

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 1093

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Hurson” and substitute “Delegates Hurson, Hammen, Rudolph, Oaks, Murray, Costa, Boutin, Mandel, McDonough, Redmer, Goldwater, Morhaim, Nathan-Pulliam, Hubbard, Rosenberg, Pendergrass, Weldon, Bromwell, Haynes, Smigiel, Donoghue, and V. Turner”; strike beginning with “Pharmaceutical” in line 2 down through “Programs” in line 3 and substitute “Preferred Drug List”; and in line 4, after “of” insert “stating the intent of the General Assembly; prohibiting the Department of Health and Mental Hygiene from entering into certain types of contracts unless the proposals for the contracts are reviewed by the Medicaid Advisory Committee and determined to be appropriate; requiring the Department to report certain information to certain committees of the General Assembly at a certain time before implementing a preferred drug list; requiring the Department to report to certain committees of the General Assembly at a certain time on the implementation of the preferred drug list; prohibiting the Department from applying a preferred drug list or prior authorization requirements to certain nursing home residents until the Department adopts certain regulations;”.

On pages 1 and 2, strike beginning with “authorizing” in line 4 on page 1 down through “terms;” in line 12 on page 2.

On page 2, strike in their entirety lines 14 through 23, inclusive; and in line 25, after “That” insert a colon.

AMENDMENT NO. 2

On page 2, in line 25, strike “the Laws of Maryland read as follows:” and substitute:

“(a) It is the intent of the General Assembly that the Department of Health and Mental Hygiene use a nationally-recognized standard for therapeutic classifying systems when developing a preferred drug list within the Maryland Medical Assistance Program.

(Over)

(b) The Department of Health and Mental Hygiene may not enter into contracts to reimburse contractors on an incentive basis when developing a preferred drug list, unless the proposals for the contracts are reviewed by the Medicaid Advisory Committee, and the Committee determines that the contracts are appropriate.

(c) The Department of Health and Mental Hygiene shall report to the House Health and Government Operations Committee, the House Appropriations Committee, the Senate Budget and Taxation Committee, and the Senate Finance Committee, in accordance with § 2-1246 of the State Government Article, at least 90 days before implementing a preferred drug list, on:

(1) the number of individuals currently enrolled in the Maryland Medical Assistance Program whose current medication or medications would be changed or subject to prior authorization requirements; and

(2) the cost savings that would be achieved by the Department as a result of subjecting the medications of those individuals to prior authorization.

(d) Six months after implementing a preferred drug list, the Department of Health and Mental Hygiene shall report to the House Health and Government Operations Committee, the House Appropriations Committee, the Senate Budget and Taxation Committee, and the Senate Finance Committee, in accordance with § 2-1246 of the State Government Article, on the implementation of the preferred drug list, including:

(1) the cost savings achieved as a result of implementing the preferred drug list;
and

(2) the effect of prior authorization requirements on individuals subject to the preferred drug list.

(e) The Department of Health and Mental Hygiene shall not apply a preferred drug list or prior authorization requirements to medications of nursing home residents until the Department adopts regulations that address:

(1) the processing of prescription drug claims for nursing home residents who have a pending status for Medicaid eligibility;

(2) the prescription drug claims and submission procedures, including batch

claims submission, used by long term care pharmacies that result in claims that may not be submitted for processing in real time; and

(3) the integration of long term care prescription drug utilization and medication management protocols currently used by consultant pharmacists for nursing home recipients.”.

AMENDMENT NO. 3

On pages 2 through 11, strike in their entirety the lines beginning with line 26 on page 2 through line 13 on page 11, inclusive.

On page 11, in line 15, strike “October” and substitute “June”.