

LEGISLATIVE FISCAL ESTIMATE:

No

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government
Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

RWH/JA

P.L. 2021, CHAPTER 285, *approved November 8, 2021*
 Assembly, No. 277 (*First Reprint*)

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

3

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

6

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
 10 the department to advise the department on the implementation of a
 11 drug utilization review program pursuant to P.L.1993, c.16 (C.30:4D-
 12 17.16 et seq.) and this section. The board shall establish a Senior Drug
 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
 19 submit recommendations to the board in regard thereto.

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

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted March 5, 2020.

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

6 Each member of the board shall have expertise in the clinically
7 appropriate prescribing and dispensing of outpatient drugs.

8 At the time of appointment, each public member shall submit a
9 written disclosure to the Department of Human Services and to the
10 Office of the Attorney General detailing any financial interest or
11 benefit furnished to the member by or through a pharmaceutical
12 'distributor, pharmaceutical' manufacturer¹, or pharmacy benefits
13 manager¹ within the preceding three years, including, but not limited
14 to, any meals, payments, gifts, stocks, or salary furnished to the
15 member by the manufacturer and any stock or other investment
16 interest held in a pharmaceutical 'distributor, pharmaceutical'
17 manufacturer¹, or pharmacy benefits manager¹ by the member.
18 Thereafter, each public member shall submit an updated disclosure on
19 a quarterly basis for the duration of the member's term as a board
20 member concerning any financial interest or benefit furnished to the
21 member by or through a pharmaceutical 'distributor, pharmaceutical'
22 manufacturer¹, or pharmacy benefits manager¹ and any investment
23 interest in a pharmaceutical 'distributor, pharmaceutical' manufacturer
24 '¹, or pharmacy benefits manager¹ acquired or held by the member in
25 the period following the date of the member's last written disclosure.
26 An individual who fails to submit a written disclosure pursuant to this
27 subsection shall be ineligible to serve as a board member and, if
28 currently serving on the board, shall be immediately removed from the
29 board. In addition, any individual who submits a written disclosure
30 that is materially false, misleading, inaccurate, or incomplete shall be
31 liable to a civil penalty of up to \$20,000, which shall be collected and
32 enforced by summary proceedings pursuant to the provisions of the
33 "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et
34 seq.). Written disclosures submitted pursuant to this subsection shall
35 be made available to the public on the Internet websites of the
36 Department of Human Services and the Office of the Attorney
37 General.

38 b. All appointments to the board shall be made no later than the
39 60th day after the effective date of this act. The public members shall
40 be appointed for two-year terms and shall serve until a successor is
41 appointed and qualified, and are eligible for reappointment; except that
42 of the public members first appointed, eight shall be appointed for a
43 term of two years and five for a term of one year.

44 c. Vacancies in the membership of the board shall be filled in the
45 same manner as the original appointments were made but for the
46 unexpired term only. Members of the board shall serve with
47 compensation for the time and expenses incurred in the performance of

1 their duties as board members, as determined by the Commissioners of
2 Human Services and Health, subject to the approval of the Director of
3 the Division of Budget and Accounting in the Department of the
4 Treasury.

5 d. The board shall select a chairman from among the public
6 members, who shall serve a one-year term, and a secretary. The
7 chairman may serve consecutive terms. The board shall adopt bylaws.
8 The board shall meet at least quarterly and may meet at other times at
9 the call of the chairman. The board shall in all respects comply with
10 the provisions of the "Senator Byron M. Baer Open Public Meetings
11 Act," P.L.1975, c.231 (C.10:4-6 et seq.). No motion to take any action
12 by the board shall be valid except upon the affirmative vote of a
13 majority of the authorized membership of the board.

14 e. The duties of the board shall include the development and
15 application of the criteria and standards to be used in retrospective and
16 prospective drug utilization review. The criteria and standards shall be
17 based on the compendia and developed with professional input in a
18 consensus fashion. There shall be provisions for timely reassessments
19 and revisions as necessary and provisions for input by persons acting
20 as patient advocates. The drug utilization review standards shall
21 reflect the local practices of prescribers, in order to monitor:

- 22 (1) therapeutic appropriateness;
- 23 (2) overutilization or underutilization;
- 24 (3) therapeutic duplication;
- 25 (4) drug-disease contraindications;
- 26 (5) drug-drug interactions;
- 27 (6) incorrect drug dosage;
- 28 (7) duration of drug treatment; and
- 29 (8) clinical drug abuse or misuse.

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

36 f. The board, with the approval of the department, shall be
37 responsible for the development, selection, application, and assessment
38 of interventions or remedial strategies for prescribers, pharmacists, and
39 beneficiaries that are educational and not punitive in nature to improve
40 the quality of care, including:

- 41 (1) Information disseminated to prescribers and pharmacists to
42 ensure that they are aware of the duties and powers of the board;
- 43 (2) Written, oral, or electronic reminders of patient-specific or
44 drug-specific information that are designed to ensure prescriber,
45 pharmacist, and beneficiary confidentiality, and suggested changes in
46 the prescribing or dispensing practices designed to improve the quality
47 of care;

1 (3) The development of an educational program, using data
2 provided through drug utilization review as a part of active and
3 ongoing educational outreach activities to improve prescribing and
4 dispensing practices as provided in this section. These educational
5 outreach activities shall include accurate, balanced, and timely
6 information about drugs and their effect on a patient. If the board
7 contracts with another entity to provide this program, that entity shall
8 publicly disclose any financial interest or benefit that accrues to it
9 from the products selected or used in this program;

10 (4) Use of face-to-face discussion between experts in drug therapy
11 and the prescriber or pharmacist who has been designated by the board
12 for educational intervention;

13 (5) Intensified reviews or monitoring of selected prescribers or
14 pharmacists;

15 (6) The timely evaluation of interventions to determine whether
16 the interventions have improved the quality of care; and

17 (7) The review of case profiles prior to the conducting of an
18 intervention.

19 (cf: P.L.2012, c.17, s.370)

20

21 2. The Commissioner of Human Services and the Attorney
22 General may, pursuant to the “Administrative Procedure Act,”
23 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt rules and regulations as
24 may be necessary to implement the provisions of this act.

25

26 3. This act shall take effect immediately.

27

28

29

30

31 _____
32 Requires public members of Drug Utilization Review Board to
33 disclose financial interests and benefits received from and
34 investment interests held in pharmaceutical distributors,
pharmaceutical manufacturers, or pharmacy benefits managers.

ASSEMBLY, No. 277

STATE OF NEW JERSEY
219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Assemblyman ROBERT J. KARABINCHAK

District 18 (Middlesex)

SYNOPSIS

Requires public members of Drug Utilization Review Board to disclose financial interests and benefits received from and investment interests held in pharmaceutical manufacturers.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

3

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

6

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

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

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

Matter underlined thus is new matter.

1 Each member of the board shall have expertise in the clinically
2 appropriate prescribing and dispensing of outpatient drugs.

3 At the time of appointment, each public member shall submit a
4 written disclosure to the Department of Human Services and to the
5 Office of the Attorney General detailing any financial interest or
6 benefit furnished to the member by or through a pharmaceutical
7 manufacturer within the preceding three years, including, but not
8 limited to, any meals, payments, gifts, stocks, or salary furnished to
9 the member by the manufacturer and any stock or other investment
10 interest held in a pharmaceutical manufacturer by the member.
11 Thereafter, each public member shall submit an updated disclosure
12 on a quarterly basis for the duration of the member's term as a
13 board member concerning any financial interest or benefit furnished
14 to the member by or through a pharmaceutical manufacturer and
15 any investment interest in a pharmaceutical manufacturer acquired
16 or held by the member in the period following the date of the
17 member's last written disclosure. An individual who fails to submit
18 a written disclosure pursuant to this subsection shall be ineligible to
19 serve as a board member and, if currently serving on the board,
20 shall be immediately removed from the board. In addition, any
21 individual who submits a written disclosure that is materially false,
22 misleading, inaccurate, or incomplete shall be liable to a civil
23 penalty of up to \$20,000, which shall be collected and enforced by
24 summary proceedings pursuant to the provisions of the "Penalty
25 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).
26 Written disclosures submitted pursuant to this subsection shall be
27 made available to the public on the Internet websites of the
28 Department of Human Services and the Office of the Attorney
29 General.

30 b. All appointments to the board shall be made no later than the
31 60th day after the effective date of this act. The public members
32 shall be appointed for two-year terms and shall serve until a
33 successor is appointed and qualified, and are eligible for
34 reappointment; except that of the public members first appointed,
35 eight shall be appointed for a term of two years and five for a term
36 of one year.

37 c. Vacancies in the membership of the board shall be filled in
38 the same manner as the original appointments were made but for the
39 unexpired term only. Members of the board shall serve with
40 compensation for the time and expenses incurred in the
41 performance of their duties as board members, as determined by the
42 Commissioners of Human Services and Health, subject to the
43 approval of the Director of the Division of Budget and Accounting
44 in the Department of the Treasury.

45 d. The board shall select a chairman from among the public
46 members, who shall serve a one-year term, and a secretary. The
47 chairman may serve consecutive terms. The board shall adopt
48 bylaws. The board shall meet at least quarterly and may meet at

1 other times at the call of the chairman. The board shall in all
2 respects comply with the provisions of the "Senator Byron M. Baer
3 Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). No
4 motion to take any action by the board shall be valid except upon
5 the affirmative vote of a majority of the authorized membership of
6 the board.

7 e. The duties of the board shall include the development and
8 application of the criteria and standards to be used in retrospective
9 and prospective drug utilization review. The criteria and standards
10 shall be based on the compendia and developed with professional
11 input in a consensus fashion. There shall be provisions for timely
12 reassessments and revisions as necessary and provisions for input
13 by persons acting as patient advocates. The drug utilization review
14 standards shall reflect the local practices of prescribers, in order to
15 monitor:

- 16 (1) therapeutic appropriateness;
- 17 (2) overutilization or underutilization;
- 18 (3) therapeutic duplication;
- 19 (4) drug-disease contraindications;
- 20 (5) drug-drug interactions;
- 21 (6) incorrect drug dosage;
- 22 (7) duration of drug treatment; and
- 23 (8) clinical drug abuse or misuse.

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

30 f. The board, with the approval of the department, shall be
31 responsible for the development, selection, application, and
32 assessment of interventions or remedial strategies for prescribers,
33 pharmacists, and beneficiaries that are educational and not punitive
34 in nature to improve the quality of care, including:

35 (1) Information disseminated to prescribers and pharmacists to
36 ensure that they are aware of the duties and powers of the board;

37 (2) Written, oral, or electronic reminders of patient-specific or
38 drug-specific information that are designed to ensure prescriber,
39 pharmacist, and beneficiary confidentiality, and suggested changes
40 in the prescribing or dispensing practices designed to improve the
41 quality of care;

42 (3) The development of an educational program, using data
43 provided through drug utilization review as a part of active and
44 ongoing educational outreach activities to improve prescribing and
45 dispensing practices as provided in this section. These educational
46 outreach activities shall include accurate, balanced, and timely
47 information about drugs and their effect on a patient. If the board
48 contracts with another entity to provide this program, that entity

- 1 shall publicly disclose any financial interest or benefit that accrues
2 to it from the products selected or used in this program;
- 3 (4) Use of face-to-face discussion between experts in drug
4 therapy and the prescriber or pharmacist who has been designated
5 by the board for educational intervention;
- 6 (5) Intensified reviews or monitoring of selected prescribers or
7 pharmacists;
- 8 (6) The timely evaluation of interventions to determine whether
9 the interventions have improved the quality of care; and
- 10 (7) The review of case profiles prior to the conducting of an
11 intervention.
- 12 (cf: P.L.2012, c.17, s.370)

13

14 2. The Commissioner of Human Services and the Attorney
15 General may, pursuant to the “Administrative Procedure Act,”
16 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt rules and regulations as
17 may be necessary to implement the provisions of this act.

18

19 3. This act shall take effect immediately.

20

21

22 STATEMENT

23

24 This bill requires the public members of the New Jersey Drug
25 Utilization Review Board to, at the time of their appointment,
26 submit a written disclosure to the Department of Human Services
27 and to the Office of the Attorney General detailing any financial
28 interest or other benefit furnished to the member by a
29 pharmaceutical manufacturer within the preceding three years,
30 including, but not limited to, any meals, payments, gifts, stocks, or
31 salary, as well as any investment interest held in any
32 pharmaceutical manufacturer by the member. Thereafter, each
33 public member will be required update the written disclosure on a
34 quarterly basis throughout the member’s term of service on the
35 board. The written disclosures will be made available to the public
36 on the Internet websites of the Department of Human Services and
37 the Office of the Attorney General.

38 An individual who fails to submit a written disclosure pursuant
39 to the bill will be ineligible to serve as a board member and, if
40 currently serving on the board, will be immediately removed from
41 the board. In addition, any individual who submits a written
42 disclosure that is materially false, misleading, inaccurate, or
43 incomplete will be liable to a civil penalty of up to \$20,000.

44 The Drug Utilization Review Board conducts an ongoing review
45 of drugs prescribed under the Medicaid and NJ FamilyCare
46 programs to ensure that patients have access to effective, affordable
47 forms of treatment while avoiding the use of ineffective, redundant,
48 or unnecessary therapies. The goals of this review are to maximize

1 patient safety, prevent waste, and reduce overall program costs.
2 The Drug Utilization Review Board determines which drugs may be
3 prescribed under the Medicaid and NJ FamilyCare programs
4 without the need for additional authorization; inclusion on the list
5 increases the likelihood the drug will be prescribed to program
6 beneficiaries, which provides a competitive advantage to the maker
7 of the drug.

8 Recent investigations suggest there has been a comprehensive
9 effort by pharmaceutical manufacturers to influence drug utilization
10 review boards throughout the country by providing board members
11 with meals, gifts, paid consulting jobs, all-expenses-paid
12 conferences, and direct compensation, among other items of value.
13 These efforts present a significant risk that board decisions will not
14 reflect the best interests of the State and the best interests of
15 Medicaid and NJ FamilyCare enrollees. It is the sponsor's belief
16 that requiring full disclosure of any items of value furnished to a
17 board member by a pharmaceutical manufacturer will help ensure
18 the board can serve its fundamental purpose in maximizing the
19 effectiveness and efficiency of the prescription drug therapies
20 covered under the Medicaid and NJ FamilyCare programs.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 277

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 5, 2020

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 277.

As amended, this bill requires the public members of the New Jersey Drug Utilization Review Board to, at the time of their appointment, submit a written disclosure to the Department of Human Services and to the Office of the Attorney General detailing any financial interest or other benefit furnished to the member by a pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager within the preceding three years, including, but not limited to, any meals, payments, gifts, stocks, or salary, as well as any investment interest held in any pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager by the member. Thereafter, each public member will be required update the written disclosure on a quarterly basis throughout the member's term of service on the board. The written disclosures will be made available to the public on the Internet websites of the Department of Human Services and the Office of the Attorney General.

An individual who fails to submit a written disclosure pursuant to the bill will be ineligible to serve as a board member and, if currently serving on the board, will be immediately removed from the board. In addition, any individual who submits a written disclosure that is materially false, misleading, inaccurate, or incomplete will be liable to a civil penalty of up to \$20,000.

The Drug Utilization Review Board conducts an ongoing review of drugs prescribed under the Medicaid and NJ FamilyCare programs to ensure that patients have access to effective, affordable forms of treatment while avoiding the use of ineffective, redundant, or unnecessary therapies. The goals of this review are to maximize patient safety, prevent waste, and reduce overall program costs. The Drug Utilization Review Board determines which drugs may be prescribed under the Medicaid and NJ FamilyCare programs without the need for additional authorization; inclusion on the list increases the likelihood the drug will be prescribed to program beneficiaries, which provides a competitive advantage to the maker of the drug.

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments require disclosure of any financial interest or other benefit furnished by a pharmaceutical distributor or pharmacy benefits manager and make a technical change to the synopsis.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 277

STATE OF NEW JERSEY

DATED: FEBRUARY 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably Assembly Bill No. 277 (1R).

This bill requires the public members of the New Jersey Drug Utilization Review Board to, at the time of their appointment, submit a written disclosure to the Department of Human Services and to the Office of the Attorney General detailing any financial interest or other benefit furnished to the member by a pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager within the preceding three years, including, but not limited to, any meals, payments, gifts, stocks, or salary, as well as any investment interest held in any pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager by the member. Thereafter, each public member will be required to update the written disclosure on a quarterly basis throughout the member's term of service on the board. The written disclosures will be made available to the public on the Internet websites of the Department of Human Services and the Office of the Attorney General.

An individual who fails to submit a written disclosure pursuant to the bill will be ineligible to serve as a board member and, if currently serving on the board, will be immediately removed from the board. In addition, any individual who submits a written disclosure that is materially false, misleading, inaccurate, or incomplete will be liable to a civil penalty of up to \$20,000.

The Drug Utilization Review Board conducts an ongoing review of drugs prescribed under the Medicaid and NJ FamilyCare programs to ensure that patients have access to effective, affordable forms of treatment while avoiding the use of ineffective, redundant, or unnecessary therapies. The goals of this review are to maximize patient safety, prevent waste, and reduce overall program costs. The Drug Utilization Review Board determines which drugs may be prescribed under the Medicaid and NJ FamilyCare programs without the need for additional authorization; inclusion on the list increases the likelihood the drug will be prescribed to program beneficiaries, which provides a competitive advantage to the maker of the drug.

Recent investigations suggest there has been a comprehensive effort by pharmaceutical manufacturers to influence drug utilization review boards throughout the country by providing board members with meals, gifts, paid consulting jobs, all-expenses-paid conferences, and direct compensation, among other items of value. These efforts present a significant risk that board decisions will not reflect the best interests of the State and the best interests of Medicaid and NJ FamilyCare enrollees.

As reported by the committee, Assembly Bill No. 277 (1R) is identical to Senate Bill No. 2035, which was also reported by the committee on this date, with amendments.

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

SENATE, No. 2035

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:

Senator TROY SINGLETON

District 7 (Burlington)

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Requires public members of Drug Utilization Review Board to disclose financial interests and benefits received from and investment interests held in pharmaceutical manufacturers.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/9/2021)

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

3

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

6

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

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

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

Matter underlined thus is new matter.

1 Each member of the board shall have expertise in the clinically
2 appropriate prescribing and dispensing of outpatient drugs.

3 At the time of appointment, each public member shall submit a
4 written disclosure to the Department of Human Services and to the
5 Office of the Attorney General detailing any financial interest or
6 benefit furnished to the member by or through a pharmaceutical
7 manufacturer within the preceding three years, including, but not
8 limited to, any meals, payments, gifts, stocks, or salary furnished to
9 the member by the manufacturer and any stock or other investment
10 interest held in a pharmaceutical manufacturer by the member.
11 Thereafter, each public member shall submit an updated disclosure
12 on a quarterly basis for the duration of the member's term as a
13 board member concerning any financial interest or benefit furnished
14 to the member by or through a pharmaceutical manufacturer and
15 any investment interest in a pharmaceutical manufacturer acquired
16 or held by the member in the period following the date of the
17 member's last written disclosure. An individual who fails to submit
18 a written disclosure pursuant to this subsection shall be ineligible to
19 serve as a board member and, if currently serving on the board,
20 shall be immediately removed from the board. In addition, any
21 individual who submits a written disclosure that is materially false,
22 misleading, inaccurate, or incomplete shall be liable to a civil
23 penalty of up to \$20,000, which shall be collected and enforced by
24 summary proceedings pursuant to the provisions of the "Penalty
25 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).
26 Written disclosures submitted pursuant to this subsection shall be
27 made available to the public on the Internet websites of the
28 Department of Human Services and the Office of the Attorney
29 General.

30 b. All appointments to the board shall be made no later than the
31 60th day after the effective date of this act. The public members
32 shall be appointed for two-year terms and shall serve until a
33 successor is appointed and qualified, and are eligible for
34 reappointment; except that of the public members first appointed,
35 eight shall be appointed for a term of two years and five for a term
36 of one year.

37 c. Vacancies in the membership of the board shall be filled in
38 the same manner as the original appointments were made but for the
39 unexpired term only. Members of the board shall serve with
40 compensation for the time and expenses incurred in the
41 performance of their duties as board members, as determined by the
42 Commissioners of Human Services and Health, subject to the
43 approval of the Director of the Division of Budget and Accounting
44 in the Department of the Treasury.

45 d. The board shall select a chairman from among the public
46 members, who shall serve a one-year term, and a secretary. The
47 chairman may serve consecutive terms. The board shall adopt
48 bylaws. The board shall meet at least quarterly and may meet at

1 other times at the call of the chairman. The board shall in all
2 respects comply with the provisions of the "Senator Byron M. Baer
3 Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). No
4 motion to take any action by the board shall be valid except upon
5 the affirmative vote of a majority of the authorized membership of
6 the board.

7 e. The duties of the board shall include the development and
8 application of the criteria and standards to be used in retrospective
9 and prospective drug utilization review. The criteria and standards
10 shall be based on the compendia and developed with professional
11 input in a consensus fashion. There shall be provisions for timely
12 reassessments and revisions as necessary and provisions for input
13 by persons acting as patient advocates. The drug utilization review
14 standards shall reflect the local practices of prescribers, in order to
15 monitor:

- 16 (1) therapeutic appropriateness;
- 17 (2) overutilization or underutilization;
- 18 (3) therapeutic duplication;
- 19 (4) drug-disease contraindications;
- 20 (5) drug-drug interactions;
- 21 (6) incorrect drug dosage;
- 22 (7) duration of drug treatment; and
- 23 (8) clinical drug abuse or misuse.

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

30 f. The board, with the approval of the department, shall be
31 responsible for the development, selection, application, and
32 assessment of interventions or remedial strategies for prescribers,
33 pharmacists, and beneficiaries that are educational and not punitive
34 in nature to improve the quality of care, including:

35 (1) Information disseminated to prescribers and pharmacists to
36 ensure that they are aware of the duties and powers of the board;

37 (2) Written, oral, or electronic reminders of patient-specific or
38 drug-specific information that are designed to ensure prescriber,
39 pharmacist, and beneficiary confidentiality, and suggested changes
40 in the prescribing or dispensing practices designed to improve the
41 quality of care;

42 (3) The development of an educational program, using data
43 provided through drug utilization review as a part of active and
44 ongoing educational outreach activities to improve prescribing and
45 dispensing practices as provided in this section. These educational
46 outreach activities shall include accurate, balanced, and timely
47 information about drugs and their effect on a patient. If the board
48 contracts with another entity to provide this program, that entity

- 1 shall publicly disclose any financial interest or benefit that accrues
2 to it from the products selected or used in this program;
- 3 (4) Use of face-to-face discussion between experts in drug
4 therapy and the prescriber or pharmacist who has been designated
5 by the board for educational intervention;
- 6 (5) Intensified reviews or monitoring of selected prescribers or
7 pharmacists;
- 8 (6) The timely evaluation of interventions to determine whether
9 the interventions have improved the quality of care; and
- 10 (7) The review of case profiles prior to the conducting of an
11 intervention.

12 (cf: P.L.2012, c.17, s.370)

13
14 2. The Commissioner of Human Services and the Attorney
15 General may, pursuant to the "Administrative Procedure Act,"
16 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt rules and regulations as
17 may be necessary to implement the provisions of this act.

18
19 3. This act shall take effect immediately.

20

21

22

STATEMENT

23

24 This bill requires the public members of the New Jersey Drug
25 Utilization Review Board to, at the time of their appointment,
26 submit a written disclosure to the Department of Human Services
27 and to the Office of the Attorney General detailing any financial
28 interest or other benefit furnished to the member by a
29 pharmaceutical manufacturer within the preceding three years,
30 including, but not limited to, any meals, payments, gifts, stocks, or
31 salary, as well as any investment interest held in any
32 pharmaceutical manufacturer by the member. Thereafter, each
33 public member will be required update the written disclosure on a
34 quarterly basis throughout the member's term of service on the
35 board. The written disclosures will be made available to the public
36 on the Internet websites of the Department of Human Services and
37 the Office of the Attorney General.

38 An individual who fails to submit a written disclosure pursuant
39 to the bill will be ineligible to serve as a board member and, if
40 currently serving on the board, will be immediately removed from
41 the board. In addition, any individual who submits a written
42 disclosure that is materially false, misleading, inaccurate, or
43 incomplete will be liable to a civil penalty of up to \$20,000.

44 The Drug Utilization Review Board conducts an ongoing review
45 of drugs prescribed under the Medicaid and NJ FamilyCare
46 programs to ensure that patients have access to effective, affordable
47 forms of treatment while avoiding the use of ineffective, redundant,
48 or unnecessary therapies. The goals of this review are to maximize

S2035 SINGLETON, TURNER

6

1 patient safety, prevent waste, and reduce overall program costs.
2 The Drug Utilization Review Board determines which drugs may be
3 prescribed under the Medicaid and NJ FamilyCare programs
4 without the need for additional authorization; inclusion on the list
5 increases the likelihood the drug will be prescribed to program
6 beneficiaries, which provides a competitive advantage to the maker
7 of the drug.

8 Recent investigations suggest there has been a comprehensive
9 effort by pharmaceutical manufacturers to influence drug utilization
10 review boards throughout the country by providing board members
11 with meals, gifts, paid consulting jobs, all-expenses-paid
12 conferences, and direct compensation, among other items of value.
13 These efforts present a significant risk that board decisions will not
14 reflect the best interests of the State and the best interests of
15 Medicaid and NJ FamilyCare enrollees. It is the sponsor's belief
16 that requiring full disclosure of any items of value furnished to a
17 board member by a pharmaceutical manufacturer will help ensure
18 the board can serve its fundamental purpose in maximizing the
19 effectiveness and efficiency of the prescription drug therapies
20 covered under the Medicaid and NJ FamilyCare programs.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2035

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2035.

As amended by the committee, this bill requires the public members of the New Jersey Drug Utilization Review Board to, at the time of their appointment, submit a written disclosure to the Department of Human Services and to the Office of the Attorney General detailing any financial interest or other benefit furnished to the member by a pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager within the preceding three years, including, but not limited to, any meals, payments, gifts, stocks, or salary, as well as any investment interest held in any pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager by the member. Thereafter, each public member will be required to update the written disclosure on a quarterly basis throughout the member's term of service on the board. The written disclosures will be made available to the public on the Internet websites of the Department of Human Services and the Office of the Attorney General.

An individual who fails to submit a written disclosure pursuant to the bill will be ineligible to serve as a board member and, if currently serving on the board, will be immediately removed from the board. In addition, any individual who submits a written disclosure that is materially false, misleading, inaccurate, or incomplete will be liable to a civil penalty of up to \$20,000.

The Drug Utilization Review Board conducts an ongoing review of drugs prescribed under the Medicaid and NJ FamilyCare programs to ensure that patients have access to effective, affordable forms of treatment while avoiding the use of ineffective, redundant, or unnecessary therapies. The goals of this review are to maximize patient safety, prevent waste, and reduce overall program costs. The Drug Utilization Review Board determines which drugs may be prescribed under the Medicaid and NJ FamilyCare programs without the need for additional authorization; inclusion on the list increases the

likelihood the drug will be prescribed to program beneficiaries, which provides a competitive advantage to the maker of the drug.

Recent investigations suggest there has been a comprehensive effort by pharmaceutical manufacturers to influence drug utilization review boards throughout the country by providing board members with meals, gifts, paid consulting jobs, all-expenses-paid conferences, and direct compensation, among other items of value. These efforts present a significant risk that board decisions will not reflect the best interests of the State and the best interests of Medicaid and NJ FamilyCare enrollees.

As reported by the committee with amendments, Senate Bill No. 2035 is identical to Assembly Bill No. 277(1R) which was also reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to require disclosure of any financial interest or other benefit furnished to a member of the Drug Utilization Board by a pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager; as introduced, the bill only required disclosures related to pharmaceutical manufacturers.

Governor Murphy Signs Legislation Promoting Transparency on the New Jersey Drug Utilization Review Board

11/8/2021

TRENTON – Governor Phil Murphy today signed legislation (A-277/S-2035) that requires public members of the New Jersey Drug Utilization Review Board to submit disclosures of financial interests and involvement in pharmaceutical distributors, manufacturers, or benefits managers. The bill continues the Murphy Administration’s efforts to promote transparency and integrity in health care.

“New Jerseyans have the right to know about the financial interests of those reviewing medications provided through state programs,” **said Governor Murphy**. “This law will help to protect the integrity of the Drug Utilization Review Board and instill confidence in the Board’s recommendations.”

Primary sponsors of the legislation include Assemblymembers John Armato and Robert Karabinchak, and Senators Troy Singleton and Shirley Turner.

“The Drug Utilization Board’s purpose is to maximize the efficacy of prescription drug therapies covered by Medicaid and New Jersey FamilyCare. Their work should always be in the best interest of the State and the people who rely on these medications for relief, not the big drug companies,” **said Assemblymen John Armato and Robert Karabinchak**. “It’s only fair that we ask public Board members to disclose any financial ties to pharmaceutical companies so that we may be confident their service is truly to benefit the people of New Jersey.”

“The Drug Utilization Review Board evaluates different drugs and therapies for people under the Medicaid and New Jersey FamilyCare programs to decide what can be prescribed to patients. Equally as important, they are charged with determining what the best options are for patients. However, that is not always the case because pharmaceutical companies may try to influence board members to prioritize their drugs,” **said Senator Troy Singleton**. “With this new law, we are bringing transparency to the review process by requiring members of the review board to disclose any ties they have to pharmaceutical companies. Their role on this board is for the betterment of lower-income residents and not personal gain.”

“Our taxpayers deserve the peace of mind that decisions that are being made by the New Jersey Drug Utilization Review Board are being made in the public interest and not for the benefit of any private individuals or corporations,” **said Senator Shirley Turner**. “Full transparency is imperative for protecting our taxpayers and the residents who rely on the prescription drugs that the Board recommends.”

This legislation requires the public members of the New Jersey Drug Utilization Review Board to, at the time of their appointment, submit a written disclosure to the Department of Human Services and to the Office of the Attorney General detailing any financial interest or other benefit provided to the member by a pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager within the preceding three years, including, but not limited to, any meals, payments, gifts, stocks, or salary, as well as any investment interest held in any pharmaceutical distributor, pharmaceutical manufacturer, or pharmacy benefits manager by the member. Each public member will be required to update the written disclosure on a quarterly basis throughout the member’s term of service on the board. The written disclosures will be made available to the public on the websites of the Department of Human Services and the Office of the Attorney General. Individuals who fail to comply with the law will be ineligible to serve on the board and will be subject to removal.

The Drug Utilization Review Board is responsible for reviewing and recommending drug utilization review protocols for medications provided by NJ FamilyCare (NJFC), the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program, the Senior Gold Prescription Discount (Senior Gold) Program, as well as the Aids Drug Distribution Program (ADDP).