

**DRUG USE REVIEW BOARD
OF THE
CONNECTICUT MEDICAL ASSISTANCE
DRUG USE REVIEW PROGRAM**

BYLAWS

Original Date: January 1993

(Revised December 2022)

LEGAL MANDATE

The Drug Use Review (DUR) Board for the Connecticut Medical Assistance Drug Use Review Program is established under the authority of Section 1903 (3) A of the Omnibus Budget Reconciliation Act of 1990 42 U.S.C. 1302 and 42 CFR 456.716

TERMS AND DEFINITIONS

OBRA' 90 means Omnibus Budget Reconciliation Act of 1990.

DUR means Drug Use Review or Drug Utilization Review.

The DUR contractor means the vendor performing the drug use review program services for the Connecticut Medical Assistance Program.

CMS means the Centers for Medicare and Medicaid Services of Health and Human Services, formerly known as HCFA prior to June 2001.

HCFA means the Health Care Financing Administration of Health & Human Services.

Medical Assistance Agency means the Department of Social Services.

PURPOSE AND ROLE

The purpose of the DUR Board is 1) to review, make recommendations and evaluate medical criteria and standards, to implement educational intervention methods to be used in the DUR Program, and 2) prepare an annual report to the State Medical Assistance Agency. The annual report shall describe the activities of the DUR Board, including, but not limited to, the nature and scope of the prospective and retrospective drug use review programs, a summary of the educational intervention strategies used, an assessment of the effectiveness of the interventions on the quality of care, and an estimate of the cost savings generated as a result of the DUR Program.

COMPOSITION AND MEMBERSHIP

Candidates for membership will be recommended by the State Medical Assistance Agency who will select candidates from the medical and pharmacy communities within the State. There will be nine members. There will be at least one-third but not more than 51% physicians and at least one-third pharmacists on the board. All member physicians and pharmacists must be actively practicing and licensed by the State of Connecticut, with recognized knowledge and expertise in the appropriate prescribing, dispensing, and/or monitoring of outpatient prescription drugs.

Representatives of the Department of Social Services and the contractor are considered exofficio non-voting members.

TERMS OF MEMBERSHIP

Terms of membership will be five years. Terms may be renewable under anonymous, majority vote of the Board. Expiration of the five-year term should occur at the third meeting of each federal fiscal year. Members reserve the right to resign at any time. Members wishing to resign must communicate their intent in writing to the DUR vendors well as the Board.

REPLACEMENT DUE TO RESIGNATION OR DEATH

In the case of vacancy created by the death or resignation of a member, the State Medical Assistance Agency will select a candidate, representing the same profession, to be voted on by the DUR Board for approval. Upon approval, the individual's term of membership will commence at the next scheduled DUR Board meeting.

REPLACEMENT DUE TO LACK OF ATTENDANCE

Absence from two consecutive meetings shall result in a formal notice from the chairperson of the Board that further participation on the DUR Board is in jeopardy.

Absence from a third consecutive meeting will result in immediate removal from the Board and replacement with an individual representing the same membership profession. The process to replace a member should follow the Bylaws defined under Replacement Due to Resignation or Death. Exceptions for removal due to lack of attendance are permitted but must be reviewed and voted upon by the DUR Board.

REPLACEMENT DUE TO DUR BOARD CONSENSUS

Due to DUR Board consensus, the Board reserves the right to review and terminate an individual's membership. The process to replace that member should follow the Bylaws defined under Replacement Due to Resignation or Death.

RESPONSIBILITY OF MEMBERS

- ❖ All members are expected to attend scheduled DUR Board meetings.
- ❖ Apply knowledge of current medical and pharmaceutical practice to the development and review of therapeutic criteria used in the DUR Program.
- ❖ Establish/evaluate current and new procedures for provider specific educational interventions.
- ❖ Assist the State Medical Assistance Agency in the review and approval of the CMS annual report as required by OBRA' 90.
- ❖ Maintain confidentiality of medical records and any protected health information presented to the DUR Board.
- ❖ Members will be responsible for declaring any new potential conflicts of interest prior to the next meeting and members must do so in writing.
- ❖ The Board will evaluate disclosures to determine if any Board member needs to excuse themselves from the Board.
- ❖ There will be an annual update and evaluation of confidentiality and disclosure statements.

BOARD OFFICERS

ANNUAL ELECTION

The DUR Board may elect a Chairperson and Vice-chairperson if so desired, during the first meeting of the DUR Board of each federal fiscal year.

ELECTION PROCEDURES

A member shall be nominated and elected when he/she receives a majority of the votes from the membership in attendance at a meeting in which a quorum is present.

Nominations will be accepted from the floor by the serving Chairperson. Nominees must accept the nomination prior to voting. Voting may be done by written ballot or show of hands from each regular member. If a member is nominated by a majority of the ballots, then the member is elected.

RESPONSIBILITY OF CHAIRPERSON

- ❖ Provide democratic leadership.
- ❖ Be sensitive to the views and opinions of members and maintain an atmosphere in which members have the opportunity to express their views freely.
- ❖ Confer with the State Medical Assistance Liaison and DUR Contractors' in:
 - A. Planning DUR Board activities.
 - B. Establishing meeting dates, calling meetings to order, and adjourning meetings.
 - C. Establishing subcommittees and ad hoc committees.
 - D. Appointing DUR Board members to serve on subcommittees.
- ❖
- ❖ Coordinate a DUR Board vote for approval of the annual CMS report.

- ❖ Respond to inquiries or be spokesperson for the Board as appropriate and agreed upon by the Connecticut Medical Assistance Program.

RESPONSIBILITY OF VICE-CHAIRPERSON

Perform the same functions as the Chairperson, in the Chairperson's absence. In the event that both the Chairperson and Vice-Chairperson are absent from a DUR Board meeting, the State Medical Assistance Liaison may nominate a temporary Chairperson for that meeting.

DUR BOARD SUPPORT STAFF

The Contractor will provide support and coordination for all Board activities. The contractor shall designate an individual who shall be directly responsible for the State DUR Program. The duties of this position include:

- ❖ Develop an effective working relationship with membership.
- ❖ Be sensitive to the views, opinions, and needs of the membership.
- ❖ Coordinate all DUR Board, subcommittee, and ad hoc committee activities.
- ❖ Perform liaison function between DUR Board membership and Connecticut Medical Assistance Program.
- ❖ Confer with the DUR Board Chairperson and the State Medical Assistance Liaison in planning and organizing DUR Board activities.
- ❖ Posting all agenda and meeting minutes with the Secretary of State.
 - A. Prepare agenda and support materials for each meeting.
 - B. Prepare and distribute information and materials for DUR Board use.
 - C. Maintain DUR Board records.
 - D. Prepare minutes and meeting sites.
 - E. Arrange meetings and meeting sites.
 - F. Maintain tracking report of actions taken and issues raised by the Board.

- G. Provide feedback at each Board meeting on the status of recommendations made by the Board.
- H. Provide copies of the Board Meeting minutes to CMS as well as any other requirements of CMS.

AD HOC COMMITTEES

As the need arises ad hoc committees may be utilized. Ad hoc appointments to these special activities shall be confirmed by the State Medical Assistance Liaison. These special committees shall be disbanded upon completion of their responsibilities.

Compensation

DUR Board members and subcommittee members will be reimbursed as specified in DUR contract.

FREQUENCY OF MEETINGS

Regular meeting of the DUR Board will be held at least four times per year. A meeting schedule will be prepared and presented at the first meeting of the federal fiscal year. The meeting schedule will be posted on the Secretary of State website and follow the procedures for public meetings. If confidential medical information relating to individual cases is discussed, certain meetings, or portions of certain meetings, will not be open to the public and held in executive session. The DUR will follow the executive session procedure.

NON-MEMBERS

When non-members are in attendance they will not participate in discussions. Non-members will be given limited -comment time for verbal contributions prior to the regular

meeting in accordance with Roberts Rules. Non-members will not be allowed to attend executive session unless specifically invited to attend.

OPERATIONAL PROCEDURES

Meeting will be conducted in accordance with Robert's Rules of Order. Medical therapeutic criteria determinations and educational intervention methods will be discussed and determined by a consensus of the members. If less than a quorum of the DUR Board is present a majority of the members present may adjourn the meeting. The act of the majority of the members present at a meeting at which a quorum, five members, is present shall be the act of the DUR Board. Actions taken at such meetings must be brought up and voted on by a quorum.

AMENDMENT OF BYLAWS

Proposed amendments to the DUR Board Bylaws will be presented to all DUR board members at one meeting and voted on at the next meeting. At such a meeting at least five members must vote in favor. All amendments will be in writing and duly noted on the agenda for full comment and discussion.