec. 531.0692. MEDICAID DRUG UTILIZATION REVIEW BOARD:  
1-64 CONFLICTS OF INTEREST. (a) A member of the board of the Medicaid

2-1 Drug Utilization Review Program may not have a contractual  
2-2 relationship, ownership interest, or other conflict of interest  
2-3 with a pharmaceutical manufacturer or labeler or with an entity  
2-4 engaged by the commission to assist in the administration of the  
2-5 Medicaid Drug Utilization Review Program.

2-6 (b) The executive commissioner may implement this section  
2-7 by adopting rules that identify prohibited relationships and  
2-8 conflicts or requiring the board to develop a conflict-of-interest  
2-9 policy that applies to the board.

2-10 Sec. 531.0693. PRESCRIPTION DRUG USE AND EXPENDITURE  
2-11 PATTERNS. (a) The commission shall monitor and analyze  
2-12 prescription drug use and expenditure patterns in the Medicaid  
2-13 program. The commission shall identify the therapeutic  
2-14 prescription drug classes and individual prescription drugs that  
2-15 are most often prescribed to patients or that represent the  
2-16 greatest expenditures.

2-17 (b) The commission shall post the data determined by the  
2-18 commission under Subsection (a) on the commission's website and  
2-19 update the information on a quarterly basis.

2-20 SECTION 2. If before implementing any provision of this Act  
2-21 a state agency determines that a waiver or authorization from a  
2-22 federal agency is necessary for implementation of that provision,  
2-23 the agency affected by the provision shall request the waiver or  
2-24 authorization and may delay implementing that provision until the  
2-25 waiver or authorization is granted.

2-26 SECTION 3. This Act takes effect September 1, 2009.

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