

SENATE BILL 259

J1
SB 756/17 – FIN

8lr2223
CF 8lr2222

By: **Senator Middleton**
Introduced and read first time: January 22, 2018
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Medication Adherence Technology**
3 **Pilot Program**

4 FOR the purpose of establishing a certain pilot program to expand the use of medication
5 adherence technology to increase prescription drug adherence of certain Maryland
6 Medical Assistance Program recipients; requiring the Maryland Department of
7 Health to administer the pilot program; requiring the Department to select and
8 provide a medication adherence technology system to certain Program recipients;
9 requiring the Department to target certain individuals in selecting participants for
10 the pilot program; requiring the Department to collect certain data for a certain
11 purpose; requiring the pilot program to aim to achieve a certain reduction in certain
12 health care expenditures; requiring the Department to submit a certain report to the
13 Governor and to certain legislative committees on or before a certain date; defining
14 certain terms; providing for the termination of this Act; and generally relating to a
15 pilot program to expand the use of medication adherence technology to increase
16 prescription drug adherence of Maryland Medical Assistance Program recipients.

17 BY adding to
18 Article – Health – General
19 Section 15–149
20 Annotated Code of Maryland
21 (2015 Replacement Volume and 2017 Supplement)

22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
23 That the Laws of Maryland read as follows:

24 **Article – Health – General**

25 **15–149.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
2 **INDICATED.**

3 **(2) “DUAL ELIGIBILITY” MEANS SIMULTANEOUS ELIGIBILITY FOR**
4 **HEALTH COVERAGE UNDER BOTH THE PROGRAM AND MEDICARE AND FOR WHICH**
5 **THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING FUNDS.**

6 **(3) “MEDICATION ADHERENCE TECHNOLOGY SYSTEM” MEANS A**
7 **DIGITAL REMOTE TAMPER–PROOF MEDICATION MANAGEMENT SYSTEM THAT:**

8 **(I) ALERTS A PATIENT WHEN IT IS TIME TO TAKE MEDICATION;**

9 **(II) DISPENSES MEDICATION THAT IS LOCATED INSIDE**
10 **PRESORTED, DOSE–SPECIFIC, AND MULTIDOSE ADHERENCE PACKAGING;**

11 **(III) MONITORS WHEN A PATIENT TAKES THE MEDICATION;**

12 **(IV) ALERTS CAREGIVERS IN REAL TIME WHEN THE PATIENT**
13 **DOES NOT TAKE THE MEDICATION ON SCHEDULE;**

14 **(V) INCLUDES A MOBILE PLATFORM THROUGH WHICH HEALTH**
15 **CARE PROVIDERS CAN REVIEW DATA ON THE PATIENT’S MEDICATION REGIMEN AND**
16 **ADHERENCE; AND**

17 **(VI) PROVIDES FOR THE DELIVERY AND LOADING OF**
18 **MEDICATION REFILLS FOR THE PATIENT BY A TRAINED TECHNICIAN.**

19 **(B) THERE IS A PILOT PROGRAM TO EXPAND THE USE OF MEDICATION**
20 **ADHERENCE TECHNOLOGY TO INCREASE PRESCRIPTION DRUG ADHERENCE OF**
21 **PROGRAM RECIPIENTS WHO ARE DIAGNOSED AS HAVING A SEVERE AND**
22 **PERSISTENT MENTAL ILLNESS.**

23 **(C) THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.**

24 **(D) (1) THE DEPARTMENT SHALL SELECT AND PROVIDE A MEDICATION**
25 **ADHERENCE TECHNOLOGY SYSTEM TO 300 PROGRAM RECIPIENTS WHO:**

26 **(I) HAVE DUAL ELIGIBILITY;**

27 **(II) ARE DIAGNOSED AS HAVING A SEVERE AND PERSISTENT**
28 **MENTAL ILLNESS AND MULTIPLE COMORBIDITIES;**

29 **(III) ARE TAKING SIX OR MORE ORAL MEDICATIONS; AND**

1 (IV) HAVE ANNUAL HEALTH CARE COSTS THAT EXCEED \$55,000.

2 (2) IN SELECTING PARTICIPANTS FOR THE PILOT PROGRAM, THE
3 DEPARTMENT SHALL TARGET INDIVIDUALS WHO HAVE CHRONIC OBSTRUCTIVE
4 PULMONARY DISEASE (COPD), DIABETES, HEART FAILURE, OR HYPERTENSION.

5 (E) THE DEPARTMENT SHALL COLLECT DATA ON PARTICIPANTS IN THE
6 PILOT PROGRAM TO EVALUATE THE IMPACT OF THE USE OF THE MEDICATION
7 ADHERENCE TECHNOLOGY ON:

8 (1) MEDICATION ADHERENCE OF PARTICIPANTS;

9 (2) THE OVERALL COST OF PROVIDING HEALTH CARE TO
10 PARTICIPANTS; AND

11 (3) HEALTH OUTCOMES FOR PARTICIPANTS.

12 (F) THE PILOT PROGRAM SHALL AIM TO ACHIEVE A 10% REDUCTION IN
13 TOTAL HEALTH CARE EXPENDITURES FOR THE PARTICIPANTS IN THE PILOT
14 PROGRAM FROM REDUCED COSTS ATTRIBUTABLE TO MEDICATION MONITORING BY
15 HEALTH CARE PROVIDERS AND REDUCED MEDICAL TREATMENT, INCLUDING
16 EMERGENCY ROOM VISITS, HOSPITALIZATIONS, LONG-TERM CARE PLACEMENTS,
17 AND HOME HEALTH CARE VISITS.

18 (G) ON OR BEFORE SEPTEMBER 1, 2021, THE DEPARTMENT SHALL REPORT
19 TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
20 GOVERNMENT ARTICLE, THE SENATE FINANCE COMMITTEE AND THE HOUSE
21 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE PILOT PROGRAM
22 ESTABLISHED UNDER THIS SECTION.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
24 1, 2018. It shall remain effective for a period of 4 years and 4 months and, at the end of
25 September 30, 2022, this Act, with no further action required by the General Assembly,
26 shall be abrogated and of no further force and effect.