SLS 22RS-475 **ORIGINAL**

2022 Regular Session

SENATE BILL NO. 296

BY SENATOR BARROW

MEDICAID. Provides relative to pharmacist clinical services in Louisiana's medicaid program. (gov sig)

1	AN ACT
2	To amend and reenact R.S. 40:1183.3(3), 1185.3(2) and (3), and 2197(D), and to enact R.S.
3	46:460.37, relative to pharmacists; to provide for definitions; to provide relative to
4	pharmacist clinical services; to provide relative to reimbursement for pharmacist
5	clinical services in the Medicaid program; to provide for an effective date; and to
6	provide for related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 40:1183.3(3), 1185.3(2) and (3), and 2197(D) are hereby amended
9	and reenacted to read as follows:
10	§1183.3. Definitions
11	As used in this Part:
12	* * *
13	(3) "FQHC" means a facility which is engaged in furnishing primary health
14	services to outpatients by physicians, physician assistants, or nurse practitioners, or
15	pharmacists , including but not limited to health services related to family medicine,
16	internal medicine, pediatrics, obstetrics, and gynecology and such any services and
17	supplies incident thereto. Such <u>a</u> facility shall serve a medically underserved

population, meaning the population of an urban or rural area designated by the secretary of the Department of Health and Human Services as an area with a shortage of personal health services or a population group designated by the secretary as having a shortage of such services, such as migratory and seasonal agricultural workers, the homeless, residents of public housing, or students and other family members of students of a particular school or schools. Such a facility shall have been designated as a federally qualified health center by the secretary of the Department of Health and Human Services and shall be receiving grants or loans as may be granted by the secretary under 42 U.S.C. 254b.

§1185.3. Definitions

As used in this Part, the following words shall have the following meanings, unless the context requires otherwise:

* * *

- (2) "Federally qualified health center" means a facility which is engaged in furnishing primary health services to outpatients by physicians, physician assistants, or nurse practitioners, or pharmacists, including but not limited to health services related to family medicine, internal medicine, pediatrics, obstetrics, and gynecology and such any services and supplies incident thereto. Such a facility shall serve a medically underserved population, meaning the population of an urban or rural area designated by the secretary of the Department of Health and Human Services as an area with a shortage of personal health services or a population group designated by the secretary as having a shortage of such services, such as migratory and seasonal agricultural workers, the homeless, residents of public housing, or students and other family members of students of a particular school or schools. Such a facility shall have been designated as a federally qualified health center by the secretary of the Department of Health and Human Services and shall be receiving grants or loans as may be granted by the secretary under 42 U.S.C. 254b.
 - (3) "Rural health clinic" means a facility which is engaged in furnishing

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1 primary health services to outpatients by physicians, physician assistants, or nurse 2 practitioners, or pharmacists, including but not limited to health services related to 3 family medicine, internal medicine, pediatrics, obstetrics, and gynecology and such any services and supplies incident thereto. Such facility shall be located in an area 4 5 that is not an urbanized area, as defined by the Bureau of the Census, in which there are insufficient numbers of needed health care practitioners, as determined by the 6 7 secretary of the Department of Health and Human Services, and which has been 8 determined to be a rural health clinic by the secretary of said department under 42 9 U.S.C. 1395aa(a). 10 11 §2197. Licensure of rural health clinics 12 13 D. For purposes of this Part, a "rural health clinic" means a facility which is engaged in furnishing primary health services to outpatients by physicians, physician 14 assistants, or nurse practitioners, or pharmacists, including but not limited to health 15 16 services related to family medicine, internal medicine, pediatrics, obstetrics, and gynecology, and such any services and supplies incident thereto. Such a facility shall 17 be located in an area that is not an urbanized area, as defined by the Bureau of the 18 19 Census, in which there are insufficient numbers of needed healthcare practitioners, 20 as determined by the secretary of the United States Department of Health and Human 21 Services, and which has been determined to be a rural health clinic by the secretary 22 of that department under 42 U.S.C. 1395aa(a). 23 24 Section 2. R.S. 46:460.37 is hereby enacted to read as follows: §460.37. Pharmacist clinical services in the Louisiana medical assistance 25 26 program 27 A. For purposes of this Section, the following definitions shall apply:

(1) "Pharmacist" has the meaning ascribed in R.S. 22:1852.

(2) "CMS" means the Centers for Medicare and Medicaid Services.

1	(3) "Department" means the Louisiana Department of Health.
2	(4) "Louisiana medical assistance program" means the Louisiana
3	Medicaid program.
4	(5) "Federally qualified health center" has the meaning ascribed in R.S.
5	<u>40:1183.3.</u>
6	(6) "Rural health clinic" has the meaning ascribed in R.S. 40:2197.
7	(7) "Telehealth" has the meaning ascribed in R.S. 40:1223.3.
8	(8) "Pharmacist clinical services" means patient care provided by and
9	within the scope of practice of a licensed pharmacist with the intent of achieving
10	outcomes related to the cure, prevention, or management of a disease or medical
11	condition.
12	B. Medicaid reimbursement for pharmacist clinical services in the
13	Medicaid program shall comply with the requirements of this Section, subject
14	to any required CMS approval.
15	C. In order to be eligible to receive Medicaid reimbursement, a
16	pharmacist providing pharmacist clinical services to Medicaid recipients shall
17	meet all of the following requirements:
18	(1) Be licensed as a pharmacist.
19	(2) Effective July 1, 2022, have a National Provider Identification
20	number, hereinafter referred to as "NPI". The pharmacist shall include his NPI
21	number on all claims for Medicaid reimbursement submitted for pharmacist
22	clinical services for dates of service on or after July 1, 2022.
23	(3) Be credentialed and in the provider network of the managed care
24	organization to which the provider intends to submit claims for Medicaid
25	services, unless the managed care organization has a single-case agreement with
26	a licensed provider not in its network.
27	(4) Meet any other requirements promulgated through rulemaking by
28	the department to ensure the quality and effectiveness of services.
29	(5) Furnish services via telehealth or in-person in the pharmacy, office,

1	home, walk-in retail health clinic, federally qualified health center, rural health
2	clinic, skilled nursing facility, assisted living facility, or other place of service.
3	(6) Meet all other requirements set forth in Medicaid rules, regulations,
4	provider manuals, and policies.
5	D. Within thirty days of June 6, 2022, the department shall commence
6	any actions that are required to amend any existing department rule or
7	regulation that is in conflict with the requirements of this Section, including but
8	not limited to seeking any required approval by CMS.
9	E. The department shall implement a credentialing process for the
10	Medicaid pharmacist clinical services program. The credentialing process shall
11	perform pharmacist credentialing that meets the following criteria:
12	(1) Verification of license.
13	(2) Any additional requirements imposed by the department for
14	becoming a Medicaid provider reimbursed under the Medicaid pharmacist
15	clinical services program.
16	F.(1) Effective July 1, 2022, the Medicaid managed care organizations
17	shall take appropriate actions to recoup Medicaid payments or funds from any
18	pharmacist that renders Medicaid services in violation of the provision of this
19	Section.
20	(2) The department may refer noncompliant pharmacists to the
21	Louisiana Medicaid Fraud Control Unit within the Louisiana attorney general's
22	office for further fraud investigation.
23	G. The department shall promulgate any rules pursuant to the
24	Administrative Procedure Act and shall publish any Medicaid manuals or
25	Medicaid policy to implement and enforce the provisions of this Section.
26	H. The legislative auditor may conduct performance audits of the
27	department to ensure compliance with the provisions of this Section.
28	I. The department shall not take any final action that will result in the
29	elimination of pharmacist clinical services unless such action is affirmatively

approved by the House Committee on Health and Welfare and the Senate

SB NO. 296

2 Committee on Health and Welfare.

SB 296 Original

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Section 3. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Angela L. De Jean.

DIGEST 2022 Regular Session

Barrow

Present law provides relative to a facility which is engaged in furnishing primary health services to outpatients by physicians, physician assistants, or nurse practitioners. Proposed law retains present law and also includes pharmacists.

Proposed law provides relative to pharmacist clinical services in the Louisiana medical assistance program.

Proposed law provides for definitions. Specifies that "pharmacist clinical services" means patient care provided by and within the scope of practice of a licensed pharmacist with the intent of achieving outcomes related to the cure, prevention, or management of a disease or medical condition.

Proposed law provides that medicaid reimbursement to pharmacist clinical services in the Medicaid program shall comply with the requirements of proposed law, subject to any required CMS approval.

Proposed law provides that in order to be eligible to receive Medicaid reimbursement, a pharmacist providing pharmacist clinical services to Medicaid recipients shall meet certain requirements including having a National Provider Identification Number and being credentialed and in the provider network of the managed care organization that the provider intends to submit claims for Medicaid services. Requires the pharmacist to meet any other requirements promulgated through rulemaking by the department to ensure the quality and effectiveness of services and to meet all other requirements set forth in Medicaid rules, regulations, provider manuals, and policies.

Proposed law provides that the department shall implement a credentialing process for the Medicaid pharmacist clinical services program. The credentialing process shall perform pharmacist credentialing that meets the following criteria:

- (1) Verification of license.
- (2) Any additional requirements imposed by the department for becoming a Medicaid provider reimbursed under the Medicaid pharmacist clinical services program.

Proposed law requires effective 7/1/22, the Medicaid managed care organizations to take appropriate actions to recoup Medicaid payments or funds from any pharmacist that renders Medicaid services in violation of the provisions of proposed law.

Page 6 of 7

Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.

<u>Proposed law</u> provides that the department may refer noncompliant pharmacists to the LMFCU within the La. attorney general's office for further fraud investigation.

<u>Proposed law</u> provides that the department shall promulgate any rules pursuant to the APA and shall publish any Medicaid manuals or Medicaid policy to implement and enforce the provisions of <u>proposed law</u>.

<u>Proposed law</u> provides that the legislative auditor may conduct performance audits of the department to ensure compliance with the provisions of <u>proposed law</u>.

<u>Proposed law</u> provides that the department shall not take any final action that will result in the elimination of pharmacist clinical services unless such action is affirmatively approved by the House and Senate Committee on Health and Welfare.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 40:1183.3(3), 1185.3(2) and (3), and 2197(D); adds R.S. 46:460.37)