

Senate Health Care Committee--Testimony in Support of Senate Bill 9 --February 13, 2019

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Respectfully Submitted

Madam Chair Monnes Anderson, Vice Chair Linthicum and esteemed committee members;

I am Paige Clark, I have been a pharmacist for 32 years. I have practiced as a community (retail) practitioner, including for one of the largest chains in the nation. I worked for an independent family owned pharmacy for which I was awarded an APhA national merit award and a national community pharmacy award for building diabetes and respiratory health patient education programs. I spent 11 years working in LTC (nursing home) pharmacy during which time I developed and managed a national training program that was utilized by over 4,000 participants.

I worked for 5 years for the Oregon Board of Pharmacy researching, writing policy, and doing legislative work on behalf of the board.

For the last 6 years, I have been with Oregon State University's College of Pharmacy as the Director of Alumni Relations and Professional Development. I direct and manage the college's extensive online CE programming which has encompassed **OHA driven educational programming and continuing education programming in support of various pharmacist initiatives including the development and management of pharmacist prescribing of birth control education in Oregon.**

These state-directed initiatives have all been in the service to the state's public health initiatives involving pharmacists. They range from complex programming to very simple. They have often been in direction from the state wishing to leverage the *accessibility of pharmacists in every community in our state to increase access for Oregon residents* geographically but also to simply better leverage an underutilized resource that are taking care of patients on nearly every corner of every community in our entire state—in pharmacies.

Because pharmacists ARE THE EASIEST HEALTH PROVIDER FOR PATIENTS TO ACCESS and because of our education in complex medication management, Oregon has begun leveraging this underutilized health care provider for the purpose of meeting public health outcomes.

Doing so safely, with clear guidance built into educationally sound, faculty expert-driven educational pieces in direct support of OBOP rules, and supporting statute, allows pharmacists to better serve the citizens of Oregon at your direction. Such education also assures payers of competency.

OSU as you know is a public, mission-based institution that serves to educate not only Oregon's pharmacy students, but the pharmacists in our state via the vector of continuing education. We work with and support Oregon's pharmacy associations in their educational endeavors, and we often support necessary educational pieces at the behest of the OBOP and OHA as a partner in serving the public health initiatives in Oregon.

That is what brings me to you today. I was asked to engage in advising on this bill because of the background that I shared with you. In particular, we have valuable lessons learned in implementing Oregon's birth control prescribing initiative that seeks to dramatically increase access to birth control.

Pharmacists are intensely educated—in the case of OSU College of Pharmacy— in 4 years of study of medications, complex medication management and patient management relating to medications. We strive to serve our patients and our health care colleagues as the experts in managing medications.

In the case of SB9, pharmacists can and will be able to assist a patient who is lacking a refill on a current insulin prescription, in a simple manner that will involve mostly recordkeeping, notification of health care partners, and correctly processing the drug for insurance reimbursement. However, several things are going to best serve the intent of this bill:

1. We have learned through several initiatives that because pharmacists are by nature professionally very conservative and disinclined to step outside of their already existing practice parameters—those initiatives that provide a *clear educational support are the ones that are embraced and widely implemented by pharmacies.*
2. The world of pharmacy likely agrees that a simple extension of an insulin prescription may require no additional education for most pharmacists, but it is likely that it will require at least some for the *retail-based pharmacist to fully stand up implementation* at least in explanation of process, rule, statute etc. We, as a profession, can be extremely reticent *outside of those that work in highly clinical settings* to boldly take on new initiatives in the standard retail setting, which is *where the greatest accessibility leverage exists for this bill.*
3. Further, in the case of a patient arriving in a pharmacy ***having lost their previous prescription's documentation or if there is no way to access that documentation***—there is need for a pharmacist to have a sure and safe methodology and brief patient assessment algorithm—and training on that process—to serve that patient. This will assure the accessibility that eliminates the need for a patient (perhaps during late hours on a weekend) to go to an emergency room.
 - a. That is the focus of the one hour, very clear, educational programming under development at OSU and OHSU, as directed by Craig Williams, PharmD, clinical faculty at OSU/OHSU. Craig was the first PharmD in the nation to be named to the American Diabetes Association's committee to review and revise clinical diabetes guidelines that are utilized nationwide. He is joined in developing this educational support by Dr. Andrew Ahmann, of OHSU, who was named the 2018 American Diabetes Physician of the Year and is widely recognized as an exceptional national leader in diabetes management.

These two nationally recognized leading health care professionals, along with a team of pharmacists and physicians serving as educational program editors, all are in support of assuring that this initiative will be safely and effectively implemented widely in pharmacies in Oregon.
4. *In conclusion, with a clear educationally sound, national expert-developed, one-hour educational provision, it is possible for Oregon to lead the way in the nation for pharmacists to serve the citizens of Oregon and support diabetes patients. This can be accomplished both in situations of lost, destroyed or unavailable insulin documentation or in the case of simply lacking a refill in an emergency—all serving the patient in a local, easily accessible retail pharmacy.*