

SENATE BILL 756

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7lr2272
CF 7lr3556

By: **Senators Astle and Feldman**

Introduced and read first time: February 3, 2017

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

18 BY adding to
19 Article – Health – General
20 Section 15–149
21 Annotated Code of Maryland
22 (2015 Replacement Volume and 2016 Supplement)

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

25 **Article – Health – General**

26 **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 TAMPERPROOF 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;**

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

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

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

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

9 (1) MEDICATION ADHERENCE OF PARTICIPANTS;

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

12 (3) HEALTH OUTCOMES FOR PARTICIPANTS.

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

19 (G) ON OR BEFORE SEPTEMBER 1, 2020, THE DEPARTMENT SHALL REPORT
20 TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
21 GOVERNMENT ARTICLE, THE SENATE FINANCE COMMITTEE AND THE HOUSE
22 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE PILOT PROGRAM
23 ESTABLISHED UNDER THIS SECTION.

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
25 1, 2017. It shall remain effective for a period of 4 years and 4 months and, at the end of
26 September 30, 2021, with no further action required by the General Assembly, this Act
27 shall be abrogated and of no further force and effect.