30:4D-17.17a

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2003 **CHAPTER**: 262

NJSA: 30:4D-17.17a (Increases membership of Drug Utilization Review Board)

BILL NO: S2094 (Substituted for A3498)

SPONSOR(S): Vitale and others

DATE INTRODUCED: November 18, 2002

COMMITTEE: ASSEMBLY: ----

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: January 12, 2004

SENATE: January 12,2004

DATE OF APPROVAL: January 14, 2004

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL 1st reprint enacted

(Amendments denoted by asterisks)

S2094

SPONSOR'S STATEMENT: (Begins on page 4 of original bill) Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A3498

SPONSOR'S STATEMENT: (Begins on page 4 of original bill) Yes

Bill and Sponsors Statement identical to S2094

COMMITTEE STATEMENT: <u>ASSEMBLY</u>: <u>Yes</u>

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS:	No
HEARINGS:	No
NEWSPAPER ARTICLES:	No

P.L. 2003, CHAPTER 262, approved January 14, 2004 Senate, No. 2094 (First Reprint)

1 **AN ACT** concerning membership of the Drug Utilization Review Board 2 and amending P.L.1998, c.41.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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- 1. Section 2 of P.L.1998, c.41 (C.30:4D-17.17a) is amended to read as follows:
- 9 2. a. There is established the Drug Utilization Review Board in the 10 department to advise the department on the implementation of a drug utilization review program pursuant to P.L.1993, c.16 (C.30:4D-17.16 11 et seq.) and this section. The board shall establish a Senior Drug 12 Utilization Review Committee to address the specific prescribing 13 14 needs of the elderly and an AIDS/HIV Drug Utilization Review 15 Committee to address the specific prescribing needs of persons with AIDS/HIV, in addition to such other committees as it deems 16 17 necessary. It shall be the responsibility of each committee to evaluate 18 the specific prescribing needs of its beneficiary population, and to 19 submit recommendations to the board in regard thereto.

The board shall consist of [15] 17 members, including the 20 21 Commissioners of Human Services and Health and Senior Services or 22 their designees, who shall serve as [a] nonvoting ex officio members, and [13] 15 public members. The public members shall be appointed 23 24 by the Governor with the advice and consent of the Senate. The 25 appointments shall be made as follows: six persons licensed and actively engaged in the practice of medicine in this State, including 26 27 ¹one who is a psychiatrist and ¹ at least two who specialize in geriatric 28 medicine and two who specialize in AIDS/HIV care, one of whom 29 who is a pediatric AIDS/HIV specialist, four of whom shall be 30 appointed upon the recommendation of the Medical Society of New 31 Jersey and two upon the recommendation of the New Jersey 32 [Osteopathic] Association of Osteopathic Physicians and Surgeons; one person licensed as a physician in this State who is actively engaged 33 34 in academic medicine; four persons licensed in and actively practicing 35 or teaching pharmacy in this State, who shall be appointed from a list of pharmacists recommended by the New Jersey Pharmacists 36 37 Association, the New Jersey Council of Chain Drug Stores, the Garden 38 State Pharmacy Owners, Inc., the New Jersey Society of Hospital 39 Pharmacists, the Academy of Consultant Pharmacists and the College 40 of Pharmacy of Rutgers, The State University; one additional health

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted December 15, 2003.

- 1 care professional; two persons certified as advanced practice nurses in
- 2 this State, who shall be appointed upon the recommendation of the
- 3 New Jersey State Nurses Association; and one member to be
- 4 appointed upon the recommendation of the Pharmaceutical Research
- 5 and Manufacturers of America.

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- Each member of the board shall have expertise in the clinically appropriate prescribing and dispensing of outpatient drugs.
- b. All appointments to the board shall be made no later than the 60th day after the effective date of this act. The public members shall be appointed for two-year terms and shall serve until a successor is appointed and qualified, and are eligible for reappointment; except that of the public members first appointed, eight shall be appointed for a
- 13 term of two years and five for a term of one year.
 - c. Vacancies in the membership of the board shall be filled in the same manner as the original appointments were made but for the unexpired term only. Members of the board shall serve with compensation for the time and expenses incurred in the performance of their duties as board members, as determined by the Commissioners of Human Services and Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting in the Department of the Treasury.
- 22 d. The board shall select a chairman from among the public 23 members, who shall serve a one-year term, and a secretary. The chairman may serve consecutive terms. The board shall adopt by-laws. 24 The board shall meet at least quarterly and may meet at other times at 25 26 the call of the chairman. The board shall in all respects comply with 27 the provisions of the "Open Public Meetings Act," P.L.1975, c.231 28 (C.10:4-6 et seq.). No motion to take any action by the board shall be 29 valid except upon the affirmative vote of a majority of the authorized
 - e. The duties of the board shall include the development and application of the criteria and standards to be used in retrospective and prospective drug utilization review. The criteria and standards shall be based on the compendia and developed with professional input in a consensus fashion. There shall be provisions for timely reassessments and revisions as necessary and provisions for input by persons acting as patient advocates. The drug utilization review standards shall reflect the local practices of prescribers, in order to monitor:
- 39 (1) therapeutic appropriateness;
- 40 (2) overutilization or underutilization;
- 41 (3) therapeutic duplication;

membership of the board.

- 42 (4) drug-disease contraindications;
- 43 (5) drug-drug interactions;
- 44 (6) incorrect drug dosage;
- 45 (7) duration of drug treatment; and
- 46 (8) clinical drug abuse or misuse.

The board shall recommend to the department criteria for denials of claims and establish standards for a medical exception process. The board shall also consider relevant information provided by interested parties outside of the board and, if appropriate, shall make revisions to the criteria and standards in a timely manner based upon this information.

- f. The board, with the approval of the department, shall be responsible for the development, selection, application and assessment of interventions or remedial strategies for prescribers, pharmacists and beneficiaries that are educational and not punitive in nature to improve the quality of care, including:
- (1) Information disseminated to prescribers and pharmacists to ensure that they are aware of the duties and powers of the board;
- (2) Written, oral or electronic reminders of patient-specific or drug-specific information that are designed to ensure prescriber, pharmacist and beneficiary confidentiality, and suggested changes in the prescribing or dispensing practices designed to improve the quality of care;
- (3) The development of an educational program, using data provided through drug utilization review as a part of active and ongoing educational outreach activities to improve prescribing and dispensing practices as provided in this section. These educational outreach activities shall include accurate, balanced and timely information about drugs and their effect on a patient. If the board contracts with another entity to provide this program, that entity shall publicly disclose any financial interest or benefit that accrues to it from the products selected or used in this program;
- (4) Use of face-to-face discussion between experts in drug therapy and the prescriber or pharmacist who has been designated by the board for educational intervention;
- (5) Intensified reviews or monitoring of selected prescribers or pharmacists;
- (6) The timely evaluation of interventions to determine whether the interventions have improved the quality of care; and
- 35 (7) The review of case profiles prior to the conducting of an 36 intervention.
- 37 (cf: P.L.1998, c.41, s.2)

392. This act shall take effect immediately.40

Increases membership of Drug Utilization Review Board to include two advanced practice nurses.

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SENATE, No. 2094

STATE OF NEW JERSEY 210th LEGISLATURE

INTRODUCED NOVEMBER 18, 2002

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator RONALD L. RICE

District 28 (Essex)

Co-Sponsored by:

Senator Buono

SYNOPSIS

Increases membership of Drug Utilization Review Board to include two advanced practice nurses.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning membership of the Drug Utilization Review Board 2 and amending P.L.1998, c.41.

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4 BE IT ENACTED by the Senate and General Assembly of the State 5 of New Jersey:

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- 7 1. Section 2 of P.L.1998, c.41 (C.30:4D-17.17a) is amended to 8 read as follows:
- 9 2. a. There is established the Drug Utilization Review Board in the 10 department to advise the department on the implementation of a drug 11 utilization review program pursuant to P.L.1993, c.16 (C.30:4D-17.16 et seq.) and this section. The board shall establish a Senior Drug 12 13 Utilization Review Committee to address the specific prescribing 14 needs of the elderly and an AIDS/HIV Drug Utilization Review 15 Committee to address the specific prescribing needs of persons with 16 AIDS/HIV, in addition to such other committees as it deems 17 necessary. It shall be the responsibility of each committee to evaluate 18 the specific prescribing needs of its beneficiary population, and to
- submit recommendations to the board in regard thereto. 20 The board shall consist of [15] 17 members, including the 21 Commissioners of Human Services and Health and Senior Services or 22 their designees, who shall serve as [a] nonvoting ex officio members, 23 and [13] 15 public members. The public members shall be appointed 24 by the Governor with the advice and consent of the Senate. The 25 appointments shall be made as follows: six persons licensed and actively engaged in the practice of medicine in this State, including at 26 27 least two who specialize in geriatric medicine and two who specialize 28 in AIDS/HIV care, one of whom who is a pediatric AIDS/HIV 29 specialist, four of whom shall be appointed upon the recommendation 30 of the Medical Society of New Jersey and two upon the 31 recommendation of the New Jersey [Osteopathic] Association of 32 Osteopathic Physicians and Surgeons; one person licensed as a physician in this State who is actively engaged in academic medicine; 33 34 four persons licensed in and actively practicing or teaching pharmacy 35 in this State, who shall be appointed from a list of pharmacists 36 recommended by the New Jersey Pharmacists Association, the New 37 Jersey Council of Chain Drug Stores, the Garden State Pharmacy Owners, Inc., the New Jersey Society of Hospital Pharmacists, the 38 39 Academy of Consultant Pharmacists and the College of Pharmacy of 40 Rutgers, The State University; one additional health care professional; 41 two persons certified as advanced practice nurses in this State, who 42 shall be appointed upon the recommendation of the New Jersey State

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Nurses Association; and one member to be appointed upon the

recommendation of the Pharmaceutical Research and Manufacturers
 of America.

- Each member of the board shall have expertise in the clinically appropriate prescribing and dispensing of outpatient drugs.
- b. All appointments to the board shall be made no later than the 60th day after the effective date of this act. The public members shall be appointed for two-year terms and shall serve until a successor is appointed and qualified, and are eligible for reappointment; except that of the public members first appointed, eight shall be appointed for a term of two years and five for a term of one year.
 - c. Vacancies in the membership of the board shall be filled in the same manner as the original appointments were made but for the unexpired term only. Members of the board shall serve with compensation for the time and expenses incurred in the performance of their duties as board members, as determined by the Commissioners of Human Services and Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting in the Department of the Treasury.
- The board shall select a chairman from among the public 19 20 members, who shall serve a one-year term, and a secretary. The 21 chairman may serve consecutive terms. The board shall adopt by-laws. 22 The board shall meet at least quarterly and may meet at other times at 23 the call of the chairman. The board shall in all respects comply with the provisions of the "Open Public Meetings Act," P.L.1975, c.231 24 25 (C.10:4-6 et seq.). No motion to take any action by the board shall be 26 valid except upon the affirmative vote of a majority of the authorized 27 membership of the board.
- 28 e. The duties of the board shall include the development and 29 application of the criteria and standards to be used in retrospective and prospective drug utilization review. The criteria and standards shall 30 be based on the compendia and developed with professional input in 31 32 a consensus fashion. There shall be provisions for timely reassessments and revisions as necessary and provisions for input by persons acting 33 34 as patient advocates. The drug utilization review standards shall reflect the local practices of prescribers, in order to monitor: 35
 - (1) therapeutic appropriateness;
- 37 (2) overutilization or underutilization;
- 38 (3) therapeutic duplication;

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- 40 (5) drug-drug interactions;
- 41 (6) incorrect drug dosage;
- 42 (7) duration of drug treatment; and
- 43 (8) clinical drug abuse or misuse.
- The board shall recommend to the department criteria for denials
- of claims and establish standards for a medical exception process. The
- 46 board shall also consider relevant information provided by interested

S2094 VITALE, RICE

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- parties outside of the board and, if appropriate, shall make revisions
 to the criteria and standards in a timely manner based upon this
 information.
 - f. The board, with the approval of the department, shall be responsible for the development, selection, application and assessment of interventions or remedial strategies for prescribers, pharmacists and beneficiaries that are educational and not punitive in nature to improve the quality of care, including:
 - (1) Information disseminated to prescribers and pharmacists to ensure that they are aware of the duties and powers of the board;
 - (2) Written, oral or electronic reminders of patient-specific or drug-specific information that are designed to ensure prescriber, pharmacist and beneficiary confidentiality, and suggested changes in the prescribing or dispensing practices designed to improve the quality of care;
 - (3) The development of an educational program, using data provided through drug utilization review as a part of active and ongoing educational outreach activities to improve prescribing and dispensing practices as provided in this section. These educational outreach activities shall include accurate, balanced and timely information about drugs and their effect on a patient. If the board contracts with another entity to provide this program, that entity shall publicly disclose any financial interest or benefit that accrues to it from the products selected or used in this program;
 - (4) Use of face-to-face discussion between experts in drug therapy and the prescriber or pharmacist who has been designated by the board for educational intervention;
 - (5) Intensified reviews or monitoring of selected prescribers or pharmacists;
 - (6) The timely evaluation of interventions to determine whether the interventions have improved the quality of care; and
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2. This act shall take effect immediately.

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STATEMENT

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This bill expands the membership of the Drug Utilization Review
Board, established pursuant to N.J.S.A.30:4D-17.17a, to include two
certified advanced practice nurses, who shall be appointed to the board
by the Governor upon the recommendation of the New Jersey State
Nurses Association.

The Drug Utilization Review Board has review authority with

S2094 VITALE, RICE

- 1 respect to the Medicaid program, PAAD, Senior Gold, the AIDS drug
- 2 distribution program and any other State and federally funded
- 3 pharmaceutical benefits program. The duties of the board include:
- 4 C the development and application of the criteria and standards to be
- 5 used in retrospective and prospective drug utilization review;
- 6 C recommendations to the Department of Human Services concerning
- 7 the criteria for denials of claims and standards for a medical
- 8 exception process; and
- 9 C responsibility for the development, selection, application and
- assessment of educational interventions or remedial strategies for
- prescribers, pharmacists and beneficiaries to improve the quality of
- care.
- 13 Under current law, the membership of the board consists of the
- 14 Commissioners of Health and Senior Services and Human Services;
- 15 seven physicians, two of whom specialize in geriatric medicine and
- 16 two of whom specialize in AIDS/HIV care; four pharmacists; one
- 17 additional health care professional; and one representative from the
- 18 Pharmaceutical Research and Manufacturers of America.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2094

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2003

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2094.

As amended by committee, this bill expands the membership of the Drug Utilization Review Board, established pursuant to N.J.S.A.30:4D-17.17a, to include two certified advanced practice nurses, who shall be appointed to the board by the Governor upon the recommendation of the New Jersey State Nurses Association.

The Drug Utilization Review Board has review authority with respect to the Medicaid program, PAAD, Senior Gold, the AIDS drug distribution program and any other State and federally funded pharmaceutical benefits program. The duties of the board include:

- * the development and application of the criteria and standards to be used in retrospective and prospective drug utilization review;
- * recommendations to the Department of Human Services concerning the criteria for denials of claims and standards for a medical exception process; and
- * responsibility for the development, selection, application and assessment of educational interventions or remedial strategies for prescribers, pharmacists and beneficiaries to improve the quality of care.

Under current law, the membership of the board consists of the Commissioners of Health and Senior Services and Human Services; seven physicians, two of whom specialize in geriatric medicine and two of whom specialize in AIDS/HIV care; four pharmacists; one additional health care professional; and one representative from the Pharmaceutical Research and Manufacturers of America.

The committee amended the bill to specify that one of the physicians who is a public member of the board must be a psychiatrist.

As amended, this bill is identical to Assembly Bill No. 3498 (1R)(Blee/Quigley), which is pending before the General Assembly.

ASSEMBLY, No. 3498

STATE OF NEW JERSEY

210th LEGISLATURE

INTRODUCED MAY 5, 2003

Sponsored by:
Assemblyman FRANCIS J. BLEE
District 2 (Atlantic)
Assemblywoman JOAN M. QUIGLEY
District 32 (Bergen and Hudson)

SYNOPSIS

Increases membership of Drug Utilization Review Board to include two advanced practice nurses.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning membership of the Drug Utilization Review Board 2 and amending P.L.1998, c.41.

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4 **BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

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recommendation of the Pharmaceutical Research and Manufacturers of America.

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A3498 BLEE, QUIGLEY

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 to the criteria and standards in a timely manner based upon this
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 - f. The board, with the approval of the department, shall be responsible for the development, selection, application and assessment of interventions or remedial strategies for prescribers, pharmacists and beneficiaries that are educational and not punitive in nature to improve the quality of care, including:
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 - (4) Use of face-to-face discussion between experts in drug therapy and the prescriber or pharmacist who has been designated by the board for educational intervention;
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 - (6) The timely evaluation of interventions to determine whether the interventions have improved the quality of care; and
- 32 (7) The review of case profiles prior to the conducting of an intervention.
- 34 (cf: P.L.1998, c.41, s.2)

2. This act shall take effect immediately.

STATEMENT

This bill expands the membership of the Drug Utilization Review
Board, established pursuant to N.J.S.A.30:4D-17.17a, to include two
certified advanced practice nurses, who shall be appointed to the board
by the Governor upon the recommendation of the New Jersey State
Nurses Association.

The Drug Utilization Review Board has review authority with

A3498 BLEE, QUIGLEY

- 1 respect to the Medicaid program, PAAD, Senior Gold, the AIDS drug
- 2 distribution program and any other State and federally funded
- 3 pharmaceutical benefits program. The duties of the board include:
- 4 C the development and application of the criteria and standards to be
- 5 used in retrospective and prospective drug utilization review;
- 6 C recommendations to the Department of Human Services concerning
- 7 the criteria for denials of claims and standards for a medical
- 8 exception process; and
- 9 C responsibility for the development, selection, application and
- assessment of educational interventions or remedial strategies for
- prescribers, pharmacists and beneficiaries to improve the quality of
- care.
- 13 Under current law, the membership of the board consists of the
- 14 Commissioners of Health and Senior Services and Human Services;
- 15 seven physicians, two of whom specialize in geriatric medicine and
- 16 two of whom specialize in AIDS/HIV care; four pharmacists; one
- 17 additional health care professional; and one representative from the
- 18 Pharmaceutical Research and Manufacturers of America.

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3498

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 11, 2003

The Assembly Health and Human Services Committee reports favorably and with committee amendments Assembly Bill No. 3498.

As amended by the committee, this bill expands the membership of the Drug Utilization Review Board, established pursuant to N.J.S.A.30:4D-17.17a, to include two certified advanced practice nurses, who are to be appointed to the board by the Governor upon the recommendation of the New Jersey State Nurses Association.

The bill further provides that one of the physicians who is a public member of the Drug Utilization Review Board must be a psychiatrist.

The board has review authority with respect to the Medicaid program, PAAD, Senior Gold, the AIDS drug distribution program and any other State and federally funded pharmaceutical benefits program. The duties of the board include:

- -- the development and application of the criteria and standards to be used in retrospective and prospective drug utilization review;
- -- recommendations to the Department of Human Services concerning the criteria for denials of claims and standards for a medical exception process; and
- -- responsibility for the development, selection, application and assessment of educational interventions or remedial strategies for prescribers, pharmacists and beneficiaries to improve the quality of care.

Under current law, the membership of the board consists of: the Commissioners of Health and Senior Services and Human Services; seven physicians, two of whom specialize in geriatric medicine and two of whom specialize in AIDS/HIV care; four pharmacists; one additional health care professional; and one representative from the Pharmaceutical Research and Manufacturers of America.

As reported by the committee, this bill is similar to Senate Bill No. 2094 (Vitale/Rice), which is currently pending in the Senate Health, Human Services and Senior Citizens Committee.

COMMITTEE AMENDMENTS

The committee amendments to the bill stipulate that one of the physicians who is a public member of the Drug Utilization Review Board must be a psychiatrist.