SENATE DOCKET, NO. 1160 FILED ON: 1/18/2013

SENATE . . . . . No. 1050

The Commonwealth of Massachusetts

PRESENTED BY:

Mark C. Montigny

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to reduce health care costs by promoting evidence-based prescriber education.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Mark C. Montigny	*Second Bristol and Plymouth*
Patricia D. Jehlen	*Second Middlesex*
Richard T. Moore	*Worcester and Norfolk*
Denise Provost	*27th Middlesex*
Kay Khan	*11th Middlesex*

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By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1050) of Mark C. Montigny, Patricia D. Jehlen, Richard T. Moore, Denise Provost and other members of the General Court for legislation to reduce health care costs by promoting evidence-based prescriber education. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act to reduce health care costs by promoting evidence-based prescriber education.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 111 of the General Laws is hereby amended by striking out section 4N and inserting in place thereof the following section:-

Section 4N. (a) The department shall develop, implement and promote an evidence-based outreach and education program about the therapeutic and cost-effective utilization of prescription drugs for physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs. In developing the program, the department shall consult with physicians, pharmacists, private insurers, hospitals, pharmacy benefit managers, and the MassHealth drug utilization review board.

(b) The program shall arrange for physicians, pharmacists and nurses under contract with the department to conduct face-to-face visits with prescribers, utilizing evidence-based materials and borrowing methods from behavioral science, educational theory and, where appropriate, pharmaceutical industry data and outreach techniques; provided, however, that to the extent possible, the program shall inform prescribers about therapeutically-equivalent pharmaceutical alternatives or other evidence-based treatment options.

The program shall include outreach to: physicians and other health care practitioners who participate in MassHealth, the subsidized catastrophic prescription drug insurance program authorized in section 39 of chapter 19A or the commonwealth care health insurance program; other publicly-funded, contracted or subsidized health care programs; academic medical centers; and other prescribers.

20 The department shall, to the extent possible, utilize or incorporate into its program other
21 independent educational resources or models proven effective in promoting high quality,
22 evidenced-based, cost-effective information regarding the effectiveness and safety of
23 prescription drugs, including, but not limited to: (i) the Pennsylvania PACE/Harvard University
24 Independent Drug Information Service; (ii) the Academic Detailing Program of the University of
25 Vermont College of Medicine Area Health Education Centers; (iii) the Oregon Health and
26 Science University Evidence-based Practice Center's Drug Effectiveness Review project; and
27 (iv) the South Carolina evidence-based peer-to-peer education program outreach program and (v)
28 research on academic detailing to improve prescribing by faculty at Harvard Medical
29 School/Brigham and Women's Hospital.

30 (c) The department shall work with MassHealth to obtain access to aggregated
31 prescription data by provider on an ongoing basis for the use of the evidence-based outreach and
32 education program. The department, in conjunction with the executive office of health and
33 human services, shall report to the house and senate committees on ways and means, no later
34 than 6 months after the passage of this act, on data sharing obstacles that may be interfering with
35 effective outreach.

36 (d) The department may establish and collect fees for subscriptions and contracts with
37 private payers. The department may seek funding from nongovernmental health access
38 foundations and undesignated drug litigation settlement funds associated with pharmaceutical
39 marketing and pricing practices, as well as other sources to ensure the ongoing support for this
40 service.

41 (e) The department shall establish a fee to be assessed on each pharmaceutical and
42 medical device company that registers with the department annually pursuant to section 6 of
43 chapter 111N. The fee shall to be used to fund the academic detailing program pursuant to this
44 section. The department shall set the fee at a level to meet the needs of the program to be
45 determined on an annual basis. The first annual payment of the fee to fund the academic
46 detailing program shall be paid to the department on or before July 1, 2013. The department shall
47 establish regulations for the payment of these fees.

48 (f) Funds shall be set aside for the purposes of program evaluation to assess the
49 effectiveness and cost-savings associated with this program.

50 SECTION 2. The department of public health shall promulgate regulations implementing
51 this act no later than 6 months after its passage.