MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 25, 2017
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel
ABSENT/ EXCUSED:	None
GUESTS:	Alex Adams, Berk Fraser, Misty Lawrence, Kathryn Jonas, and Kristina Jonas, Board of Pharmacy; Vicki Wooll, MD, and Susie Poulliot, IMA; Andrea Winterswyk Pharm.D, Idaho Pharmacists; Pam Eaton, ISPA/IRPC; Elizabeth Criner, Pfizer

Chairman Wood called the meeting to order at 9:00 a.m.

H 2: **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 2**, legislation to update and align the licensure reciprocity qualifications with the Model Act of the National Association of Boards of Pharmacy by stating a pharmacist ineligible to practice in another state would not be licensed in Idaho.

MOTION: **Rep. Rubel** made a motion to send **H 2** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 2** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 3: **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 3** to amend the practice of pharmacy definition to allow the administration and reading of the tuberculin purified protein derivative in the pharmacy setting. Pharmacists must follow the recommendation of the Centers for Disease Control and Prevention, document the test results, and coordinate referrals to the patient's primary care provider or a local clinic.

Dr. Adams explained the test is a tuberculosis (TB) intradermal injection with follow-up interpretation within forty-eight hours. This test can be required as a condition of employment or schooling. Pharmacies offer convenience and accessibility.

Responding to committee questions, **Dr. Adams** said the new accreditation standards require every pharmacy student graduate be ready to give intradermal routes. Students training in this specific test and the results interpretation are expected to become part of the pharmacy curriculum. This method provides both time and efficiency cost savings.

MOTION: **Vice Chairman Packer** made a motion to send **H 3** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 3** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 4: **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 4**, legislation to amend the practice of pharmacy definition and increase patient access to tobacco cessation products in certain scenarios.

Special and advanced tobacco cessation training will be required. Patients will be screened for appropriateness and referred for higher care as needed. **H 4** addresses documentation, primary care provider notification, and coordinates with other state programs.

Similar policies have been in place in Canada, for over fifty years, in New Mexico, for twelve years, and in California. In conversations, all locations reported no civil cases or complaints since inception. A national pharmacy liability insurer for New Mexico said there was no increase in pharmacy liability insurance rates because the policy was not found to be an increased risk for harm. This week the Centers for Medicare and Medicaid Services (CMS) wrote the seamless pharmacy process provides improved patient experience, encourages therapy adherence, and increases the patient's chances to overcome nicotine dependency.

Answering questions, **Dr. Adams** said clinical guidelines, screening procedures, and prescription records identify potential contra-indications. if identified as a high risk, the pharmacist would refer the patient to their primary care physician (PCP), if they have one, or to a another location, like a clinic, to assure they get the additional attention warranted. If the pharmacist provides the product, the patient's PCP is notified within five days with a follow-up care plan to insure this is a team-based delivery of care.

Susie Poulliot, CEO, Idaho Medical Association (IMA), testified **in opposition** to **H 4** because the risks of non-medically trained pharmacists prescribing products with severe side effects are not in the best interest of their patients. Additionally patient prescription records are only available if the prescriptions have been filled at that location. Medical information acquired through the individual, not the PCP records, may leave out information of consequence. She expressed concern about the screening process, if a checklist or protocol would be developed or if drug manufacturer lists would be used. Standard of care requires ongoing follow up and monitoring, including additional lab tests and screenings. If health insurance is in place, this model could cost patients more. This fragments the intent to preserve health care integration.

Vicki Wooll, Family Physician, Eagle, Idaho, Board of Trustees Member, Idaho Medical Institution, American Medical Institution Idaho Representative, testified **in opposition** to **H 4**. An in-depth tobacco quit plan includes many aspects beyond medication. Patients who smoke are sicker and can complicate easily. There can be poly-substance abuse, mental issues, and social issues related to the smoking. Side effects are common and unknown until the medication is taken. Patients may not remember or divulge information about bipolar, bulimia, or mental issues in a questionnaire. Are any clinical tests going to be done for the applicants? Is the PCP responsible for the outcome of a pharmacist prescribed medication? **H 4** has serious implications.

Responding to questions, **Dr. Wooll** said this type of visit would cost a patient about $120 and is normally covered by insurance plans. The side effects could result in hospital visits or stays. Although the products can work well, about 40% of her patients have adverse reactions. She indicated the other states' data may involve socioeconomic issues and not be true reporting.

Removal of the PCP also removes additional knowledge about the patient, based on their history and relationship. She relies on a physical examination to give her more information about a patient. This level of clinical training is not present in the pharmacy setting.

Rep. Chew described the extensive clinical and strong non-touching inquiry training pharmacists receive. They are now required to have a doctorate and a residency. Medication selection will be very conservative out of concern for patient safety. Clinical questions are training based, not from any company's questionnaire.

Andrea Winterswyk, Member, Idaho Pharmacists, Psychiatric Pharmacist, Veterans Administration Hospital, testified **in support** of **H 4**. This legislation makes pharmacists a part of the medical home model. She explained the intense focus on smoking cessation during all three years of her training, including counseling and behavioral modifications. Pharmacists are highly trained in the motivational aspect of patient discussions.

Maintaining the one week minimum follow up can be difficult with a PCP and their scheduling limitations. Pharmacy hours and convenience improve services access, increasing the rate of adherence, success, and satisfaction. Pharmacists have the clinical decision making ability to determine appropriateness and can follow up with anything on a face-to-face basis. Patients with a psychiatric comorbidity are at a high risk for a psychiatric event with any of the medications. Quitting requires close follow up. Answering a question, **Dr. Winterswyk** said pharmacy students go on clinical rotation for twelve months and have the reputation of making excellent clinical decisions.

MOTION: **Rep. Blanksma** made a motion to send **H 4** to the floor with a **DO PASS** recommendation.

Pam Eaton, Idaho Pharmacy Association and the Idaho Retailers Association, stated both associations are **in support** of **H 4**.

In response to committee questions, **Dr. Adams** stated the cost at a pharmacy will probably be for just the product, although each pharmacy will make that determination. The pharmacist, as prescriber, would carry the responsibility of any side effects.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 4** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 5: **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 5**. This legislation sets the Prescription Monitoring Program (PMP) record data retention deadline to five years. It requires all pharmacists register for the PMP. It expands the delegate definition to allow database access to students on behalf of their dispensing supervisor.

MOTION: **Rep. Hixon** made a motion to send **H 5** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 5** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:15 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary