Amendment to Kansas Senate Bill 181

An Act concerning restrictions of patient access to prescription-only drugs under Medicaid; amending K.S.A. 2014 Supp. 39-7,120 and repealing the existing section.

Remove section 1 and replace with a new section 1:

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2014 Supp. 39-7,120 is hereby amended to read as follows: 39-7,120. (a) The secretary of health and environment ~~*shall* not restrict patient access to prescription-only drugs pursuant to a program of prior authorization or a restrictive formulary except by rules and regulations adopted in accordance with K.S.A. 75-5625, and amendments thereto. Prior to the promulgation of any such rules and regulations, the secretary of health and environment shall submit such proposed rules and regulations to the medicaid drug utilization review board for written comment~~ ~~*may submit any new prescription-only drug to the medicaid drug utilization review board for its review and comment. The secretary may place a hold on the use of any new prescription-only drug until after the medicaid drug utilization review board has completed its review.*~~ *may prior authorize any new prescription-only drug until reviewed by the medicaid drug utilization board at the next scheduled meeting. New drugs must be approved for use when they are used within the FDA approved package insert and clinically reputable compendia, such as the United States Pharmacopeia (USP), during the period before they are reviewed by the medicaid drug utilization review board.* The secretary of health and environment may not implement permanent prior authorization until 30 days after receipt of comments by the drug utilization review board.

New Section:

Statute 39-7,119: Same; medicaid drug utilization review board created; members; terms; chairperson; closed or executive meetings. (a) There is hereby created the medicaid drug utilization review board which shall be responsible for the implementation of retrospective and prospective drug utilization programs under the Kansas medicaid program.

(b) Except as provided in subsection (i), the board shall consist of at least seven members appointed as follows:

(1) Two licensed physicians actively engaged in the practice of medicine, nominated by the Kansas medical society and appointed by the Kansas health policy authority from a list of four nominees;

nominated by the Kansas medical society and appointed by the Kansas health policy authority from a list of two or more nominees;

(6) one member shall be a licensed physician who is actively engaged in the general practice of osteopathic medicine, who has practice experience with the state medicaid plan and who is nominated by the Kansas association of osteopathic medicine and who is appointed by the Kansas health policy authority from a list of two or more nominees;

(7) one member shall be a licensed pharmacist who is actively engaged in retail pharmacy, who has practice experience with the state medicaid plan and who is nominated by the state board of pharmacy and appointed by the Kansas health policy authority from a list of two or more nominees;

(8) one member shall be a licensed pharmacist who is actively engaged in or who has experience in research pharmacy and who is nominated jointly by the Kansas task force for the pharmaceutical research and manufacturers association and the university of Kansas and appointed by the Kansas health policy authority from a list of two or more jointly nominated persons; and

(9) one member shall be a licensed advanced registered nurse practitioner or physician assistant actively engaged in the practice of providing the health care and treatment services such person is licensed to perform, who has practice experience with the state medicaid plan and who is nominated jointly by the Kansas state nurses' association and the Kansas academy of physician assistants and appointed by the Kansas health policy authority from a list of two or more jointly nominated persons.

(j) The medicaid drug utilization review board must meet at least quarterly.

(k) The board must post notice of drug review meetings at least fourteen business days before the meeting is scheduled.

(l) Meetings of the medicaid drug utilization review board must be open to the public and open to comment, including with the managed care companies contracting to provide pharmacy benefits within the state.