

JULIAN BRADLEY
WISCONSIN STATE SENATOR

Senate Committee on Health

Tuesday, April 27, 2021

Senate Bill 255

Chairman Testin and committee members, thank you for taking the time to hear testimony on Senate Bill 255.

This bill looks to help improve healthcare access and outcomes for the families who utilize Wisconsin's Medicaid program by expanding access to basic health care safely and securely.

Senate Bill 255 is a simple fix to ensure Medicaid will reimburse orders given by pharmacists while working within their scope of practice. Currently, some of these orders can only be prescribed by a physician or other health care practitioner to be approved by Medicaid, even though it is well within a pharmacist's scope to order these services.

This bill recognizes the critical role of pharmacists when it comes to their impact and place in the team-based care model in Wisconsin. Here, we aim to encourage and enable our health care practitioners to work to the greatest extent of their scope. This will help improve quality of care, and make our system more efficient and cost-effective.

Pharmacists have been crucial partners with us as we've fought the battle against the pandemic. Vaccinations quickly come to the top of the mind as services they help provide. Yet pharmacists do so much more — including medication administration, management of patients with chronic diseases (such as diabetes, high blood pressure, use of blood thinners), tobacco cessation product prescribing and monitoring, opioid de-escalation, and comprehensive medication management. Other providers can currently prescribe and order these services for a patient in Medicaid. But under current law, pharmacists can't, even though it falls within their scope.

This bill does not change which services Medicaid will reimburse. It only adds pharmacists to the list of health care professionals who can order the services for a patient — increasing access in crucially underserved areas. This way, our Medicaid system can better reflect how our team-based care model works while we look to help those most in need.

In 2017, Wisconsin Act 119 expanded access for ordering Medicaid services. Previously, only physicians could order these services and the Legislature expanded the list include other advance practice clinicians. This bill is modeled after that law, which passed unanimously in committees in both houses of the Legislature, and was passed on voice votes in the Senate and Assembly.

I'd encourage you to support this bill as we work to improve and tailor Wisconsin's Medicaid program for our state's individual needs. Thank you for your time to consider this bill. Please let me know if I can help answer any of your questions.

DAVE MURPHY

State Representative • 56th Assembly District

Senate Committee on Health

Public Hearing, April 27, 2021

Senate Bill 255

Testimony of State Representative Dave Murphy

Mr. Chair and members of the committee, thank you for hearing Senate Bill 255 today.

One of my top priorities as a legislator is to eliminate unnecessary roadblocks to affordable, accessible healthcare. A roadblock that stands out to me as a perfect example of government getting in the way of affordable healthcare is the fact that Wisconsin's Medicaid program does not allow pharmacists to order services that already fall under their scope of practice. This unnecessary and costly barrier stands in the way of people readily accessing care in the form of vaccinations, administration and management of medication, and so many other services that pharmacists are authorized to both order and perform on a daily basis.

This bill does not expand the scope of services that are reimbursable through Medicaid; however, it does allow people to access those same services at a local pharmacy by a trained professional who would be able to order and perform the service if it wasn't being reimbursed by Medicaid. Pharmacists play a critical role as part of a healthcare team and should be empowered to perform the same role with Medicaid covered patients as they do with all other patients.

A study in Population Health Management demonstrated that pharmacist interventions for patients with chronic conditions can save an average of \$1,000 per patient per year. It's possible that recognizing pharmacists under Medicaid will save Wisconsin money; however, more importantly, it will result in better health outcomes for the people of our state.



To: Members, Senate Committee on Health

From: Jordan Spillane, PharmD Director of Ambulatory Pharmacy Services, Froedtert Health

Date: April 27, 2021

Subject: Support for Senate Bill 255

Thank you for allowing me to submit comments in favor of Senate Bill 255 on behalf of the Pharmacy Society of Wisconsin. My name is Jordan Spillane and I am a pharmacist with 10 years of experience and currently serve as the Director of Ambulatory Pharmacy Services at Froedtert Health. During my 10 years as a pharmacist, I have become increasingly passionate about ensuring that patients in Wisconsin have access to the right healthcare and right healthcare provider at the right time and right place.

I am here today as I have had the opportunity to work with the Pharmacy Society of Wisconsin over the past 3 years to ensure SB 255 supports healthcare access for Wisconsinites. In healthcare settings where clinical pharmacists are a part of the healthcare team, the physician is the diagnostician, the nurse is the disease state educator and the pharmacist is the medication expert. The pharmacist can determine the appropriate medication based on evidence-based guidelines, insurance preference, co-pay cost to the patient and patient ability to properly take/use the medication. When pharmacists, prior to the point of prescribing, are a part of the healthcare delivery model, there is greater efficiency and effectiveness of care. Wisconsin needs this healthcare model available to all patients across the entire state.

Pharmacists in Wisconsin already have appropriate scope of practice given their training and expertise, but are not able to bill for provision of clinical services like other healthcare providers. This lack of equitable reimbursement serves as a barrier for patients to access appropriate care and leads to an unsustainable model of care, which is why few Wisconsin patients have access to a clinical pharmacist as part of their healthcare team. Approximately 60% of Wisconsin counties have areas considered medically underserved. Pharmacists are uniquely positioned to fill these healthcare access gaps. SB 255 would allow pharmacists to bill Medicaid for appropriate clinical services in appropriate settings. In addition to improving patient access to care, there is published literature that demonstrates significant savings for patients and healthcare payers, as well as improved sustained healthcare outcomes for patients when pharmacists are involved in chronic disease state management. Blue Cross Blue Shield of Michigan studied this exact model and demonstrated an average annual savings of \$1,123 per patient in prescription claims alone¹.

I am confident that SB 255 will empower clinical pharmacists to serve as patient care providers, which would allow for Wisconsinites to experience increased access to care, improved health outcomes and overall lower costs. I appreciate the opportunity to share my unwavering support for SB 255. Thank you.

¹ Choe HM et al. Michigan Pharmacists Transforming Care & Quality: Developing a Statewide Collaborative of Physician Organizations & Pharmacists to Improve Quality of Care & Reduce Costs. J Manag Care Pharm. 2018 April;24(4): 373-378

April 26, 2021

Dear Members of the Senate Committee on Health:

My name is George E. MacKinnon III, a resident of Wisconsin and registered pharmacist. I am employed as a Professor at the Medical College of Wisconsin (MCW) and Founding Dean of the School of Pharmacy, though these views here are my own. I am proud to say that I have been a pharmacist for the past 32 years. I too have appreciated the Legislature's affirmative response to previous requests to broaden immunizations by pharmacists and student pharmacists in 2021.

I write this letter requesting your support of this new legislation, that would require the Department of Health Services to provide reimbursement under the Medical Assistance program for services that are typically reimbursable under the program but that are provided by a pharmacist within the scope of his or her license or that are provided by a pharmacist that were delegated by a physician. This legislation does not expand scope of practice but brings Medicaid rules in alignment with existing authorities granted to pharmacists. In Wisconsin, per statute, *450.033 Services delegated by physician. A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5)*. Reimbursement for services by DHS are not in alignment for beneficiaries to access care for services that can be provided by pharmacists. Constituents deserve the opportunity to select their healthcare provider of choice, including a pharmacist.

Leveraging the role of the third largest number of healthcare providers available (i.e., pharmacists) is essential to the health and welfare of all communities, from Milwaukee to Salem to Spooner. Especially during the pandemic when many individuals have forgone treatment for chronic conditions that often require medication dosage adjustments, based on monitoring and laboratory results. Having worked with physicians over the years, the work environments and expectations for primary care physicians' daily activities are daunting and often include spending a significant amount of time related to chronic care management with complex medication regimens (estimated at 1/3 of activities), medication reconciliation and documentation within the electronic medical record.

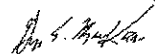
Fortunately, physician colleagues have called for more engagement of pharmacists as exemplified in the work produced by the American Medical Association (AMA), in a tool to help physicians improve patient care, (*Embedding Pharmacists Into the Practice: Collaborate with Pharmacists to Improve Patient Outcomes*). Likewise, as pointed out in a 2012 *New York Times* article, "*When the Doctor Is Not Needed*," the author states, pharmacists are capable of adjusting medications, ordering and interpreting laboratory tests, and coordinating follow-up care. But state and federal laws complicate this engagement even though patients often prefer the convenience of dealing with pharmacists and local pharmacies.

The pharmacist workforce is well educated (at the doctoral-level for past 20 years) and highly accessible, yet vastly underutilized. In 2011 the Office of The Surgeon General released the report, *Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice*, that provided an evidence-based discussion of the impact of pharmacist-provided patient care on healthcare quality, safety, and costs. There are multiple models of where pharmacists are practicing within the full scope of their licensure and education, thus included as credentialed members of the healthcare team. The Veterans Administration has recognized the unique and valuable contributions that pharmacists can provide to Veterans for the past 40 years and have recognized them as "credentialed providers." Such pharmacists are indeed providing services in primary care clinics in both VA's in Madison and Milwaukee, as this meeting takes place.

More broadly, the average person lives within 5 miles or less of the nearest community pharmacy which places the community pharmacist in a unique position to help America close the gap on patient access and bring greater affordability to healthcare costs. Recognizing and compensating pharmacists as providers by DHS directly for their services is essential to the health of our State and beneficiaries. Pharmacists are indeed a part of the re-balancing healthcare equation needed, as we emerge from the pandemic. Our community-located pharmacies are the "*front door to healthcare*." Recent uptake and desire by patients to have COVID-19 testing and immunizations provided by pharmacists is a prime example of care that is convenient and cost-effective yet delivered by another healthcare provider.

Thank you for allowing me the opportunity to provide this testimony in support of Senate Bill 255/Assembly Bill 290.

Professionally,



George E. MacKinnon III, BSP Pharm, MS, PhD, RPh
PO Box 177, Salem, WI 53168