



Statement in Support of SB 9 and an Amendment

The Oregon State Pharmacy Association and the Oregon Society of Health-System Pharmacists support SB 9 which permits pharmacists to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies. Most importantly, the measure requires health benefit plans and medical assistance programs to provide payment or reimbursement for emergency refills of insulin and associated insulin-related devices and supplies.

Pharmacists have become an important part of the healthcare team and, over the past few sessions, the Oregon Legislature has helped leverage these underutilized care providers for the purpose of meeting public health outcomes. In 2015, the Legislature approved HB 2028-A which authorized the practice of clinical pharmacy and the provision of patient care services. Under that legislation, as *part of the collaborative healthcare team*, a pharmacist could provide continued patient care to optimize medication therapy and to promote the patient's health and wellness. Patient care services could include medication therapy management, comprehensive medication review and post-diagnostic disease treatment services.

2028-A also expanded the existing statewide protocol process used by the Oregon Health Authority, with oversight by the Board of Pharmacy, to establish public health protocols for other patient care services such as smoking cessation and travel health services. In addition, 2015 legislation (HB 2879) authorized pharmacist to prescribe or oral and hormonal contraceptive patches and in 2016, HB 4214 allowed pharmacists to prescribe naloxone.

In 2017, the Legislature approved HB 2397 which allowed the State Board of Pharmacy to authorize pharmacist prescribing in specific situations 'by rule' based on recommendations by the Public Health and Pharmacy Formulary Advisory Committee. The measure was intended to help address the 'one drug at a time' approach by providing an inter-professional, streamlined procedure to effectively engage pharmacists to meet healthcare concerns of Oregonians. A summary of the Public Health and Pharmacy Formulary Advisory Committee is attached at the end of this statement.

In October, 2018, the Board of Pharmacy adopted rules that establish a pharmacist's authority to prescribe drugs and devices approved by the Board's formulary and via protocols recommended by the Advisory Committee. That includes insulin and insulin-related devices and supplies. So, while pharmacists can already prescribe and dispense emergency refills and associated insulin-

related devices and supplies, there is no statutory requirement that insurers reimburse them for their services related to prescriptions for emergency refills and related devices and supplies. This is a welcome provision as it will help cover the costs of providing these services.

What is not so welcome in the bill is the training requirement in Section 2(3)(a). Requiring the completion of a training program will delay the implementation of these services. The Public Health and Pharmacy Formulary Advisory Committee did not believe that pharmacists needed additional training when it recommended the approval of prescribing insulin and including insulin-related devices and supplies in the formulary. The Board of Pharmacy, when adopting the rule, did not add a training component as it agreed that pharmacists have the education and competency to prescribe insulin.

On behalf of the Oregon State Pharmacy Association and the Oregon Society of Health-System Pharmacists, we ask that you approve SB 9 with an amendment deleting the training requirement.

Public Health and Pharmacy Formulary Advisory Committee

Formerly known as the Public Health Advisory Committee within the Oregon Health Authority, the Public Health and Pharmacy Formulary Advisory Committee (hereafter referred to as the Advisory Committee) was established in 2017 with the passage of HB 2397. The Advisory Committee is, by statute, composed of seven members appointed by the Governor and to include two physicians, two advance practice nurses and three pharmacists and started in January 2018.

Prior to the adoption of HB 2397, the Oregon Pharmacy Practice Act enabled the adoption of statewide drug therapy management protocols for a pharmacist to provide approved patient care services, including smoking cessation therapy and travel health services (2015) and the adoption of rules allowing a pharmacist to prescribe vaccines (1999). In addition, 2015 legislation (HB 2879) authorized pharmacist prescribing of oral and hormonal contraceptive patches and in 2016, HB 4214 allowed pharmacists to prescribe naloxone.

HB 2397 authorized the Board of Pharmacy (hereafter referred to as the Board) to establish by rule a formulary of drugs and devices, as recommended by the Advisory Committee, that a pharmacist may prescribe and dispense a drug or device pursuant to a diagnosis by a healthcare practitioner (with prescriptive authority and qualified to make the diagnosis) and to provide approved patient care services via established protocols. The formulary may include post-diagnostic drugs and devices such as diabetic testing supplies, emergency refills of insulin, albuterol inhalers, epinephrine auto injectors, smoking cessation aids, discharge medications for transitions of care, rapid strep tests and spacers.

In October 2018, the Board adopted rules that establish a pharmacist's authority to prescribe drugs and devices approved by the Board's formulary and via protocols recommended by the Advisory Committee. This authority is for an Oregon licensed pharmacist, practicing in Oregon and the patient assessment must be performed via a face-to-face, in-person interaction.

The rules describe the Board's compliance expectations for prescribing from the formulary. Standards defined include (1) education and competency, (2) patient assessment, and determination of inclusion, exclusion and referral criteria (3) collaboration with other healthcare providers, including mandated notification (4) treatment and follow-up care planning, (5) recordkeeping, and (6) prohibited practices.

To date, the Advisory Committee has approved and the Board adopted:

- Pharmacist Prescribing – Core Elements
- Extension of Prescription Therapy protocol (insulin would be covered under this option)
- Devices to the Formulary (including diabetic blood sugar testing supplies, pen needles, syringes, nebulizers, inhalation spacers, peak flow meters, INR testing supplies, enteral nutrition supplies and ostomy products)
- Pseudoephedrine
- Intranasal corticosteroids, benzonatate and short-acting beta-agonists
- Emergency Contraception protocol