

SENATE No. 1177

The Commonwealth of Massachusetts

PRESENTED BY:

Jason M. Lewis

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 healthcare costs by promoting non-biased prescriber education.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>

SENATE No. 1177

By Mr. Lewis, a petition (accompanied by bill, Senate, No. 1177) of Jason M. Lewis, Benjamin Swan, Denise Provost, Michael J. Barrett and other members of the General Court for legislation to reduce healthcare costs by promoting non-biased prescriber education. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act to reduce healthcare costs by promoting non-biased 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:

1 SECTION 1. Chapter 111 of the Massachusetts General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by striking out section 4N and inserting in place thereof the
3 following section:-

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

10 (b) The program shall arrange for physicians, pharmacists and nurses under contract with
11 the department to conduct face-to-face visits with prescribers, utilizing evidence-based materials
12 and borrowing methods from behavioral science, educational theory and, where appropriate,

13 pharmaceutical industry data and outreach techniques; provided, however, that to the extent
14 possible, the program shall inform prescribers about therapeutically-equivalent pharmaceutical
15 alternatives or other evidence-based treatment options.

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

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

31 (c) The department shall work with MassHealth to obtain access to aggregated
32 prescription data by provider on an ongoing basis for the use of the evidence-based outreach and
33 education program. The department, in conjunction with the executive office of health and
34 human services, shall report to the house and senate committees on ways and means, no later

35 than 6 months after the passage of this act, on data sharing obstacles that may be interfering with
36 effective outreach.

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

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