DAVE MURPHY

State Representative • 56th Assembly District

Assembly Committee on Health

Public Hearing, July 29, 2021

Assembly Bill 290

Testimony of State Representative Dave Murphy

Mr. Chair and members of the committee, thank you for hearing Assembly Bill 290 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.

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JULIAN BRADLEY
WISCONSIN STATE SENATOR

Assembly Committee on Health

Tuesday, July 29, 2021

Assembly Bill 290

Chairman Sanfelippo and committee members, thank you for taking the time to take testimony on Assembly Bill 290.

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.

Assembly Bill 290 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 was passed unanimously in the Senate Health committee and passed on a voice vote in the Senate in May.

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/monitoring, opioid de-escalation, and comprehensive medication management. Other providers can currently prescribe and order these services for a patient. 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.

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PSW
Pharmacy Society of Wisconsin

To: Members, Assembly Committee on Health

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

Date: July 29, 2021

Subject: Support for Assembly Bill 290

Thank you for allowing me to submit comments in favor of Assembly Bill 290 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 AB 290 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. AB 290 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 alone[i].

I am confident that AB 290 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 AB 290. Thank you.

[i] 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

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To: Members, Assembly Committee on Health
From: Julie Bartell, PharmD, BCACP
Pharmacotherapy Supervisor, Residency Program Director
Date: July 29, 2021
Subject: Support for Assembly Bill 290

Thank you very much for this opportunity to testify in support of Assembly Bill 290. My name is Julie Bartell, and I am the supervisor for ambulatory care clinical pharmacy services at my institution, as well as a practicing ambulatory care pharmacist.

At our practice pharmacists work collaboratively with physicians and other advanced practice providers (such as nurse practitioners and physician assistants) to improve the health of patients with chronic diseases. We work under collaborative practice agreements with physicians which enable us to prescribe and adjust medications and order necessary labs for patients. We see patients with scheduled appointments where we manage conditions like diabetes, high blood pressure, high cholesterol, heart failure, blood thinners, lung disease, and mood disorders. We have a tobacco cessation clinic where we help smokers quit, and an opioid de-escalation service where we help patients scale back or stop their opioids. We also see patients for comprehensive reviews of their medications and serve as a "central medication manager," providing extensive education and coordination of care. We make sure patients understand their therapies and are on appropriate medications for their conditions.

I practice in a rural area and see a wide variety of patients, including many patients with Medicaid. Often patients have difficulty accessing their primary care physician, particularly as there is a shortage of providers in this area. For example, it used to take an average of 6 weeks for a patient to get an appointment with their primary care physician at my institution. This delay in care could lead to increased emergency room visits and hospitalizations. To help improve access, we switched patients who were scheduled with their primary care physician for routine chronic disease follow up to our ambulatory care pharmacists' schedules. The project was impactful, and within 6 months we had decreased the time it took for a patient to schedule an appointment with their primary care physician to from 6 weeks to 6 days. In addition, the pharmacists were able to improve diabetes and blood pressure control for patients.

We know that more than 50% of patients with chronic diseases don't take medications correctly and that pharmacist interventions for these patients can save up to $1000 per patient per year. Additionally, we know that medication side effects, drug interactions, and noncompliance contribute to approximately $290 billion per year of avoidable health care expenditures.

Despite this, we face barriers to expanding pharmacist services so that we can increase access, improve outcomes, and decrease overall costs to best benefit patients. Pharmacists are not currently recognized as health care providers by Medicaid, and therefore we are not reimbursed for the clinical services that we provide – services which are often analogous to services provided by our physician, NP, and PA colleagues. This bill will add pharmacists to the Medicaid list of recognized healthcare providers and enable pharmacists to obtain appropriate reimbursement the clinical services that we provide. I am confident that this bill will help organizations justify the expansion of clinical pharmacy services and improve healthcare access to one of our State's most vulnerable populations. I urge you to support this bill. Thank you very much. I would happy to address any questions.

To: Members, Assembly Committee on Health

From: Dimmy Sokhal, PharmD

July 29, 2021

Subject: Support for AB 290

Thank you very much for allowing me to submit comments in favor of Assembly Bill 290. My name is Dimmy Sokhal and I am a community pharmacist in Milwaukee. I have worked with thousands of patients as a pharmacist to improve access to healthcare by providing gamut of services, the services I have been trained on as a pharmacy student and a pharmacist. I work with a wide demographic of patients and one of our biggest challenge is patient's engagement in their health. I am one of the most easily accessible healthcare professionals when it comes to consulting on vaccination status, vaccinations recommended for travel, training on medication devices, and disease state education to name a few.

As pharmacists we go through rigorous training on pharmacotherapy skills, disease state management, and communication skills like motivational interviewing making us an integral part of the healthcare team. Services and education offered by pharmacists is not limited to dispensing, I am mostly working one on one with my patients providing disease state education. I visit patients in their homes to provide medication management and education; and as I perform my visits, I encounter several barriers they face to have access to health. I work collaboratively with patient's case manager, prescribers and caregiver to overcome these barriers.

One of the areas that I have been contributing a lot of my time is monitoring and administration of long-acting antipsychotic injectables. We currently have around 150 patients referred to us. I am able to administer these medications for the patients who have diagnosis of schizophrenia or bipolar disease and are often hesitant to travel to the clinic or there is lack of available appointments. I visit these patients in their homes/workplace/adult day care program to administer the injectable and also monitor them for any side effects. I work with the patient's psychiatric prescriber to ensure that patient is on the appropriate dose and being followed up. Through the pandemic, I have seen an increase number of patients referred due to decrease in number of available office appointments. Approval of this bill will support pharmacists to expand the long-acting antipsychotic injectable program for patients in turn improving access and better disease state control.

Another area that I have focused on is educating patients post hospital discharge on their medications and education. I assist patients with ensuring they are compliant to their medications and therefore helping with their disease state management. The patients discharged from the hospital are often overwhelmed with the changes in their medications, it is critical to have the medication changes reconciled so the medications in their homes are organized. Pharmacist play an indispensable role during the transition of care and it is of paramount importance to incorporate pharmacist in the process as provider to attain improved outcomes. Support for this bill will help me to increase number of increased number of patients who can complete post-discharge medication reconciliation and medication management with a pharmacist.

I have worked in collaboration with many prescribers in order to improve patient's health outcomes and access to care. The bill will certainly be able to improve access to care for patients I serve and allow me to expand on multiple programs for the patients I serve. Thank you.

2021 Assembly Bill 290

Thank you for the opportunity to provide written testimony to the legislature in support of Assembly Bill 290. Our names are Sara Wright and Michael Plautz – both born and raised Wisconsin residents and current pharmacy students at Concordia University Wisconsin School of Pharmacy (CUW SOP). We currently serve as the CUW SOP liaisons for the Pharmacy Society of Wisconsin (PSW) and we are excited to further advocate for pharmacy provider status in the state of Wisconsin.

Even before this bill was constructed, pharmacists have been providing these services to patients throughout the state of Wisconsin. Some of these services include giving immunizations and other injections, providing point of care testing, and performing comprehensive medication management and chronic disease state management services via collaborative practice agreements. As pharmacy students, we receive extensive training on how to provide these services to our patients through both didactic and experiential courses starting in our first year. We learn about effective patient communication and motivational interviewing, so we can best serve our patients through these services to optimize medication related outcomes. As one of the most accessible and trusted healthcare providers, we as future pharmacists are passionate about the impact this legislation could have on medication related outcomes and the lives of our future patients.

As pharmacy students, we have seen first-hand the impact that pharmacists are already making in patient lives through these services. If a patient fills all their prescriptions at one outpatient pharmacy, the pharmacist is able to see all the medications the patient receives from various health care providers. This allows the pharmacist to perform comprehensive medication therapy management for the patient, including making sure the patient is taking their medications correctly, that there are no duplicate therapies, and assessing for harmful interactions. A patient specifically requested this service last week at Sara's place of employment, for the pharmacist to set up a time to go over all their medications with them and assess necessity and interactions. While this will optimize medication outcomes and increase patient understanding of their medications, it takes valuable time which the pharmacist is not getting compensated for. This legislation would allow for compensation of these services, and thus allow greater allocation of time and resources for this service.

Furthermore, we have seen just how much trust patients put in pharmacists as fellow health care professionals. Our experiential coursework allow us to shadow licensed pharmacists clinically in the field and expose us to the impact that we can make as future pharmacists. In outpatient settings, we both have witnessed pharmacists ensuring the ultimate safety for their patients by asking questions about current and past medical conditions to make sure that each patient's prescription and over-the-counter medications are safe to take. Taking the extra time to do this for each patient allows lasting trust and professional relationships to be built between the patient and pharmacist. Passing the provider status bill for pharmacists within Wisconsin will further allow these kinds of consultation services to be offered over a greater area of the state.

In summary, granting pharmacists provider status would allow them to expand upon already provided services, within their scope of practice, while receiving compensation. Provider status for pharmacists would increase access for medically underserved communities in Wisconsin and would allow pharmacists, as medication experts, to work with patients and the healthcare team to optimize medication related

outcomes. This legislation undoubtedly will positively impact and improve the health of many Wisconsin residents, specifically bridging the care-gap between medically underserved communities and accessible healthcare. We are grateful for the opportunity to contribute our support and appreciate the legislature's consideration of this bill. We welcome any questions the legislature may have.

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To: Members, Assembly Committee on Health

From: Sean La Bodda, PharmD Candidate 2022, Medical College of Wisconsin

Subject: Assembly Bill 290

Thank you for your consideration of Assembly Bill 290. My name is Sean La Bodda, a third-year pharmacy student at the Medical College of Wisconsin, and I serve as the American Society of Health System Pharmacists' Vice President of Policy and Advocacy representing the Legislative Action in Wisconsin (LAW) Committee. I am humbled by the opportunity to relay the Medical College of Wisconsin pharmacy student perspective supporting Assembly Bill 290.

Throughout pharmacy school, we have had the opportunity to engage in high-quality patient care alongside our pharmacist preceptors by applying the clinical knowledge and patient care skills we have learned in the classroom. We have witnessed the great impact pharmacists have on the quality of patient care and patient satisfaction when engaged in the healthcare team. We also know that there is a need for accessible healthcare in Wisconsin due to the lack of primary care providers in medically underserved areas. Including pharmacists in patient care increases accessibility for patients across Wisconsin, leading to better outcomes and increased cost-savings, as demonstrated by the Pharmacy Society of Wisconsin.

Our education at the Medical College of Wisconsin School of Pharmacy has prepared us to provide high-quality patient care where and when patients require it. Every week in our program, we have practiced clinical skills such as taking vital signs, performing physical exams, counseling patients, motivational interviewing, and more. We also assess patients by collecting subjective and objective information and creating assessments and plans for their management. We frequently come across medication errors to prevent these errors from reaching patients. In short, we are trained and capable of working at the top of our licenses and are eager to care for the patients of Wisconsin who deserve the highest quality of care.

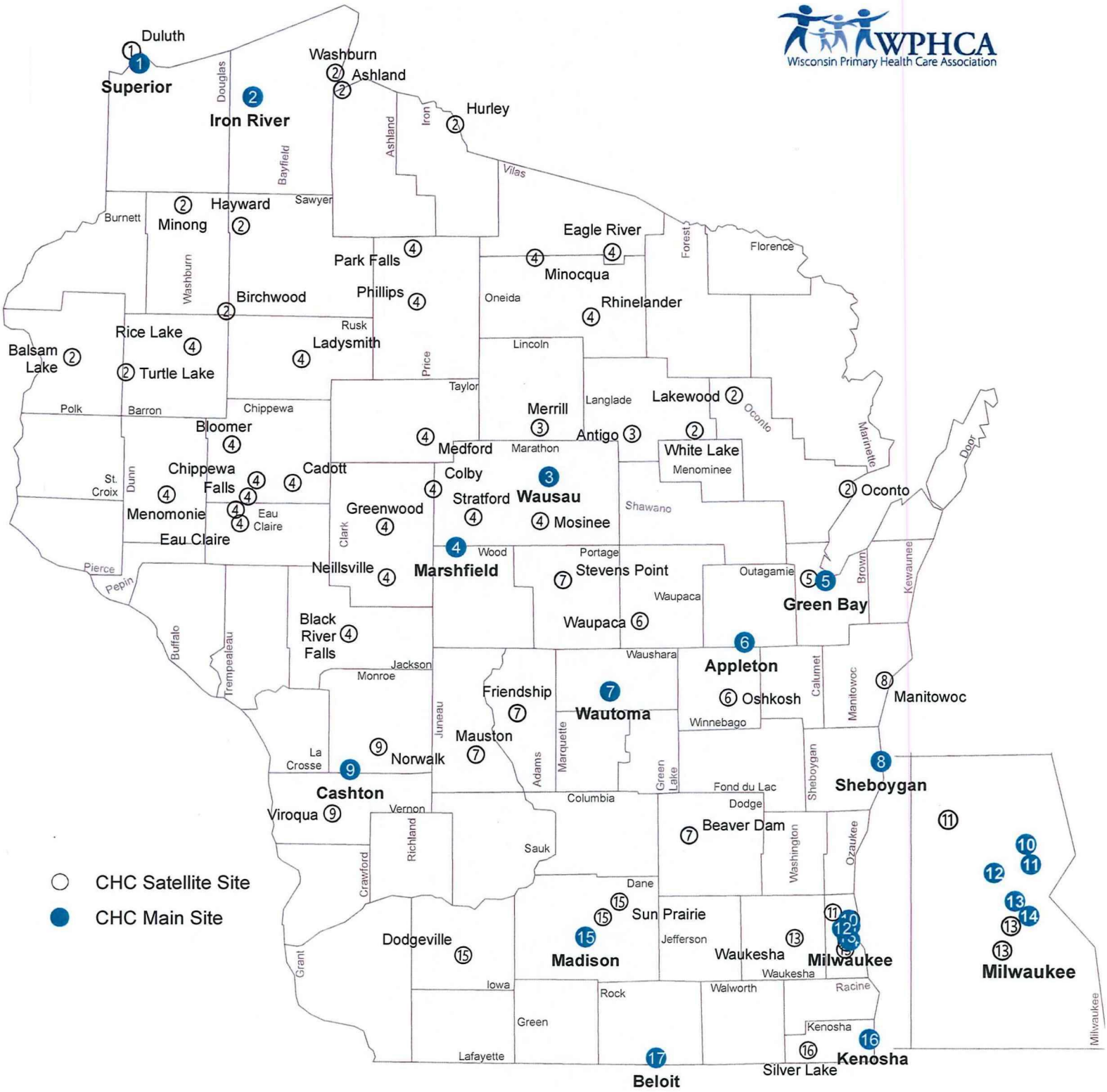
As students, we have seen that the patient care skills pharmacists are trained to provide are underutilized in our communities. "We should do that, but honestly, we don't have the time..." are words we've heard in some fashion or another. Often these time constraints are because the healthcare organizations cannot sustainably leverage pharmacists to their full potential without considerations for financial resources. Support for AB 290 would ensure that these resources are available to us when we graduate. It would allow us to continue the skills we are taught in school and sustainably perform them in the future as practitioners.

Thank you again for your considerations in supporting Assembly Bill 290.

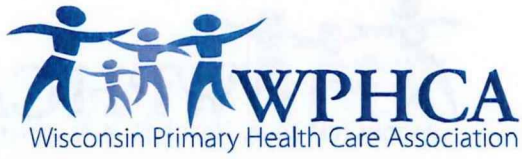
Signed by the following Medical College of Wisconsin student pharmacists:

Sean La Bodda
Breanna Kneip
Amber Patt
Sean Blaeser
Mikayla Bell
Parker Kneuppel
Mandy Walter
Hayley McDaniel
Natasha Tang
Conor Grant
Hue Xiong
Emily Wendland
Andres Saavedra
Kong Choua Thao
Alex Thorp
Shay Groth
Alberto Aranda
Artjola Prifti
Kerchia Lee
Callie Wessel
Jackson Straughan
Kaitlin Ledvina
Rawan Oudeh
Tarik Youssef
Emily Tolliver
Anas Abuzoor
Emmanuel Yang
Celena Ho
Kato Nichols
Jose Roig
Yen Tuong
Nihar Sajja
Heather Hellweg
Hannah Voros
Petra Stevanovic

Wisconsin Community Health Centers 2020



1 Lake Superior Community Health Center
2 NorthLakes Community Clinic
3 Bridge Community Health Clinic
4 Family Health Center of Marshfield
5 N.E.W. Community Clinic
6 Partnership Community Health Center
7 Family Health La Clinica
8 Lakeshore Community Health Care
9 Scenic Bluffs Community Health Centers
10 Outreach Community Health Centers
11 Milwaukee Health Services, Inc.
12 Progressive Community Health Centers
13 Sixteenth Street Community Health Centers
14 Gerald L. Ignace Indian Community Health Center
15 Access Community Health Centers
16 Kenosha Community Health Center
17 Community Health Systems



July 29, 2021

To: Chairman Sanfelippo
Members of the Assembly Committee on Health

RE: In support of AB 290, Pharmacists as Billable Providers

Chairman Sanfelippo and Members of the Assembly Committee on Health, thank you for the opportunity to testify today on behalf of The Wisconsin Primary Health Care Association in support of AB 290.

My name is Richelle Andrae, and I am the Government Relations Specialist for WPHCA. WPHCA is the member association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs, or Community Health Centers). Community Health Centers are non-profit, community-directed medical, dental, and behavioral health clinics. Pharmacy services are also a key component of Community Health Center primary care wraparound services. In Wisconsin, Health Centers annually served over 300,000 patients in 2019, providing care for residents from every single county.

Our testimony packet also includes information from of our members, Sixteenth Street Community Health Centers, in support of this bill.

Community Health Centers provide care to all patients, regardless of their ability to pay. The majority of our patients, 54%, earn at or below 100% of the Federal Poverty Level, which in 2019 was $25,750 for a family of four. Across Community Health Centers, 19% are uninsured and 57% of patients are Medicaid enrollees.

As key actors in Wisconsin's health care safety net and with Medicaid enrollees forming a majority of our patient population, this bill is very important to us. Community Health Centers recognize the critical role that pharmacists can play in providing whole-person care, especially as medications are involved in 80% of all treatment plans.[1] As medication experts with doctorate degrees, pharmacists are highly trained providers who bring a unique skillset and knowledge to patient care.

Many clinics have found innovative ways to use pharmacists in care teams. Integrating pharmacists through care teams can improve patient outcomes as pharmacists bring a unique perspective to issues such as comprehensive medication management, especially for highly complex patients.

[1] Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. Washington, DC: PCPCC, 2012.

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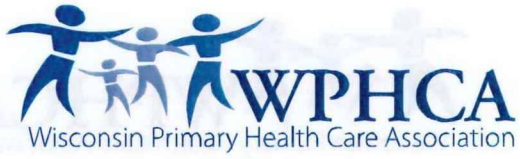

According to a 2016 peer-reviewed study, there is a cost to *not* optimizing medication therapy for patients; in 2016 this was estimated at over $500 billion nationally according to recent research.[2]

Examples of pharmacist services in the Community Health Center clinical setting include deploying pharmacy team members for medication therapy management (MTM), working directly with patients to improve medication adherence for individuals with diabetes, or collaborating with members of the medical team to identify new options when patients do not respond to common therapies. Working under a Collaborative Practice Agreement with a provider, a pharmacist can start, stop, or change the dosing of medications or order labs. Doing so can optimize medication-related treatment of chronic conditions, improve patient education about their own health and medications, improve adherence, reduce the risk of adverse effects, and improve access by identifying low-cost alternatives or supporting patients as they apply for manufacturer discount programs. Research shows that incorporating pharmacists into care teams can improve clinical outcomes for patients with chronic conditions such as diabetes and heart failure and reduce hospitalizations.[3]

Today, these services are not reimbursable under the Medicaid program as pharmacists are not billable providers. We see this bill as an important step to move toward reimbursement for cost-effective, life-saving services provided by qualified professionals.

Community Health Centers employ approximately 30 pharmacy staff statewide, including technicians. A limiting factor in their deployment of pharmacy team members is the reliance on billable providers and allowable services in the Medicaid program, as a majority of Community Health Center patients are Medicaid enrollees. Adding pharmacists as billable providers would allow Community Health Centers to improve patient care by expanding and scaling clinical pharmacy programs and integrating pharmacists into care teams in a way that is financially sustainable.

The Wisconsin Primary Health Care Association greatly appreciates the bipartisan support for AB 290, and the leadership of Sen. Bradley and Rep. Murphy for its introduction this session.

Thank you for the opportunity to testify on behalf of our members, I am happy to answer any questions.

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[2] Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacother.* 2018

[3] Chisholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care.* 2010; Matzke GR, Moczygemba LR, Williams KJ, Czar MJ, Lee WT. Impact of a pharmacist-physician collaborative care model on patient outcomes and health services utilization. *Am J Health Syst Pharm.* 2018

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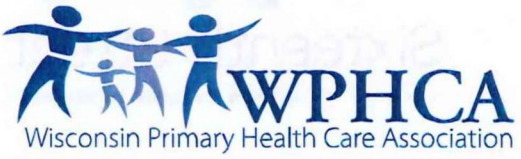

ABOUT WPHCA:

WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

CONTACT:

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Sixteenth Street

AT THE HEART OF OUR HEALTHY COMMUNITY

July 29, 2021

TO: Chairman Sanfelippo
Health Committee Members

FROM: Julie Schuller, MD – President and CEO
Sixteenth Street Community Health Centers

RE: AB 290 - Reimbursement of pharmacist services under the Medical Assistance program

Dear Chairman and Health Committee Members,

Sixteenth Street Community Health Centers (Sixteenth Street) writes to share our enthusiastic support for AB 290, which includes reimbursement of pharmacist services under the Medical Assistance program. We appreciate you holding this hearing.

Sixteenth Street is a Community Health Center with clinics in Waukesha and Milwaukee that yearly serves nearly 44,000 individual patients. We provide medical, behavioral health, dental, and ancillary services to patients, nearly 85 percent of whom are either on Medicaid or uninsured. We have a pharmacy imbedded in one of our clinics via a partnership with a health system and hope to add a second pharmacy at another clinic location.

Now more than ever, pharmacy services are a critical component of patient care and Sixteenth Street supports AB 290 because it would improve care and enable more access to clinical pharmacy and other relevant pharmacy services that Community Health Centers need to provide and are key to better patient health. In 2019, Sixteenth Street conducted a study to demonstrate the impact of a clinical pharmacist on our uncontrolled diabetic patients. The study found that patients who met with a clinical pharmacist had an over 2.1 point reduction in their A1C by their 3rd visit with the pharmacist. For many of the patients involved, this was the first time they were able to get their diabetes under control. These outcomes not only reduce costs to the healthcare system, but also greatly improve the patient's quality and length of life.

With provider status under the Medicaid program for pharmacists, patient access to various important services will increase when pharmacists are able to offer their reimbursable services at new locations which will expand access to medication-focused services. For many, the pharmacy or pharmacist may be the most accessible or appropriate option for their healthcare. Providing reimbursement for pharmacist-provided services will help to eliminate barriers and increase patient access.

Better and improved patient healthcare is another important component of the bill. A substantial number of studies have shown that pharmacists providing care to patients with a variety of chronic conditions improves patient care and decreases costs. Provider status will help make more of this possible. It is also important to remember that the bill still requires pharmacists to practice within their scope of practice and license or under the delegation of a physician so proper patient safety measures remain in place.

Sixteenth Street appreciates bill sponsors' Rep. Murphy and Sen. Bradley for their bringing AB 290 forward, and the Health Committee Chairman for holding a hearing on the bill. We respectfully ask that when given a chance, members of the Health Committee vote in support of this important bill.

Sincerely,

Julie Schuller, MD
President and CEO
Sixteenth Street Community Health Centers

For questions or follow-up, please contact Chris Rasch at Christopher.rasch@sschc.org

July 29, 2021

To: Chairman Sanfelippo
Members of the Assembly Committee on Health

RE: In support of AB 290, Pharmacists as Billable Providers

Chairman Sanfelippo and Members of the Assembly Committee on Health, thank you for the opportunity to submit testimony in support of Assembly Bill 290.

My name is Dr. Francesca Napolitano and I am a Clinical Pharmacist at Progressive Community Health Centers (PCHC) in Milwaukee, WI, and an Assistant Professor of Pharmacy Practice at Concordia University Wisconsin School of Pharmacy in Mequon, WI. PCHC has existed since 1999 to provide comprehensive healthcare and social services to patients of all ages and incomes in the Milwaukee area. The mission is to "improve the health and quality of life of the community by providing culturally competent services that address identified needs."

Community Health Centers like PCHC provide crucial primary and comprehensive health care and social services to patients. PCHC's services include Family and Internal Medicine, Pediatrics, Women's Health, Dental Care, Financial Counseling and Benefits Enrollment, as well as specialty services such as Clinical Pharmacy, Podiatry, and Behavioral Health. PCHC typically serves over 15,000 patients annually – most of which are low income and vulnerable to poor health outcomes. In 2020, 94% of PCHC patients were living in poverty, 55% were insured through Medicaid, 19% were uninsured, and 81% of patients were African-American.

As medication experts with professional doctorate degrees, pharmacists are highly trained providers who bring a unique skillet and knowledge to patient care. Working under a Collaborative Practice Agreement (CPA) with a provider, a pharmacist can start, stop, or change the dosing of medications or order laboratory testing. Doing so can optimize medication-related treatment of chronic conditions, improve patient education about their own health and medications, improve adherence, reduce the risk of adverse effects, and improve medication access by identifying low-cost alternatives or supporting patients as they apply for manufacturer discount programs. Research shows that incorporating pharmacists into care teams can improve clinical outcomes for patients with chronic conditions such as diabetes and heart failure, and reduce hospitalizations.[1]

Many clinics across the state and country have found innovative ways to use pharmacists in care teams. I am incredibly humbled to be the founding clinical pharmacist at PCHC. Through the support of my residency program, my first year at PCHC, starting in July 2018, was fully-funded by Concordia so that I could demonstrate the value of having a clinical pharmacist at a community health center. The PCHC leadership, board members, and clinical staff were thrilled to have me, and

[1] Chisholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care.* 2010; Matzke GR, Moczygemba LR, Williams KJ, Czar MJ, Lee WT. Impact of a pharmacist-physician collaborative care model on patient outcomes and health services utilization. *Am J Health Syst Pharm.* 2018

although they had no experience with a clinical pharmacist before, were quickly impressed with the skillset I was able to provide to the organization. Ultimately my work through Concordia allowed PCHC to experience the benefits of having a pharmacist, which enabled them to plan accordingly, and I was hired on as full-time clinical staff upon my residency completion. I am incredibly lucky knowing that the ability of PCHC to hire me was an exception and not the rule for pharmacists with my skill set at other community health centers.

My position is primarily grant funded since I cannot bill for my services as direct revenue to support my salary, and I focus on chronic disease management and improvement in quality measures. As the medication expert on the team, I have a CPA with providers so that I can work with patients one-on-one to optimize their medications to improve their health. In the three years I have worked for PCHC, I have served over 450 patients with over 3,000 visits, helped improve our percentage of patients reaching diabetes control improved our Medicare Star rating up to a 5 (the highest rating) for the medication adherence measures, educated patients and providers on the safe use of medications, collaborated on starting both a Diabetes and Smoking Cessation Education and Support Group, assisted countless patients in obtaining free or discounted medications, and helped instill excitement for health centers and provide training to the next generation of pharmacists by offering onsite clinical opportunities for students and residents. Unfortunately, I believe my work at PCHC has only begun to scratch the surface of what needs to be done to improve the health of our patients. With my focus primarily on Diabetes and medication adherence, there is room for additional intervention for other chronic health conditions such as hypertension, asthma, COPD, and heart failure management.

Today, these services are not reimbursable under the Medicaid program as pharmacists are not billable providers. This bill is an important step to move toward reimbursement for cost-effective, life-saving services provided by qualified professionals.

If passed, this bill could allow PCHC to add additional pharmacists to my team to better serve the patients at our organization and work on optimizing the treatment for other chronic health conditions. It could also provide additional revenue needed to start an onsite 340B pharmacy, which would provide patients with additional options for low cost medications. Adding pharmacists as billable providers would allow health centers in Wisconsin to improve the care of our state's most vulnerable patients, by expanding and scaling clinical pharmacy programs and integrating pharmacists into care teams in a way that is financially beneficial for stakeholders, providers, and patients alike.

I appreciate the bipartisan support for AB 290, and the leadership of Sen. Bradley and Rep. Murphy for its introduction this session. Thank you for taking the time to read my testimony, and please do not hesitate to reach out.

Sincerely,

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