

April 22, 2017

Esteemed Members of the Senate Health Care Committee,

I am writing to you today to ask that you to support passage of HB 2397. The abbreviated description of the bill indicated simply a name change of the Public Health Advisory Committee to Public Health and Pharmacy Formulary Advisory Committee. This bill, however, is really about allowing healthcare professionals, including pharmacists, to more fully utilize their knowledge and skill set. The result of its passage will be fulfillment of the 'triple aim' of continuing to assure high quality healthcare that patients can readily access at the most affordable cost.

I am a pharmacist in the Portland Metro area. My practice site is a multi-state, large chain grocery community pharmacy. I see patients from all walks of life seven days a week and on weekdays from the hours of 9 am to 9 pm. I am also licensed to practice pharmacy on the other of the Columbia River. Washington State utilizes an expanded and high functioning collaborative drug therapy agreement approach. My dual-licensure has provided me the opportunity to observe, participate in, and compare pharmacist provided patient care in Washington and Oregon.

The contrast is telling. Washington state allows pharmacists to directly provide medications or supplies that address a number of healthcare concerns, resulting in cost effective solutions for patients' healthcare concerns in real time. Passage of HB 2397 would achieve similar results for patients in Oregon. Utilizing the guidance of an interprofessional oversight committee, Oregon will be able to identify where pharmacist-led solutions can most effectively enhance healthcare delivery. At the same time, the formulary approach of HB 2397 will prevent delays inherent to addressing the healthcare needs of Oregonians legislatively one drug or one protocol at a time.

I have summarized several actual cases below. In each case, the degree to which I could make a difference for the patient was dependent upon which side of the Columbia River I was practicing. Pharmacists in Oregon have proven their capacity to impact public health as prescribers of immunizations, birth control and naloxone. I urge your passage of HB2397 to provide needed flexibility in processes that will allow pharmacists to continue making a difference going forward. .

Thank you for your consideration.

Sincerely,

Jill McClellan, Pharm.D.
Happy Valley, Oregon

Examples of patients that I have helped in Washington pharmacies...

- A woman and her husband came to the pharmacy on Friday evening, the start of the Fourth of July holiday weekend. The woman's sister had just been discharged from a nursing rehabilitation center in the Puget Sound area and was relocating to an adult foster home in Vancouver, Washington. The woman had her sister's discharge orders, including all the oral medications she would need. However, the facility she was entering required that residents provide their own blood glucose meter and supplies. The woman had no idea what her sister needed or how much it would all cost.

Pharmacist prescribing solution:

Pharmacist prescribing service offered; recommended a name brand meter, test strips and lancets. Cost to patient approximately \$30, problem solved in real time at the initial encounter.

Oregon solution currently:

Pharmacist recommends minimum supplies over-the-counter until physician is available. Retail price to patient \$70 – 80; pharmacist follows working to identify and contact primary care physician the following week resulting in a prescription for same supplies 5 days later.

- A woman came to the pharmacy while experiencing a migraine headache. She recently had a change to her insurance plan, and her insurance plan now required her to try and fail two medications in the triptan class of migraine therapy before they would pay for the medication already identified to work best for her.

Pharmacist prescribing solution:

Pharmacist prescribing service offered; prescribed one of the 'try and fail' medications, billed medication to insurance and initiated conversation with insurer. Ultimately able to obtain coverage for her original medication with insurer without significant time delay or a return visit to primary care provider. Unnecessary cost still incurred for additional prescription, but this would have been required in any scenario. Delay resulting from return visit to physician avoided.

Oregon solution currently:

No medication dispensed for active migraine. Contact physician to obtain a prescription for the 'try and fail' medication. Patient returns later to obtain medication after receipt of a new prescription. Work with physician to obtain written request to insurance for approval of the original medication. When (if) approved, patient returns again to obtain original desired medication.

- Additional examples of pharmacist solutions available in Washington:
 - Albuterol inhaler refilled night before departure on international trip (no refills remained on original prescription)
 - Epi-pen refill provided on short notice for patient's son leaving for summer camp
 - Diabetes supplies provided for patient caught inbetween a health plan forced switch to a new primary care physician
 - Preventative medications provided as part of visit to pharmacy's International Travel Clinic

Examples of patients I could not help in Oregon pharmacies, in the past three months...

- A man with diabetes presented to the pharmacy, in need of blood glucose test strip refills, on an evening close to Thanksgiving weekend. I called his previous pharmacy, in an attempt to transfer any remaining refills he may have had on his prescription. His prescription was out of refills.

Oregon solution currently:

Prepare a written request to fax to his primary care provider. The earliest response would be morning, but headed into Thanksgiving holiday, it may be several days. Lacking a valid prescription, the man had with no other choice than to pay full retail price for a small box of test strips to get him by until his doctor was able to send in a prescription. Once prescription was received we could bill the test strips to his prescription insurance benefit, resulting in a much lower out of pocket expense for the patient.

Prescribing pharmacist solution:

Pharmacist prescribing service offered; prescription filled at time of visit and insurance billed.

- A woman, ready to quit smoking, presented to the pharmacy to ask for help with smoking cessation. In this case, the woman did not want her physician to know she was seeking out smoking cessation aids, either because she didn't want her provider to know she'd taken up smoking again or simply due to lack of time to schedule an appointment and be seen.

Oregon solution currently:

I was able to recommend over-the-counter nicotine replacement products such as patches or gum, and advise the woman of other options involving primary care provider. Patient left without solution, uncertain of next best step given time and money available to address her concern.

Pharmacist prescribing solution:

Pharmacists prescribing service offered. All options available ranging from nicotine replacement products to oral medications indicated for smoking cessation, such as bupropion and Chantix.

- A woman scheduled an appointment with me, the pharmacist, to be seen for a pre-travel consultation appointment prior to a backpacking trip to Cambodia and Thailand. Prior to the appointment, I reviewed her itinerary, compared her vaccine history with the CDC recommendations, and took her current medication list into consideration. At the appointment, I provided her with the necessary immunizations for her upcoming travel, and recommended that she take anti-malarial oral medication prior to, during and following her trip to prevent contracting malaria. I also provided her with information about prescription medication available to take with her, should she develop traveler's diarrhea and/or motion sickness. She was interested in the recommended oral medications for all three treatments.

Oregon solution currently:

I prepared a written recommendation for her primary care provider, based upon the patient's self-reported medical history and itinerary. The prescriber replied with prescriptions 3-4 days later, agreeing with my recommendations, and without examining the patient for herself.

Prescribing pharmacist solution:

Pharmacists prescribing service offered. Prescriptions dispensed on original visit.