

**Introduced by Senator Stone**February 16, 2018

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An act to add Section 14132.08 to the Welfare and Institutions Code, relating to Medi-Cal.

## LEGISLATIVE COUNSEL'S DIGEST

SB 1322, as introduced, Stone. Medi-Cal: comprehensive medication management.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides for a schedule of benefits under the Medi-Cal program, which includes outpatient prescription drugs, subject to utilization controls and the Medi-Cal list of contract drugs.

This bill would provide that comprehensive medication management (CMM) services, as defined, are a covered benefit under the Medi-Cal program, and would require those services to include, among other things, the development and implementation of a written medication treatment plan that is designed to resolve documented medication therapy problems and to prevent future medication therapy problems. The bill would require the department to evaluate the effectiveness of CMM on quality of care, patient outcomes, and total program costs, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 14132.08 is added to the Welfare and  
2 Institutions Code, to read:

3 14132.08. (a) (1) Comprehensive medication management  
4 (CMM) services are covered under the Medi-Cal program.

5 (2) (A) For purposes of this section, “comprehensive medication  
6 management” means the process of care that ensures each  
7 beneficiary’s medications, whether they are prescription drugs and  
8 biologics, over-the-counter medication, or nutritional supplements,  
9 are individually assessed to determine that each medication is  
10 appropriate for the beneficiary, effective for the medical condition,  
11 and safe given the comorbidities and other medications being  
12 taken, and all medications are able to be taken by the patient as  
13 intended.

14 (B) The goals of CMM are to improve quality outcomes for  
15 beneficiaries and to lower overall health care costs by optimizing  
16 appropriate medication use linked directly to achievement of the  
17 clinical goals of therapy.

18 (b) CMM services shall be offered to a beneficiary who has  
19 been identified by a treating prescriber as high risk for  
20 medication-related problems and who has one or more chronic  
21 diseases.

22 (c) Utilizing the clinical services of a primary care physician or  
23 pharmacist, working in collaboration with other appropriate  
24 providers and in direct communication with the beneficiary, CMM  
25 services that are provided pursuant to this section shall include the  
26 following services:

27 (1) Assessment of the beneficiary’s health status, including  
28 discussing the beneficiary’s personal medication experience and  
29 preferences, and documenting the beneficiary’s actual use patterns  
30 of all prescription drugs and biologics, over-the-counter  
31 medications, and nutritional supplements.

32 (2) Documentation of the beneficiary’s current clinical status  
33 and clinical goals of therapy for each identified chronic condition  
34 for which a medication therapy is indicated, such as current blood  
35 pressure and the prescriber’s clinical goals of therapy in a  
36 hypertensive patient.

1 (3) Assessment of each medication for appropriateness,  
2 effectiveness, safety, and adherence, with a focus on achievement  
3 of the desired clinical and beneficiary goals.

4 (4) Identification of all medication therapy problems.

5 (5) Development and implementation, in collaboration with the  
6 beneficiary, of a written medication treatment plan that is designed  
7 to resolve documented medication therapy problems and to prevent  
8 future medication therapy problems, including any additions,  
9 deletions, or adjustments to a medication treatment plan by, or in  
10 collaboration with, the treating prescriber or primary care  
11 physician, that may be needed to achieve optimal therapeutic  
12 outcomes.

13 (6) Verbal education and training, information, support services,  
14 and resources designed to enhance the beneficiary's adherence to,  
15 and appropriate use of, medication.

16 (7) Follow-up evaluation and monitoring with the beneficiary  
17 to determine the effects of any changes made to a beneficiary's  
18 medication treatment plan, reassess actual outcomes, and  
19 recommend or implement further therapeutic changes necessary  
20 to achieve desired clinical outcomes.

21 (d) The typical intervention for a beneficiary receiving CMM  
22 services shall include an average of three to four visits per year  
23 with a CMM primary care physician or pharmacist, as appropriate,  
24 to continually monitor and evaluate medication therapy progress  
25 and problems, and to recommend resolutions or to make changes  
26 consistent with a collaborative practice agreement.

27 (e) The department shall evaluate the effectiveness of CMM on  
28 quality of care, patient outcomes, and total program costs, and  
29 shall include a description of any savings generated under the  
30 Medi-Cal program that can be attributed to the coverage of CMM  
31 services, including the effect on emergency room, hospital, and  
32 other provider visit costs. The department may utilize patient and  
33 prescriber surveys to assess the acceptance of, and perceived value  
34 added by, CMM services.

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