House Bill 2030
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION	SENATE VERSION	CONFERENCE
SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.0691, 531.0692, and 531.0693 to read as follows: Sec. 531.0691. MEDICAID DRUG UTILIZATION REVIEW PROGRAM: DRUG USE REVIEWS AND ANNUAL REPORT. (a) In this section: (1) "Medicaid Drug Utilization Review Program" means the program operated by the vendor drug program to improve the quality of pharmaceutical care under the Medicaid program. (2) "Prospective drug use review" means the review of a patient's drug therapy and prescription drug order or medication order before dispensing or distributing a drug to the patient. (3) "Retrospective drug use review" means the review of prescription drug claims data to identify patterns of prescribing. (b) The commission shall provide for an increase in the number and types of retrospective drug use reviews performed each year under the Medicaid Drug Utilization Review Program, in comparison to the number and types of reviews performed in the state fiscal year ending August 31, 2009. (c) In determining the number and types of drug use reviews to be performed, the commission shall: (1) allow for the repeat of retrospective drug use reviews that address ongoing drug therapy problems and that, in previous years, improved client outcomes and reduced Medicaid spending;	SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.0691, 531.0692, 531.0693, and 531.0694 to read as follows: Sec. 531.0691. MEDICAID DRUG UTILIZATION REVIEW PROGRAM: DRUG USE REVIEWS AND ANNUAL REPORT. (a) In this section: (1) "Medicaid Drug Utilization Review Program" means the program operated by the vendor drug program to improve the quality of pharmaceutical care under the Medicaid program. (2) "Prospective drug use review" means the review of a patient's drug therapy and prescription drug order or medication order before dispensing or distributing a drug to the patient. (3) "Retrospective drug use review" means the review of prescription drug claims data to identify patterns of prescribing. (b) The commission shall provide for an increase in the number and types of retrospective drug use reviews performed each year under the Medicaid Drug Utilization Review Program, in comparison to the number and types of reviews performed in the state fiscal year ending August 31, 2009. (c) In determining the number and types of drug use reviews to be performed, the commission shall: (1) allow for the repeat of retrospective drug use reviews that address ongoing drug therapy problems and that, in previous years, improved client outcomes and reduced Medicaid spending;	

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(2) consider implementing disease-specific retrospective drug use reviews that address ongoing drug therapy problems in this state and that reduced Medicaid prescription drug use expenditures in other states; and (3) regularly examine Medicaid prescription drug claims data to identify occurrences of potential drug therapy problems that may be addressed by repeating successful retrospective drug use reviews performed in this state and other states. (d) In addition to any other information required by federal law, the commission shall include the following information in the annual report regarding the Medicaid Drug Utilization Review Program: (1) a detailed description of the program's activities; and (2) estimates of cost savings anticipated to result from the program's performance of prospective and retrospective drug use reviews. (e) The cost-saving estimates for prospective drug use reviews under Subsection (d) must include savings attributed to drug use reviews performed through the vendor drug program's electronic claims processing system and clinical edits screened through the prior authorization system implemented under Section 531.073. (f) The commission shall post the annual report regarding the Medicaid Drug Utilization Review Program on the commission's website. Sec. 531.0692. MEDICAID DRUG UTILIZATION REVIEW BOARD: CONFLICTS OF INTEREST. (a)	(2) consider implementing disease-specific retrospective drug use reviews that address ongoing drug therapy problems in this state and that reduced Medicaid prescription drug use expenditures in other states; and (3) regularly examine Medicaid prescription drug claims data to identify occurrences of potential drug therapy problems that may be addressed by repeating successful retrospective drug use reviews performed in this state and other states. (d) In addition to any other information required by federal law, the commission shall include the following information in the annual report regarding the Medicaid Drug Utilization Review Program: (1) a detailed description of the program's activities; and (2) estimates of cost savings anticipated to result from the program's performance of prospective and retrospective drug use reviews. (e) The cost-saving estimates for prospective drug use reviews under Subsection (d) must include savings attributed to drug use reviews performed through the vendor drug program's electronic claims processing system and clinical edits screened through the prior authorization system implemented under Section 531.073. (f) The commission shall post the annual report regarding the Medicaid Drug Utilization Review Program on the commission's website. Sec. 531.0692. MEDICAID DRUG UTILIZATION REVIEW BOARD: CONFLICTS OF INTEREST. (a)	

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A member of the board of the Medicaid Drug Utilization Review Program may not have a contractual relationship, ownership interest, or other conflict of interest with a pharmaceutical manufacturer or labeler or with an entity engaged by the commission to assist in the administration of the Medicaid Drug Utilization Review Program. (b) The executive commissioner may implement this section by adopting rules that identify prohibited relationships and conflicts or requiring the board to develop a conflict-of-interest policy that applies to the board. Sec. 531.0693. PRESCRIPTION DRUG USE AND EXPENDITURE PATTERNS. (a) The commission shall monitor and analyze prescription drug use and expenditure patterns in the Medicaid program. The commission shall identify the therapeutic prescription drug classes and individual prescription drugs that are most often prescribed to patients or that represent the greatest expenditures. (b) The commission shall post the data determined by the commission under Subsection (a) on the commission's website and update the information on a quarterly basis.	A member of the board of the Medicaid Drug Utilization Review Program may not have a contractual relationship, ownership interest, or other conflict of interest with a pharmaceutical manufacturer or labeler or with an entity engaged by the commission to assist in the administration of the Medicaid Drug Utilization Review Program. (b) The executive commissioner may implement this section by adopting rules that identify prohibited relationships and conflicts or requiring the board to develop a conflict-of-interest policy that applies to the board. Sec. 531.0693. PRESCRIPTION DRUG USE AND EXPENDITURE PATTERNS. (a) The commission shall monitor and analyze prescription drug use and expenditure patterns in the Medicaid program. The commission shall identify the therapeutic prescription drug classes and individual prescription drugs that are most often prescribed to patients or that represent the greatest expenditures. (b) The commission shall post the data determined by the commission under Subsection (a) on the commission's website and update the information on a quarterly basis. Sec. 531.0694. PERIOD OF VALIDITY FOR PRESCRIPTION. In its rules and standards governing the vendor drug program, the commission, to the extent allowed by federal law and laws regulating the writing and dispensing of prescription medications, shall ensure	

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	that a prescription written by an authorized health care provider under the Medicaid program is valid for the lesser of the period for which the prescription is written or one year. This section does not apply to a prescription for a controlled substance, as defined by Chapter 481, Health and Safety Code.	
No equivalent provision.	SECTION __. Section 531.071, Government Code, is amended by amending Subsection (c) and adding Subsection (d) to read as follows: (c) General information about the aggregate costs of different classes of drugs is not confidential under Subsection (a), except that a drug name or information that could reveal a drug name is confidential. (d) Information about whether the commission and a manufacturer or labeler reached or did not reach a supplemental rebate agreement under Section 531.070 for a particular drug is not confidential under Subsection (a).	
No equivalent provision.	SECTION __. Section 531.072, Government Code, is amended by adding Subsections (b-1), (b-2), and (c-1) to read as follows: (b-1) Notwithstanding Subsection (b), the preferred drug lists may contain: (1) a drug provided by a manufacturer or labeler that has not reached a supplemental rebate agreement with the	

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	commission if the commission determines that inclusion of the drug on the preferred drug lists will have no negative cost impact to the state; or (2) a drug provided by a manufacturer or labeler that has reached an agreement with the commission to provide program benefits in lieu of supplemental rebates, as described by Section 531.070. (b-2) Consideration must be given to including all strengths and dosage forms of a drug on the preferred drug lists. (c-1) In addition to the considerations listed under Subsection (c), the commission shall consider the inclusion of multiple methods of delivery within each drug class, including liquid, tablet, capsule, and orally disintegrating tablets.	
No equivalent provision.	SECTION __. Section 531.073, Government Code, is amended by adding Subsections (g) and (h) to read as follows: (g) The commission shall ensure that requests for prior authorization may be submitted by telephone, facsimile, or electronic communications through the Internet. (h) The commission shall provide an automated process that may be used to assess a Medicaid recipient's medical and drug claim history to determine whether the recipient's medical condition satisfies the applicable criteria for dispensing a drug without an additional prior authorization request.	

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No equivalent provision.	SECTION __. Not later than December 1, 2010, the executive commissioner of the Health and Human Services Commission shall implement Subsections (g) and (h), Section 531.073, Government Code, as added by this Act.	
No equivalent provision.	SECTION __. Section 531.073, Government Code, is amended by adding Subsection (g) to read as follows: (g) Notwithstanding any other provision of this section and subject to the limitation of this subsection, the commission shall allow a physician to write a total of 24 prescriptions each year without obtaining prior authorization for drugs that would otherwise require that authorization, and the commission shall provide reimbursement for those drugs under the Medicaid vendor drug program to the extent reimbursement would be provided if that authorization were obtained. The total number of prescriptions written for a single patient under this subsection may not exceed two per year.	
No equivalent provision.	SECTION __. Section 531.074, Government Code, is amended by amending Subsections (i) and (m) and adding Subsections (f-1) and (i-1) to read as follows: (f-1) The committee shall meet in public and shall permit public comment before voting on any changes in	

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	the preferred drug lists. Minutes of each meeting shall be made available to the public not later than the 10th business day after the date the minutes are approved. The committee may meet in executive session to discuss confidential information as described by Subsection (i). (i) The commission shall adopt rules governing the operation of the committee, including rules governing the procedures used by the committee for providing notice of a meeting and rules prohibiting the committee from discussing confidential information described by Section 531.071 in a public meeting. The committee shall comply with the rules adopted under this subsection and Subsection (i-1). (i-1) In addition to the rules under Subsection (i), the commission by rule shall require the committee or the committee's designee to present a summary of any clinical efficacy and safety information or analyses regarding a drug under consideration for a preferred drug list that is provided to the committee by a private entity that has contracted with the commission to provide the information. The committee or the committee's designee shall provide the summary in electronic form before the public meeting at which consideration of the drug occurs. Confidential information described by Section 531.071 must be omitted from the summary. The summary must be posted on the commission's Internet website. (m) The commission or the commission's agent shall publicly disclose, immediately after the committee deliberations conclude,each specific drug recommended	

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	for or against preferred drug list status for each drug class included in the preferred drug list for the Medicaid vendor drug program. The disclosure must be posted on the commission's Internet website not later than the 10th business day [~~made in writing~~] after the conclusion of committee deliberations that result in recommendations made to the executive commissioner regarding the placement of drugs on the preferred drug list. The public disclosure must include: (1) the general basis for the recommendation for each drug class; and (2) for each recommendation, whether a supplemental rebate agreement or a program benefit agreement was reached under Section 531.070.	
No equivalent provision.	SECTION __. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0741 to read as follows: Sec. 531.0741. PUBLICATION OF INFORMATION REGARDING COMMISSION DECISIONS ON PREFERRED DRUG LIST PLACEMENT. The commission shall publish on the commission's Internet website any decisions on preferred drug list placement, including: (1) a list of drugs reviewed and the commission's decision for or against placement on a preferred drug list of each drug reviewed; (2) for each recommendation, whether a supplemental	

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	rebate agreement or a program benefit agreement was reached under Section 531.070; and (3) the rationale for any departure from a recommendation of the pharmaceutical and therapeutics committee established under Section 531.074.	
SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.	Same as House version.	
SECTION 3. This Act takes effect September 1, 2009.	Same as House version.	