Jeremy Thiesfeldt
STATE REPRESENTATIVE • 52nd ASSEMBLY DISTRICT

Testimony on AB 866

Chairman Sanfelippo, 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.

Capitol Office: Post Office Box 8953 • Madison, Wisconsin 53708-8953
(608) 266-3156 • Toll-Free: (888) 529-0052 • Fax: (608) 282-3652 • Rep.Thiesfeldt@legis.wi.gov

LEAH VUKMIR
STATE SENATOR

Assembly Bill 866

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 866.

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 Assembly Bill 866 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

AHI

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

To: Chairperson Joe Sanfelippo
Members, Assembly Committee on Health
From: R.J. Pirlot, Executive Director
Subject: **Opposition to AB 866, relating to prescription refills.**
Date: February 10, 2016

AB 866 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 AB 866 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 AB 866, 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 quantify 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, AB 866 could actually lead to higher costs for some consumers due to wasted drugs. For example, under AB 866, 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.

AB 866 was introduced last Thursday, February 4, 2016, and is scheduled today for both a public hearing and executive action. It is also on the proposed Assembly calendar for Tuesday, February 16, 2016. The issues raised by AB 866 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, allow for more meaningful analysis of the potential effects of the legislation, and delay taking executive action on AB 866.

For more information, please contact:

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

attachments

[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.

Pharmacy Society of Wisconsin

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 annually[1] 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 all. Medication days' supply, adherence, wastage, and cost among chronic patients in Medicaid. Medicare & Medicaid Research Review 2012; 2(3): E1-E13.

701 Heartland Trail
Madison, WI 53717
t: 608.827.9200 f: 608.827.9292
info@pswi.org www.pswi.org

UW Health

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, will 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 than 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