



LEAH VUKMIR

STATE SENATOR

Senate Bill 709

SENATE COMMITTEE *on* HEALTH & HUMAN SERVICES

Thursday, February 11th, 2016

Vice-Chairman Moulton, committee members, thank you for taking the time to hear my testimony on Senate Bill 709.

Many people who suffer from a chronic illness have difficulty adhering to their prescriptions because of the difficulty in getting to the pharmacy each month for a refill. Limited pharmacy hours, distance from the pharmacy, or lack of transportation can all affect the ability of an individual to refill their prescription each month.

Currently, the Wisconsin Pharmacy Practice Act limits pharmacists' ability to fill a prescription except as designated on the prescription order. Even if a prescription has enough refills wherein a larger amount could be provided, a pharmacist may not distribute more than the allotted amount. For example, under current law, if an individual is given a 30-day prescription with 2 additional refills, the pharmacist cannot give the individual a 90-day supply of the prescription.

Under this bill, a pharmacist would be allowed to make the professional determination to dispense the prescription in any quantity up to the total number of dosage units, so long as there are enough refills available. Evidence shows that prescribing a 90-day supply of a maintenance medication instead of a 30-day supply increases patient adherence by 15%, as well as increasing healthcare savings and patient satisfaction.

In order to ensure that the patient is being properly monitored, the physician may restrict the pharmacist from prescribing a larger supply. If a physician believes that a patient would be best served by having three 30-day refills instead of one 90-day refill it remains within their ability to do so, as indicated on the prescription order.

The legislature has been focused on ending prescription opioid abuse, and we were proactive in working with the authors of the HOPE legislation to make sure this bill wouldn't undo any of their good work. This bill does not apply to narcotics or opioids and would not allow a patient to receive more than the prescribed amount for any of these medications.

This bill will increase access to prescription medications for chronic conditions, while maintaining the ability of a physician to monitor their patients' illness. Thank you again for taking the time to hear my testimony. I encourage you to support Senate Bill 709 and would be happy to answer any questions.

STATE CAPITOL

P.O. Box 7882 • MADISON, WISCONSIN 53707-7882
(608) 266-2512 • FAX: (608) 267-0367



Jeremy Thiesfeldt

STATE REPRESENTATIVE • 52nd ASSEMBLY DISTRICT

Testimony on SB 709

Chairman Vukmir, members of the committee, thank you for having a hearing today to share a cost and time saving measure for patients in regards to converting non-controlled substance drugs from a 30-day supply of to a 90-day supply without prior authorization from the prescriber when refills exist on the prescription order.

According to Network for Excellence in Health Innovation, patient non-adherence to prescription medications increases healthcare costs by \$290 billion annually and is associated with increased rates of hospitalization and death. This bill and the next one on the agenda today, AB 865, will enable pharmacists to assist patients in adhering to their medication regimens.

The thrust of this change is that if the prescriber writes a prescription with a year of refills, a pharmacist should be able to use his/her judgement in changing the interval in which a patient picks up that prescription. This does not include schedule 2 controlled substances which have no allowable refills. State and federal controlled substance laws prevent pharmacists from making any change to the quantity or refills on an original prescription without contacting the prescriber.

Studies show that when patients pick up a three month supply of medications versus a one month supply, they have improved adherence to their medications and higher satisfaction. Studies also show cost savings to the patient and health plan when 3 months of a maintenance medication is dispensed versus one month. For example, patients will often pay less for copays and plans have demonstrated savings when adding a 90-day at retail pharmacy benefit to their existing 30-day at retail and 90-day mail order benefit.

Community pharmacies appreciate being able to dispense 90 day supplies to 1) improve patient adherence and satisfaction; and 2) better manage and predict their workflows.

21 states have allowances for pharmacists to make a conversion from a one month supply to a three month supply when adequate refills exist; 16 don't require contact to be made to the prescriber—which is what this bill does.

I hope that you can see the benefit in allowing this common sense and simple change, both for the patients and for the pharmacists.

Serving the communities of Fond du Lac, Oakfield, Byron, Empire, Taycheedah, and the western half of Calumet township

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

DATE: February 11, 2016

TO: The Honorable Leah Vukmir, Chairman of the Senate Committee on Health and Human Services

RE: Senate Bill 709 relating to prescription refills

Good Morning Madam Chair Vukmir, and Committee members. My name is Philip Trapskin, I am a pharmacist currently serving as Secretary of the Wisconsin Pharmacy Examining Board. I am here today to testify in support of Senate Bill 709.

As you have already heard or will hear today, medication non-adherence (not taking a medication as it is prescribed) is estimated to cost the U.S. healthcare system billions of dollars annually. There are multiple causes of medication non-adherence and no silver bullet that easily addresses all causes. However, pharmacists have the training and experience to partner with patients and providers to overcome medication adherence obstacles.

Every practicing pharmacist can tell you stories of contacting prescribers on the patient's behalf to dispense prescribed drugs in quantities and fills that vary from the quantities and fills specified in a prescribing practitioner's prescription order. Sometimes the quantity is larger to reduce the number of trips to the pharmacy. While other times the quantity is smaller to reduce the potential for waste while a new therapy is being initiated.

Prescribers also want patients to adhere to their medication regimens to make sure outcomes are maximized. However, health-care providers are busy and this bill removes an unnecessary step (i.e. contacting the prescriber) that does not provide value to the patient and wastes providers' time.

Lastly, I would like to address some concerns that may be voiced about medication waste and increasing costs to patients. In terms of medication waste, the practice of requesting changes to dispensing quantities already happens today pursuant to a change in prescription. So passing this bill is highly unlikely to increase or decrease medication waste. Secondly, ground for discipline for unprofessional conduct of a pharmacist in Phar 10.03(13) reads "Exercising undue influence on or taking unfair advantage of a patient in the promotion or sale of services, drugs or other products for the financial gain of the pharmacist or a third party". So if a pharmacist used this bill to take unfair advantage of a patient by changing dispensed quantities for financial gain could be subject to discipline.

In closing, I would like to thank Madam Chair Vukmir for her authorship and having this hearing. Furthermore, I would like to thank the Committee for your efforts to improve the health of the citizens of Wisconsin, and request your support of this bill.

Sincerely,

Philip J. Trapskin, PharmD, RPh



ALLIANCE OF HEALTH INSURERS, U.A.
10 East Doty Street, Suite 500
Madison, WI 53703
608-258-9506

Anthem Blue Cross and Blue Shield in Wisconsin
Delta Dental of Wisconsin, Inc.
Humana, Inc.
MHS Health Wisconsin.
Molina Healthcare of Wisconsin
UnitedHealthcare of Wisconsin
WEA Insurance Corporation
WPS Health Insurance

To: Chairperson Leah Vukmir
Members, Senate Committee on Health and Human Services
From: R.J. Pirlot, Executive Director
Subject: **Opposition to SB 709, relating to prescription refills.**
Date: February 11, 2016

SB 709 allows a pharmacist to dispense prescribed drugs in quantities and fills that vary from the quantities and fills specified in a prescribing practitioner's prescription order, unless the prescriber specifies that adherence to the prescription order is medically necessary. Patient adherence to care plans and their corresponding prescription drug regimens is of the highest priority of managed care plans. Our care managers, nurses, and physicians are working to ensure our members get the right care at the right place at the right time. Unfortunately, our initial review of SB 709 is its enactment could increase costs for some consumers, could increase administrative costs, and could lead to increased costs for health plans in Wisconsin. We encourage the committee to pause to allow us to discuss these issues in depth and to fully weigh whether the bill would truly save money for pharmacies, patients, and health plans.

A primary concern is SB 709, unintentionally, could raise out-of-pocket costs for some consumers. For example, plan benefit designs, under the terms of the coverage, may limit prescription drug refills at one point in time to a maximum of 30 days. If a pharmacist were to provide a 90-day supply, the patient will be responsible for paying the full cost of the extra days. In addition, for the patient, it could be more expensive under his or her plan to receive a 90-day supply of a prescription at a retail pharmacy than via mail order that is, mail order may be less expensive than retail. To help ensure patients are protected, if this bill were to advance, we respectfully suggest that a pharmacist exercising such flexibility be required under the law to inform the patient if changing the quantity specified in the prescribing practitioner's prescription order will require a higher or additional co-pay or that the member pay in full for amounts in excess of that covered by insurance. In short, the bill should require the pharmacist inform the patient of additional payment requirements, if any, incurred for changing the quantity specified in the prescription order. Or, to more fully protect consumers, the bill could be amended to reflect an approach adopted in similar legislation in Connecticut last year, which provided pharmacies such flexibility if, among other limitations, "the patient's health insurance policy or health benefit plan, if any, will cover the refill quantity dispensed, without additional coinsurance, deductible or other out-of-pocket expense required from the patient."¹

¹ Connecticut Public Act No. 15-116.

Moreover, SB 709 could actually lead to higher overall costs for some consumers due to wasted drugs. For example, under SB 709, a pharmacist could change a 30-day supply of a prescription and, instead, dispense a 90-day supply. We respectfully suggest such flexibility, if granted, should be limited to drugs prescribed for a chronic condition and which have been prescribed as a maintenance drug, provided that the patient has been stable on the prescribed drug for at least 6 months. Such a limitation could protect patients from the cost of wasting drugs if the patient needs to change medications or poorly tolerates a particular new drug regimen.

Additionally, such a limitation narrowing the bill could help reduce a health plan's exposure to increased costs caused by an individual's health care benefit changing or ending and the individual, knowing of the change or end of coverage, obtaining a 90-day – or longer – refill for a drug that will not be covered. In this situation, health plans could be paying for a prescription long after coverage ends.

Finally, we understand there are provisions in Wisconsin law and in federal law regarding prohibiting or limiting refills of controlled substances. Our limited research to date indicates both Missouri and Ohio are considering similar legislation, and both bills specifically exclude controlled substances from their provisions.² The aforementioned legislation enacted in Connecticut included a similar exclusion for controlled substances.³ Should this bill advance, we respectfully encourage the committee to include a similar limitation.

SB 709 was introduced last Thursday, February 4, 2016. Its Assembly companion bill is already on the Assembly calendar for Tuesday, February 16, 2016. The issues raised by SB 709 are not inconsequential to the health care insurance industry and the consumers we serve. Over 17 percent of premium dollars are spent on pharmaceuticals, with the rate of increase far exceeding the medical trend rate. As such, health plans doing business in Wisconsin are particularly interested in legislation which could, though well intentioned, increase prescription drug costs for some patients. We respectfully urge this committee to consider the concerns we raise and to work with us to narrow the bill to more closely suit the stated goals of the legislation.

For more information, please contact:

R.J. Pirlot, Alliance of Health Insurers, at 608-258-9506.

² Missouri Senate Bill 973 of the 98th General Assembly and Ohio House Bill 285 of the 131st General Assembly.

³ Connecticut Public Act No. 15-116.



DATE: Thursday, February 11, 2016

TO: Senator Leah Vukmir, Chair
Members, Senate Committee on Health and Human Services

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

SUBJECT: Senate Bills 708 and 709 Relating to Pharmacy Practice

Good Morning Chairman Vukmir and Committee members.

Thank you for the opportunity to comment on these Senate Bills relating to 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 two of the bills that are up for comment:

- Senate Bill 708
- Senate Bill 709

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. Through effective medication management, pharmacists can impact all three components of the healthcare system's triple aim:
 - Improving the patient experience
 - Improving population health, and
 - Reducing the per capita cost of health care
- 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.

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

Senate Bill 708 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
- Pharmacists are oftentimes the most accessible healthcare professional in the community, and can serve as a safe and efficient resource for patients.
- Many community pharmacists provide immunization services to patients in accordance with current state regulations, and pharmacists providing these services receive extensive training in injection techniques.
 - Within our UW Health pharmacies, we provide over 1,000 immunizations annually to patients that we serve.
- If passed, this bill would remove barriers to adherence for patients taking injectable medications

Senate Bill 709 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.
- Oftentimes, the prompt to modify the quantity of a medication for a given dispense is driven by the patient, or the health plan.
- 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.
- This bill is intended to address pharmacist-provider communication inefficiencies. All cost and formulary considerations for the patient will still be driven by his or her contract with the health plan.
- 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 bills. I am confident that, if approved, these will result in improvements in our healthcare delivery model, without compromising patient safety.



DATE: Thursday, February 11, 2016
TO: Senator Leah Vukmir, Chair
Members, Senate Committee on Health and Human Services
FROM: Pharmacy Society of Wisconsin
SUBJECT: SB708 & SB709: 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. Senate Bill 708: 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.

2. Senate Bill 709: 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.

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.