



**Statement of Opposition for Oregon HB 2028 (A-Eng.):
Pharmacist engagement in the practice of clinical pharmacy**

May 11, 2015

Position: Pharmaceutical Research and Manufacturers of America (PhRMA) opposes Oregon HB 2028 (A-Eng.) with respect to expanding the scope of practice for pharmacists to provide patient care services to patients.

PhRMA opposes Oregon HB 2028 (A-Eng.) as it attempts to expand the scope of practice for pharmacists. The legislation creates a new definition for “pharmacist” and a new provision entitled “Practice of clinical pharmacy” which allows pharmacists to provide patient care to “optimize medication therapy” and provide patient care services, “including but not limited to medication therapy management, comprehensive medication review and post-diagnostic disease state management services.” Pharmacists provide valuable services to both patients and healthcare providers with guiding and managing medication regimens. They are highly trained in the area of pharmacotherapy and how medications interact with the patient’s body. However, pharmacists are not trained to provide direct patient care or how to detect certain diseases or complications because their training is not like that of a physician, advanced practice nurse (or registered nurse), or a physician assistant.

PhRMA represents innovative biopharmaceutical research companies devoted to advancing public policies in the U.S. and around the world that support innovative medical research, yield progress for patients today and provide hope for the treatments and cures of tomorrow. PhRMA companies spent an estimated \$51 billion in 2013 to discover and develop new medicines.

PhRMA recognizes the value that pharmacists play as an integral part of the interdisciplinary care team for a patient, particularly in the role of comprehensive medication management and encouraging appropriate use of medicines with the patient. Some states, like Oregon, allow pharmacists to administer vaccinations or even prescribe certain medications, like hormone therapy or nicotine replacement that may not require a diagnosis. Many patients in rural areas receive additional benefits from pharmacists and healthcare advice because there may be a significant gap in network adequacy due to workforce shortages in rural areas that may make it difficult for patients to see a primary care provider.

The fact remains, however, that pharmacists are not trained to perform direct patient care and should work in collaboration with a healthcare provider, not as a substitute. As written, HB 2028 (A-Eng.) goes too far in allowing the pharmacist to provide post-diagnostic disease state management services. While the term “post diagnostic disease state management” is not defined in the bill, patients who have a diagnosis, much less a disease state or chronic condition, should be

managed and monitored by their healthcare provider who is clinically trained to thoroughly assess them, order the necessary lab or diagnostic tests and procedures, interpret those tests and values, and make clinical recommendations and treat their patient accordingly.

Furthermore, the bill allows pharmacists to “optimize drug therapy” which is also undefined and could be interpreted as allowing the pharmacist to engage in therapeutic substitution without getting authorization or permission from the healthcare prescriber before the pharmacist could switch a patient from one medicine to another. There are many scenarios where this practice could be detrimental to the patient’s health because the prescriber, not the pharmacist, knows the health history of their patient, contraindications and what course of therapy has worked best in the past to stabilize their patient. The healthcare prescriber/provider should have ultimate decision making authority when it comes to treating and making any change in their patient’s course of treatment. The areas outlined in HB 2028 (A-Eng.) clearly fall outside the boundaries of the current scope of practice for pharmacists and should not be created through extending the definition of “Pharmacist” and adding a new definition for “Practice of clinical pharmacy.”

In summary, patients should continue to seek guidance and work together with their pharmacist and their healthcare provider to receive comprehensive medication management and education about taking their medication as prescribed to optimize their health. Pharmacists are often key in detecting issues with patient’s medications and their feedback to the healthcare provider can be life-saving. However, direct patient care should be reserved for healthcare professionals who receive the education and clinical training to perform direct patient care. The health care provider should have the ultimate decision making authority to use their expertise and discretion on how to treat their patient.

For these reasons, PhRMA encourages the opposition of HB 2028 (A-Eng.) by Oregon legislators.

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research and biotechnology companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier, and more productive lives. Since 2000, PhRMA member companies have invested more than \$550 billion in the search for new treatments and cures, including an estimated \$51.1 billion in 2013 alone.

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