



LEAH VUKMIR

STATE SENATOR

Senate Bill 708

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 708.

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 Senate Bill 708 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 708

Chairman Vukmir, 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.

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 708 relating to the administration of prescribed drugs by pharmacists.

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 708.

Over the last decade, there has been a significant increase in the development of medications that must be administered through an injection. These medications include treatments for diabetes, rheumatoid arthritis, multiple sclerosis, inflammatory bowel disease, mental illness, and opioid addiction. For many patients, these medications are self-administered in the home. In some cases, patients are unable to self-administer for a variety of reasons and rely on a clinic for administration. However, the location and/or hours of their clinic may not be convenient. Allowing pharmacists to administer injection could improve patient access by providing another option of location and service hours to receive injections.

This is not a new idea, a study published in 2012 by Howard University College of Pharmacy found that 21 states allowed pharmacists to administer non-vaccine injectable medications.¹ In fact, even in Wisconsin pharmacists can currently administer injections in the course of teaching.

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

1. Oji V, Mckoy-Beach Y, Matike B, Akiyode O. Injectable administration privileges among pharmacists in the United States. *AJHP* 2012;69:2002-5.



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.



Pharmacy Society
of Wisconsin

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.