



# **The State of the States: State Legislative and Regulatory Activity Impacting Health-System Pharmacy**

**ASHP State Affiliates Webinar  
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**Karen Noonan, MA  
ASHP Director of State Affairs and Grassroots Advocacy**

**TOGETHER WE MAKE A GREAT TEAM**



# Contents

- ❖ **Save the Date for 5 key ASHP Government Affairs events** at the 2011 Midyear Clinical Meeting in New Orleans
  - 1—Affiliate Sunday (December 4) – “Adventures in Advocacy” Panel
  - 2—Affiliate Sunday (December 4) – “Biosimilars and the States” Briefing
  - 3—Affiliate Sunday (December 4) – Discussion Roundtables
  - 4—Monday, December 5 PAC Luncheon with James Carville and Mary Matalin
  - 5—Monday, December 5 Government Affairs Continuing Education Panel
  
- ❖ NCSL and “Alliance for Pharmacist-Provided Patient Care”
  
- ❖ Emerging issue: Compounding and Centralized Pharmacies: **CA** and **MN**
  
- ❖ CDTM
  - Passage of CDTM: **NY**
  - Expansion of CDTM: **IN** and **NV**



# Contents (continued)

- ❖ Pharmacy Technicians

  - Principles and Goals

    - PTI

    - PPMI Summit Recommendations

  - State activity

    - Tech Check Tech: **NC, MA, OH**

    - PTCB Certification: **MO**

- ❖ States and Healthcare Reform: PCMHs and ACOs

- ❖ Other issues

- ❖ Teamspace Reminder: Directions on how to access this helpful file-sharing resource

\*\*\*\* **SAVE THE DATE** \*\*\*\*

**Government Affairs Programming  
2011 Midyear Clinical Meeting in New Orleans**

**Sunday, December 4 – Affiliate Sunday (8:00 to 2:00):**

- **Adventures in Advocacy Panel**
- **Biosimilars and the States Briefing**
- **Discussion Roundtables**

**Monday, December 5 – PAC Luncheon with Carville and Matalin:**

- **PAC Luncheon (11:00 to 12:30)**

**Special guests: \*\*\*\* James Carville and Mary Matalin \*\*\*\***

**Monday, December 5 – Government Affairs continuing education panel:**

- **Government Affairs Continuing Education Panel (2:00 to 4:30)**



# **NCSL and the Alliance**

**The National Conference of State Legislatures  
(NCSL)**

**and**

**The Alliance for Pharmacist-Provided Patient Care**



# What is NCSL?

The National Conference of State Legislatures (NCSL) is a bipartisan organization that serves the legislators and staffs of the nation's 50 States.

Just as ASHP is the national professional association for health-system pharmacists, NCSL is the national professional association for state legislators from across the country (and their staff). NCSL has over 7,000 members from all 50 states.

The 2011 Annual NCSL Legislative Summit (their annual meeting) Was held this August 8-11 in San Antonio, Texas.

For more information: [www.ncsl.org](http://www.ncsl.org)



# What is the “Alliance for Pharmacist-Provided Patient Care”?

The Alliance for Pharmacist-Provided Patient Care is a consortium of 7 pharmacist professional associations working together to educate the public and policymakers about the role of the pharmacist in improving patient outcomes.

Each year, the “Alliance” has a booth in the exhibit hall at the NCSL Legislative Summit, where volunteer pharmacists perform screening tests as a way of raising awareness, educating, and updating the perceptions of **state legislators and their staff** about the **key role pharmacists play in direct patient care**.

For more information: <http://www.allianceforpharmcare.com>



# The Alliance: Members

The 7 professional pharmacist associations that make up the Alliance are:

- 1 -- American Association of Colleges of Pharmacy (AACCP)
- 2 -- American College of Clinical Pharmacy (ACCP)
- 3 -- Academy of Managed Care Pharmacy (AMCP)
- 4 -- American Pharmacists Association (APhA)
- 5 -- **American Society of Health-System Pharmacists (ASHP)**
- 6 -- National Alliance of State Pharmacy Associations (NASPA)
- 7 -- National Association of Chain Drug Stores (NACDS)



# The Value of Attending NCSL

My two responsibilities at the NCSL conference:

- (1) Staff **Exhibit Hall Booth**  
(as a member of the **Alliance**)
- (2) Attend **Healthcare Policy Panels**  
(as a member of the **ASHP Government Affairs Division** staff)



# The Alliance Exhibit Hall Booth

## Screenings for:

- **Blood pressure**
- **Cholesterol**
- **Blood glucose / HbA1c**
- **Respiratory**
- **Bone density**











## PHARMACISTS IMPROVE BONE HEALTH

Pharmacists are medications experts who  
**IMPROVE PATIENT OUTCOMES**  
and **REDUCE COSTS**  
on the interdisciplinary patient-care team

**A pharmacist-led bone mineral density (BMD) screening program resulted in:**

- 42.5 percent of participants increasing their dietary intake of calcium
- 29.3 percent initiating or increasing calcium supplements
- 54.9 percent positively changing smoking status, exercise level, alcohol consumption, or caffeine intake
- 89 of 102 participants reporting that the community location increased their likelihood of obtaining a BMD scan

"Impact of Pharmacist-Led Community Bone Mineral Density Screenings," Ann Pharmacother 2005 Feb; 39(2):243-8



**Alliance for Pharmacist-Provided Patient Care**  
PHARMACISTS FOR QUALITY PATIENT CARE

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## PHARMACISTS IMPROVE CHOLESTEROL MANAGEMENT

Pharmacists are medications experts who  
**IMPROVE PATIENT OUTCOMES**  
and **REDUCE COSTS**  
on the interdisciplinary patient-care team

**A pharmacist-directed medication therapy  
management (MTM) program recently resulted in:**

- Weight loss (16 percent of patients lost 10 pounds or more)
- An average direct cost savings of \$253 per patient per year for 216 patients
- Direct and indirect cost savings averaged \$1011 per patient annually

Johannigman MJ, et al. "Medication Therapy Management and Condition Care Services in a Community-Based Employer Setting." AJHP 2010; 67: 1362-7.



**Alliance for Pharmacist-Provided Patient Care**  
PHARMACISTS FOR QUALITY PATIENT CARE



# NCSL Healthcare Policy Panels

## Sampling of panels I attended:

- ***“NCSL Federal Health Reform Implementation Task Force”***
- ***“Filling the Gap in the Primary Care Workforce”***
- ***“The ABCs of Healthcare Delivery Models: New Approaches to Generating Savings and Improving Quality”***
- ***“States Opting Out: Health Reform Challenges, Waivers, and Alternatives”***

# Emerging Issue

**Allowing centralized hospital pharmacies to prepare a limited quantity of unit-dose, non-patient-specific medications for hospitals under common ownership**

# CA AB 377 (2011)

## Key Components

### DEFINITIONS:

- The definition of “hospital pharmacy” includes: “a pharmacy, licensed by the board, that may be located outside of the hospital, in either another physical plant on the same premises or on a separate premises, located within a 100-mile radius of the hospital, that is regulated under a hospital’s license.”
- A centralized hospital pharmacy may only provide pharmaceutical services to its own patients who are either admitted or registered patients of a hospital within the same health care system.

### BAR-CODING REQUIREMENT:

- Any unit-dose medication produced by a hospital pharmacy under common ownership . . . Shall be barcoded to be readable at the patient’s bedside.

### ALLOWS FOR NON-PATIENT-SPECIFIC (NON-PRESCRIPTION SPECIFIC) PREPARATION:

- A hospital pharmacy may prepare and store a limited quantity of unit-dose medications in advance of receipt of a patient-specific prescription in a quantity as is necessary to ensure continuity of care for an identified population of patients of the hospital based on a documented history of prescriptions for that patient population.



# CA AB 377 (2011)

## Key Components (continued)

### MANUFACTURING IS NOT . . . :

- “Manufacturer means and includes every person who prepares, derives, produces, compounds, or repackages any drug or device except a pharmacy that manufactures on the immediate premises where the drug or device is sold to the ultimate consumer.”
- “Manufacturer shall NOT mean a pharmacy compounding or repackaging a drug for parenteral therapy or oral therapy in a hospital for delivery to another pharmacy or hospital under common ownership for the purpose of dispensing or administering the drug, pursuant to a prescription or order, to the patient or patients named in the prescription or order.”

### WRITTEN NOTIFICATION REQUIREMENT:

- “A pharmacy compounding or repackaging a drug as described in this paragraph shall notify the board in writing of the location where the compounding or repackaging is being performed within 30 days of initiating the compounding or repackaging.”



# CDTM

## Collaborative Drug Therapy Management

State Activity and Progress



# Collaborative Drug-Therapy Management: 2011 Legislative Victories

**NEW YORK:** Establishes CDTM for first time:  
AB 4579

**INDIANA:** CDTM Expansion:  
HB 1111 (inserted into HB 1233)

**NEVADA:** CDTM Expansion:  
AB 199



# Pharmacy Technicians

## Principles and Goals

PTI

PPMI Summit Recommendations

## State activity

Tech Check Tech: **NC, MA, OH**

PTCB Certification: **MO**



# Pharmacy Technicians: Principles and Goals

- Pharmacy Technician Initiative (PTI)
- Pharmacy Practice Model Initiative (PPMI)

# Pharmacy Technician Initiative

## The Three Components of the Pharmacy Technician Initiative

- 1) **ASHP-accredited training and education**
- 2) **PTCB certification**
- 3) **BoP registration**

# Pharmacy Practice Model Initiative

## PPMI Summit Recommendations – Objectives, Imperatives, and Advancing Technicians

- 1) **Objectives of PPMI**
- 2) **Imperatives for the New Pharmacy Practice Models**
- 3) **Advancing the Use of Pharmacy Technicians**

# PPMI Summit Recommendations

## (1) Objectives of PPMI

### Objectives of PPMI:

**#5 -- Identify specific actions pharmacy leaders and staff should take to implement practice model change including determination of the necessary staff (pharmacy leaders, pharmacists, and **technicians**) skills and competencies required to implement this model.**

**PPMI Summit Recommendations**  
**(2) Imperatives for New Pharmacy Practice Models**

**Imperatives for New Pharmacy Practice Models:**

**A1 -- There is opportunity to significantly advance the health and well being of patients in hospitals and health systems by changing how pharmacists, **pharmacy technicians**, and technology resources are deployed.**

# PPMI Summit Recommendations

## (3) Advancing the Use of Pharmacy Technicians

### D. Advancing the Use of Pharmacy Technicians

#### *Beliefs and Assumptions*

**D1. Pharmacy technicians who have appropriate education, training, and credentials could be used much more extensively to free pharmacists from drug distribution activities.**

**D2. Assigning medication distribution tasks to pharmacy technicians would make it possible to redeploy pharmacists' time to drug therapy management activities.**

**D3. *The following tasks can be assigned to pharmacy technicians who have appropriate education and training:***

**D3a. Initiation of medication reconciliation including obtaining and documenting patients' medication information for pharmacists' review.**

**D3b. Reviewing patient charts to identify medication allergies that require pharmacist follow up.**

**D3c. Checking dispensing by other technicians (i.e., "tech-check-tech").**

## PPMI Summit Recommendations

### (3) Advancing the Use of Pharmacy Technicians (continued)

**D3d. Compounding routine sterile preparations in conformance with well-documented procedures.**

**D3e. Dispensing medications with remote video supervision by pharmacists.**

**D3f. Scheduling patient outpatient clinic drug therapy management visits.**

**D3g. Criteria-based screening of medical records to identify patients who may require pharmacist intervention.**

**D3h. Preparing clinical monitoring information (e.g., International Normalized Ratios) for pharmacist review.**

**D3i. Inspecting and replenishing medication storage devices.**

**D3j. Managing controlled substances systems.**

**D3k. Managing medication assistance programs.**

**D3l. Conducting aspects of quality improvement programs.**

**D3m. Managing pharmacy department information technology systems, including routine database management and billing systems.**

**D3n. Supervising other pharmacy technicians.**



# PPMI Summit Recommendations

## (3) Advancing the Use of Pharmacy Technicians (continued)

### *Recommendations*

**D4. ASHP should define a scope of practice, including core competencies, for hospital and health-system pharmacy technicians.**

**D5. Uniform national standards should apply to the education and training of pharmacy technicians.**

**D6. To support optimal pharmacy practice models, technicians must be certified by the Pharmacy Technician Certification Board.**

**D7. By 2015, the Pharmacy Technician Certification Board should require completion of an accredited training program before an individual may take the certification examination.**

**D8. To support optimal pharmacy practice models, technicians must be licensed by state boards of pharmacy.**

**D9. All distributive functions that do not require clinical judgment should be assigned to technicians.**

**D10. Opportunities for technician specialization should be developed.**



# Pharmacy Technicians: State Activity

**NORTH CAROLINA – ASHP Advocacy Letter [Opposing Legislation to Nullify Tech Check Tech Rule](#)  
(SB 112 and Rule 21 NCAC 46.1418)**

**MISSOURI – ASHP Advocacy Letter [Supporting PTCB Certification of Pharmacy Technicians](#) to MO  
BoP Technician Working Group**

**MASSACHUSETTS – Working to try to establish Tech Check Tech**

**OHIO – Working to try to establish Tech Check Tech**



# Healthcare Reform

## State activity in creating:

**Patient-Centered Medical Homes (PCMHs)**

**Accountable Care Organizations (ACOs)**

# State Legislation: Patient-Centered Medical Home (PCMH)

In the 2011 session, at least **23** states have introduced legislation that defines or implements **medical homes**

California

Colorado

Connecticut

Florida

Hawaii

Idaho

Iowa

Maine

Minnesota

Mississippi

Montana

Nebraska

New Hampshire

New Jersey

New Mexico

New York

Oklahoma

Oregon

Pennsylvania

Rhode Island

Texas

Vermont

Washington

**Source:** [www.aafp.org](http://www.aafp.org)



# Sample PCMH Bill

## WA SB 5394 – Concerning primary care health homes and chronic care management

Signed by Governor on May 11, 2011

Promotes the adoption of primary care health homes for children and adults and, within them, advances the practice of chronic care management to improve health outcomes and reduce unnecessary costs.

**Successful amendment includes pharmacists.**

*"Multidisciplinary health care team" means an interdisciplinary team of health professionals which may include, but is not limited to, medical specialists, nurses, **pharmacists**, nutritionists, dieticians, social workers, behavioral and mental health providers including substance use disorder prevention and treatment providers, doctors of chiropractic, physical therapists, licensed complementary and alternative medicine practitioners, home care and other long-term care providers, and physicians' assistants.*



# State Legislation: Accountable Care Organizations (ACOs)

In the 2011 session, at least **19** states have introduced legislation that defines or implements **ACOs**

Arkansas	Massachusetts	Wyoming
California	Montana	
Colorado	New Jersey	
Connecticut	New Mexico	
Florida	New York	
Illinois	Tennessee	
Indiana	Utah	
Iowa	Vermont	
Maryland	Washington	

Source: [www.aafp.org](http://www.aafp.org)



# Sample ACO Bill

## New Jersey AB 3636 (SB 2443)

Establishes Medicaid Accountable Care Organization Demonstration Project in DHS  
Pages 3 and 7:

*The Medicaid ACOs shall develop relationships with primary care, behavioral health, dental,*

***pharmacy**, and other health care providers to develop strategies to: engage these individuals in treatment; **promote medication adherence and use of medication therapy management**, and healthy lifestyles . . . improve service coordination to ensure integrated care for primary care, behavioral health care, dental care, and other health care needs, including **prescription drugs***

*Criteria to be considered by [Medicaid] the department and the Department of Health and Senior Services in approving a gainsharing payment plan shall include, but are not limited to: (1) whether the plan promotes: care coordination through multi-disciplinary teams, including care coordination of patients with chronic diseases and the elderly; expansion of the medical home and chronic care models; **increased patient medication adherence and use of medication therapy management services***



# Other Issues

- **Medical marijuana**
- **Biosimilars**
- **Issues appearing in more than one state**
- **Issues you alert me to**

# Biosimilars

**ASHP is participating in a series of nationwide, roundtable meetings on the implementation of biosimilars legislation. A coalition comprised of industry, providers, and patient groups will be holding a series of 10 roundtable discussions around the country. ASHP staff will participate at two local forums, and key ASHP members will be identified to speak and present at select meetings.**



# Teamspace

A File-Sharing Resource for members of the State Legislative Network

**(1) Directions for accessing Teamspace for ASHP members and registered web site users**

**(2) Directions for accessing Teamspace for those who are not ASHP members or not registered website users**



# **State Legislative Network Teamspace Site: Directions for ASHP Members and Registered Web Site Users**

Accessing Teamspace documents is easy.

If you are already either (a) an ASHP member or (b) a Registered User of the ASHP web site, follow these instructions below.

- (1) Simply go to <http://Teamspace.ashp.org>
- (2) Log in with your usual ASHP web-site log-in information: (a) your username/email and your password
- (3) On the opening page, under My Teamspace, click on Miscellaneous
- (4) On the next page, under My Teamspace, click on State Legislative Network
- (5) Click on the Documents tab at the top of the screen to view posted documents (you can also click on the Events tab to view the calendar)



# State Legislative Network Teamspace Site:

Directions for Those Who are **NOT** ASHP Members or Registered Web Site Users

Accessing Teamspace documents is easy. If you are **NOT** already an ASHP member or a Registered User of the web site, follow the **SECOND** set of instructions below.

(1) Simply go to the same address -- <http://Teamspace.ashp.org>

And, go to the "Register as New User" section of this page and register. They will ask a few basic questions. Once, you are registered, you will be in our ASHP association database.

(2) There is an important second step. You must let us know you want to be part of the State Legislative Network Teamspace site: As a second step to granting you Teamspace access, we must go into the association database and "flag" you to be a Teamspace member. You can let us know that we need to flag you by contacting Stephanie Kimou at [skimou@ashp.org](mailto:skimou@ashp.org)

(3) Follow the instructions for Members/Registered Users on the previous slide to access documents



# Reminder:

## Please share your 2012 bill-tracking with me

During the upcoming 2012 state legislative sessions, please be sure to share your bill-tracking Data with me

- ASHP Government Affairs does not use a subscription-based bill-tracking service – I rely on your monitoring
- Your data on key bills in your states is much more valuable and focused to me than anything a commercial service could provide because – as **affiliate leaders on the ground, in your state capitol** – you are the local experts on state legislation impacting health-system pharmacy



# Contact Information:

## Your ASHP Government Affairs Team

**Brian Meyer, Director, Government Affairs,  
Government Affairs Division**

[bmeyer@ashp.org](mailto:bmeyer@ashp.org)

**Joe Hill, Director, Director, Federal Legislative Affairs,  
Government Affairs Division**

[jhill@ashp.org](mailto:jhill@ashp.org)

**Chris Topoleski, Director, Federal Regulatory Affairs,  
Government Affairs Division**

[ctopoleski@ashp.org](mailto:ctopoleski@ashp.org)

**Karen Noonan, Director, State Affairs and Grassroots Advocacy,  
Government Affairs Division**

[knoonan@ashp.org](mailto:knoonan@ashp.org)





**Questions?**