



Jeremy Thiesfeldt

STATE REPRESENTATIVE • 52nd ASSEMBLY DISTRICT

Testimony on AB 865

Chairman Sanfelippo, members of the committee, thank you for having a hearing today to share with you this relatively simple bill allowing pharmacists to provide nonvaccine injectable medications at all times instead of for only teaching purposes.

Currently pharmacists in Wisconsin are authorized to administer injections as long as they have completed a training course in injection technique and if they are administering the medication for the purposes of patient education only. This limitation means that a trained pharmacist can't administer vital medications regularly as those injections would not be classified as patient education.

One can logically assume that if a pharmacist has the ability to teach a patient, that they are quite qualified to do it on a regular basis if a patient needs the help. This bill is simply cleaning up the statutes so that pharmacists can serve their patients better.

This is not an uncommon practice as 21 states allow pharmacists to administer medications by injection. This bill represents an opportunity to improve patient adherence with those patients who aren't capable of self-injecting a medication.

AB 865 also addresses questions raised by the prescribing community about being notified after a medication is injected; it requires a pharmacist or pharmacy staff to notify the prescriber.

Lastly, this bill still requires the pharmacist to comply with the requirements and procedures established in rules promulgated by the Pharmacy Examining Board.

I ask for your support of this bill and ask that you save your technical questions about what medicines are typical to inject or other medical questions for the pharmacists.



LEAH VUKMIR

STATE SENATOR

Assembly Bill 865

ASSEMBLY COMMITTEE *on* HEALTH
Wednesday, February 10th, 2016

Chairman Sanfelippo, committee members, thank you for taking the time to hear my testimony on Assembly Bill 865.

Since 1997, Wisconsin has allowed pharmacists to administer vaccinations, making it more convenient for individuals to receive vaccines. However, pharmacists are not currently allowed to administer non-vaccine medications such as insulin or heparin, unless they are training a patient in how to self-administer a medication.

This bill would allow pharmacists who are trained in proper injection technique to administer non-vaccine injections to patients. Currently, more than 20 states authorize pharmacists to administer non-vaccine injections. This increases adherence and access to these injections, as visiting a pharmacy is often easier and more convenient than visiting a doctor's office.

Pharmacists who would administer these injections would be required to undergo training and comply with requirements set by the Pharmacy Examining Board, thereby making certain that injections are being administered safely and effectively.

In order to ensure patients are being properly monitored by their physician, pharmacists would be required to notify the prescribing practitioner when an injection is administered. This requirement will verify that prescribing physicians are aware of their patients' adherence to their injectable medication regime.

Thank you again for taking the time to hear my testimony. I encourage you to support Assembly Bill 865 and would be happy to answer any questions.



DATE: Wednesday, February 10, 2016

TO: Representative Joe Sanfelippo, Chair
Members, Assembly Committee on Health

FROM: Joe Cesarz, MS, PharmD
Manager, Ambulatory Pharmacy Services
UW Health

SUBJECT: Assembly Bills 841, 865, and 866 relating to the Pharmacy Examining Board and pharmacy practice

Good Morning Chairman Sanfelippo, Vice Chair Rohrkaste, and Committee members.

Thank you for the opportunity to comment on Assembly Bills 841, 865, and 866 relating to the Pharmacy Examining Board and pharmacy practice.

My name is Joe Cesarz, and I am a pharmacy manager at UW Health, a health system in Madison, WI. My primary responsibility within this role is to provide leadership and oversight of our 14 pharmacy dispensing locations, which collectively fill over 2,000 prescriptions per day.

I am here today to express my professional support, as a representative of UW Health, for three of the bills that are up for comment:

- Assembly Bill 841,
- Assembly Bill 865, and
- Assembly Bill 866

Before providing specific details regarding my support for these bills, I wanted to provide the committee with a few global considerations to take into account during the review process.

- The role of pharmacists is becoming increasingly important in the continued evolution of health care and health payment reform. Medications are a cornerstone of therapy for many chronic and complex disease states, and pharmacists have the tools and resources to ensure that medications are:
 - Safe,
 - Cost-effective, and
 - Appropriate for the intended patient and use
- As a result, pharmacists are uniquely positioned to ensure that we achieve the triple aim of healthcare reform:
 - Improving the patient experience
 - Improving population health, and
 - Reducing the per capita cost of health care

- However, current payment models primarily reimburse pharmacies on a product specific basis, and few payers reimburse for pharmacist clinical services or improved patient outcomes.
 - Due to this product-driven payment model, a pharmacy's profitability is directly linked to pushing through high volumes of prescriptions. Combined with decreasing reimbursement to pharmacies for prescription products, the utilization of a high cost labor resource – pharmacists – are kept to a minimum to sustain business.
 - I believe that the true value of a pharmacist is achieved when there is a healthy balance between a pharmacist focusing on a safe and accurate product, as well as improved patient outcomes at a lower cost.
- Therefore, it is necessary to identify methods that allow pharmacies to have flexibility in exploring ways to ensure efficiency and sustainability, while clinically caring for the patient. A few pathways to shifting more pharmacist time to clinical management include advancing the role of lower skill mix employees (pharmacy technicians and pharmacy students) and utilizing technology.

With these considerations in mind, I am putting forth my request to the committee to support the following bills:

Assembly Bill 841 is the bill that I am most passionate about expressing my support for. This bill provides the Pharmacy Examining Board the authority to grant a waiver or variance from a rule promulgated by the board, or authorize a pilot program, if the waiver, variance, or pilot program is related to the practice of pharmacy or prescription verification and if it ensures patient safety.

- In the pharmacies that I oversee, we have been conducting proof of concept models to advance the roles of pharmacy technicians, which would allow the shifting of pharmacist time from product to patient.
- While our pilot project has demonstrated a statistically significant difference that technicians are more accurate than pharmacists at verifying the product in the prescription bottle, the current legislative rules governing pharmacy practice would not allow us to fully enact this practice in our pharmacies. While the Pharmacy Examining Board has been granting variances or licenses for this practice in a hospital pharmacy setting, they have been given legal advice that they should not be providing variances to law when a state of emergency does not exist. As a result, we are inhibited from being able to fully incorporate these safe and more cost-effective practices in our pharmacies.
- Additionally, with the rapid evolution of technology, we have been investigating methods to utilize telepharmacy and telemedicine programs to provide efficient and safe services for our patients. However, there are challenges with interpreting and applying rules as written today and there is not a method to test and validate these care delivery models in a fashion with oversight from the Pharmacy Examining Board.
- This bill would not expand the Pharmacy Examining Board's scope or authorize prescriptive authority. Instead, it would give the Board an opportunity to pilot and evaluate innovative services in a more reliable format, and allow for a standardized approach for considering updates to the pharmacy practice act.

Assembly Bill 865 relates to pharmacist administration of injectable, prescribed products.

- Currently, this practice is limited to the course of teaching self-administration techniques for patients receiving injectable products
- However, there are many situations that occur in hospital pharmacy and dispensing pharmacies where this could negatively impact patient care.
 - Within hospitals, pharmacists serve as key responders for strokes and cardiovascular resuscitation events
 - And in the community pharmacy setting, there may be patients with physical or cognitive impairments that struggle with self-administration.
- In both settings, there are opportunities for pharmacists (or pharmacists in training) to serve as an additional resource for the administration of these injectable products.

Assembly Bill 866 relates to a pharmacist's ability to modify prescription quantity and refill amounts.

- This bill will allow pharmacists the flexibility to meet the needs and preferences of patients, while staying true to the intent of a physician's prescription order.
- Currently, many health plans allow patients who are stable on a given prescription medication to fill up to 3 months of medication at a time. However, if the prescription is only written for a 30-day supply, the pharmacist is unable to modify the prescription to a 90-day supply without contacting the prescriber. Rarely, if ever, is there opposition from the prescriber in response to this request.
- As a result, if passed, this bill would eliminate unnecessary workflow steps and waste in the healthcare system, while maintaining prescriber intent.

Thank you very much for allowing me the opportunity to express my support for these three bills. I am confident that, if approved, these will result in improvements in our healthcare delivery model, without compromising patient safety.

Philip J. Trapskin, PharmD, RPh
2861 Crinkle Root Drive
Fitchburg, WI 53711

DATE: Wednesday, February 10, 2016

TO: The Honorable Joe Sanfelippo, Chairman, Assembly Committee on Health
The Honorable Members, Assembly Committee on Health

FROM: Philip J. Trapskin, Secretary, Pharmacy Examining Board

SUBJECT: Assembly Bills 841, 865, and 866 relating to the Pharmacy Examining Board and pharmacy practice

Good Morning Chairman Sanfelippo, Vice Chair Rohrkaste, and Committee members. Thank you for holding a hearing today on the Pharmacy Examining Board Red Tape Review and Assembly Bills 841, 865, and 866.

My name is Philip Trapskin, I am a pharmacist currently serving on the Wisconsin Pharmacy Examining Board as Secretary and Legislative Liaison.

As the Committee is already aware, the sole responsibility of the Pharmacy Examining Board is protection of public health and welfare. I am here today to express my support for the Pharmacy Examining Board Red Tape Review effort and Assembly Bills 865, 866, and 841.

Assembly Bill 865

Over the last decade, there has been a significant increase in the development of biologic medications that must be administered through and injection. There are times where travel distance or hours of operation are not conducive to for a patient to go to a clinic to receive these medications. This bill will allow pharmacists, who have the necessary training and competency in injection technique, to serve as another access point for patient to receiving these medications.

Assembly Bill 866

Medication non-adherence is estimated to cost the U.S. healthcare system \$300 billion dollars annually. One contributor to non-adherence is the effort it takes to coordinate refills of medications. This bill allows the pharmacist to partner with patients to minimize the number of times refills need to be coordinated. We also know that the workload of clinics continues to increase, and anything that can be done to minimize the tsunami of faxes and phone calls they receive will allow them to focus their resources on more valuable patient care activities. Providing the pharmacist latitude to use their professional judgement to determine when a large days supply without contacting a clinic, and increase medication adherence is a win-win-win for the pharmacy, clinic, and patient.

Assembly Bill 841

The last 5 years have seen significant disruptive innovation in healthcare (e.g. telehealth, delivery models, payment reform). The current regulatory framework for pharmacy practice makes it impossible

Philip J. Trapskin, PharmD, RPh
2861 Crinkle Root Drive
Fitchburg, WI 53711

to experiment and study the benefits of disruptive innovation. This bill will allow the Pharmacy Examining Board to pilot innovation in a controlled limited fashion. The Pharmacy Examining Board can then use the lessons learned from these pilots to propose smarter rules and legislation that will promote public health and welfare.

I applaud the efforts of this Committee to take the time to review opportunities that can improve public health, specifically through improved medication use.

Sincerely,



Philip Trapskin, PharmD, BCPS



DATE: Wednesday, February 10, 2016
TO: Representative Joe Sanfelippo, Chair
Members, Assembly Committee on Health
FROM: Pharmacy Society of Wisconsin
SUBJECT: AB865 & AB866: Prescription Adherence Legislation

Patient non-adherence to prescription medications increases healthcare costs by \$290 billion annually¹ and is associated with increased rates of hospitalization and death.² The two provisions outlined below are simple legislative changes that will enable pharmacists to assist patients in adhering to their medication regimens.

1. Assembly Bill 866: Pharmacist conversion of 30-day to 90-day supply of medications

Problem: The Wisconsin Pharmacy Practice Act (Ch. 450) limits pharmacists' ability to professionally interpret prescriber orders and convert 30-day to 90-day supplies of medications, despite an adequate refill allowance denoted on the prescription. Evidence shows that allowing patients to elect for a 90-day supply of their chronic, maintenance medications increases patient adherence by up to 25%³, decreases healthcare costs, and improves patient satisfaction.

Solution: Unless otherwise noted on a prescription by a prescriber, enable pharmacists to change a 30-day supply for a non-controlled substance medication to a 90-day supply as long as the refill allowance authorized by the prescriber is met.

Proposal: Amend 450.11(5) to: No prescription may be renewed unless the requirements of sub. (1) and, if applicable, sub. (1m) have been met and written, oral or electronic authorization has been given by the prescribing practitioner. Unless the prescriber has specified on the prescription that dispensing a prescription in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription including any refills.

2. Assembly Bill 865: Pharmacist administration of nonvaccine injections

Problem: In Wisconsin, pharmacists have been safely and effectively administering vaccines since 1997; however, they are restricted to administering nonvaccine injectable medications (i.e. heparin, insulin) for the purposes of patient teaching only. This restriction prevents pharmacists from assisting patients in the community with self-injectable medications or in the institutional setting as part of the multidisciplinary care team.

Solution: Pharmacists trained in proper injection technique should be able to administer nonvaccine injections for the purpose of improving patient access and adherence to those medications. Over 20 states authorize pharmacists to administer nonvaccine injections

Proposal: Amend statute 450.035(1)(r) by striking the statement "A pharmacist may administer a prescribed drug product or device under this subsection only in the course of teaching self-administration techniques to a patient." After administering an injectable medication, a pharmacist or pharmacist delegate must notify the prescriber.

¹ Thinking outside the pillbox. A system-wide approach to improving patient adherence for chronic disease. Network for Excellence in Health Innovation (2009).

² Sokol MC, McGuigan KA, Verbrugge RR, et al. Impact of medication adherence and Hospitalization risk and healthcare cost. Med Care 2005; 42(6): 521-530.

³ Taitel M, Fensterheim L, Kirkham H, et al. Medication days' supply, adherence, wastage, and cost among chronic patients in Medicaid. Medicare & Medicaid Research Review 2012; 2(3): E1-E13.