

THE PHARMACIST MOBILIZATION ACT

INTRODUCTION & BACKGROUND

Pharmacists are health professionals with medication expertise, trained and licensed to provide health care services such as medication management, chronic disease management, health and wellness visits, and preventative health services.

To mobilize greater numbers of pharmacists as first responders to COVID-19, in March 2020 the Alaska Pharmacist Association conducted a quick needs assessment to determine individual pharmacist commitment to provide COVID-19 services, and identify resources required to provide COVID-19 services. Approximately 93% of the pharmacists who completed the survey indicated a commitment to prescribe and administer COVID-19 treatment and immunizations when they became available. However, the majority of respondents indicated the primary barrier to providing these services was the lack of reimbursement.

Traditional insurance payment models reimburse pharmacists for their professional services only when a medication is dispensed and often exclude pharmacists from enrolling as a billing provider under the medical benefit. This translates into pharmacists receiving little, if any, compensation under health plans when providing what would otherwise be covered health care services. The lack of compensation ultimately deters pharmacists from taking an active role in providing patient care and limits patient access to that care.

To increase participation pharmacist participation, Alaska DHSS temporarily modified the State Plan Amendment to authorize billing privileges for pharmacists for their health care services related to the COVID-19 pandemic. As a result, many Alaskan pharmacists are now providing point-of-care testing, prescribing and administering the vaccine, and recommending therapeutic substitutions to address drug shortages. However, the enacted changes are temporary and have exposed many antiquated, arbitrary, or inadequate statutes and regulations in Alaska law which will continue to limit pharmacists from providing health care services in the COVID pandemic and the pandemics to come.

PURPOSE

The purpose of this bill is to modernize the pharmacy practice statutes to:

1. Clearly define patient care activities pharmacists may provide and empower the Board of Pharmacy to regulate those services.
2. Empower the Board of Pharmacy more effectively regulate pharmacy support staff.
3. Support reimbursement for health care services by clearly defining those services and including pharmacist in the states provider anti-discrimination statute.

JUSTIFICATION FOR EACH SECTION

Section 1:

Changes to this section authorize the Board of Pharmacy to adopt rules to regulate independent pharmacist prescribing as well as the monitoring of drug therapy. These are activities already performed by pharmacists for which the Board of Pharmacy has had poorly defined regulatory oversight.

Section 2:

Pharmacists already recommend non-prescription medications and devices for the treatment of minor and self-limited conditions. This section more clearly aligns the statute with contemporary practice and supports efficient and flexible patient care.

Section 3:

Striking the words “pharmacy” in this section will more broadly allow the Board of Pharmacy to grant emergency licenses to all license types in pharmacies and not just those pertaining to pharmacists.

Section 4,5,6:

These section add “prescribe” and “administer” to the existing vaccine and naloxone prescribing statute and permits supervised pharmacist technicians to administer vaccines. It also empowers the Board of Pharmacy to adopt rules for pharmacy technicians vaccine administration which is important for the current COVID- 19 vaccination response, annual influenza vaccination, and other vaccinations as needed. Effective delegation is essential to engage pharmacist time in higher order clinical tasks. Pharmacy technicians are currently authorized, under pharmacist supervision, to administer only COVID-19 vaccination during the pandemic emergency. However, a statute change is necessary for the Board of Pharmacy to regulate and provide this option after the pandemic and to provide access to other vaccine types not pertaining to COVID-19.

Section 7:

The addition of this section updates the statute to contemporary practice and empowers the Board of Pharmacy to adopt rules of clerical and no-skilled acts in pharmacies. Effective delegation of non-clinical activities is essential to engage pharmacist time in higher order clinical tasks, such as participating in a collaborative practice agreements, ordering and interpreting laboratory tests, independently prescribing certain medications, independently adapting medications, and administering certain medications.

Section 8:

This section amends “Duties of a Pharmacist” to specify the particular “patient care services” referred to in the existing definition of “pharmaceutical care” (AS 08.480.480). These patient care services are low risk, if provided under the supervision

of a pharmacist. This amendment will allow the Board of Pharmacy to designate by regulation, products and devices that patients may obtain directly from a pharmacist for conditions that do not require a diagnosis, conditions that are minor and self-limiting, and conditions that have a simple CLIA-waived laboratory test which guides clinical decision making. The amendment is also essential to supporting reimbursement by health plans and will directly increase patient access to these services.

Section 9:

This section strikes “dosage form” as a definition of “equivalent drug product”. This will allow pharmacists to make simple changes to prescriptions using clinical judgement without contacting the prescriber. Examples are changing tablets to liquid or capsules to tablets. This supports more efficient and flexible patient care.

Section 10: This section updates the definition of the “practice of pharmacy” to align with contemporary activities. Pharmacists have always engaged in dispensing of medications and yet dispensing is not included in current definitions. Additionally, for many years pharmacists have prescribed and administered certain medications. In the current language pharmacists are limited to vaccines and emergency medications. As a result, many interventions particularly during this pandemic have required state emergency orders to provide. These activities are essential to increase access to patient care services, improve patient outcomes, and reduce hospitalizations and emergency room visits and overall health care costs.

Section 11:

This section amends the state’s current provider anti-discrimination statute to include ‘pharmacists’ as protected health care providers. The amendment is needed to align the state statute with federal statute (CFR 438.12) and afford pharmacists the same protection as all other health care health care providers when engaging health plans for covered services such as ordering laboratory tests, point-of-care testing, vaccine prescribing and administration, preventative health services, managing minor self-limiting conditions, and participating in collaborative disease state management.

This means payers cannot deny coverage of services provided by a licensed pharmacist if 1) the service was performed within the pharmacist’s scope of work 2) the plan would have covered the service if the service had been performed by a licensed physician, advanced registered nurse practitioner, or a physician’s assistant; and 3) the pharmacist is included in the health plan’s network of participating providers.