



To: Minnesota House & Senate Health Omnibus – SF4410 Conferees

Sen. Jim Abeler
Sen. Paul Utke
Sen. Michelle Benson
Sen. Mark Koran
Sen. John Hoffman

Rep. Tina Liebling
Rep. Jennifer Schultz
Rep. Dave Pinto
Rep. Aisha Gomez
Rep. Tony Albright

From: Sarah Derr, PharmD
Executive Director/CEO of MPhA

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Clinical Pharmacy Mgr. at M Health Fairview
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Dean, College of Pharmacy - University of Minnesota

Date: May 9th, 2022

Re: Legislative language important to MN Pharmacy contained in SF4410 – Health Conference Report

Senators/Representatives – members of the Health Conference Committee,

Thank you all for devoting your time and energy to so many important aspects of overall health policy and priorities in Minnesota. The past 2 years have demonstrated how important our public and personal health is. It also made Minnesotans acutely aware of the importance of their local community, hospital, and clinic pharmacists. Minnesota pharmacists and pharmacy technicians have provided over 3.5 million COVID-19 vaccinations and boosters to patients in addition to the millions of flu vaccines and vaccines. Pharmacists have also provided millions of COVID-19, diabetes, cholesterol panel, blood pressure and other patient tests, results and guidance.

Thank you for working with the members or the Minnesota Pharmacy Alliance (MPA), made up of the MN Pharmacists Association, the MN Society of Healthsystem Pharmacists and the College of Pharmacy at the University of Minnesota. We appreciate your support!

Minnesota pharmacists also provided hundreds of mental health and substance abuse medication injections a week to patients throughout Minnesota because the legislature provided pharmacists with medication administration health service authority in the Opioid Stewardship legislation in 2020. In particular, rural pharmacies, like Thrifty White pharmacies in Detroit Lakes, MN, that are working with doctors and nurse practitioners to help patients with their mental health, sometimes Court ordered, injectable medication needs.

To maintain and improve access to overall healthcare services, provide medication administration, and testing for Minnesotans we urge you to support four important policy provisions included in either the Senate or House provisions of SF4410. In addition, we want you to understand why we would ask you to oppose including another provision.

Below is a current status of Minnesota Pharmacy Alliance priority legislation found in either the Senate or House version of SF4410:

Please include:

The MN Pharmacy Alliance strongly supports the provisions that would authorize trained-certified pharmacy technicians to help vaccinate Minnesotans and pharmacists to order non-lab health CLIA-waived tests for patients. (SF 4410, Article 14, Section 25 (151.103))

[HF4009](#) and [SF 3940](#): Maintaining Public Readiness and Emergency Preparedness (PREP) Act Authority. The legislative language included in the Senate's omnibus legislation will put into Minnesota law what patient services pharmacists and pharmacy technicians have been performing since 2020 during the pandemic.

Minnesota is a great example of how pharmacy has stepped up and has taken care of Minnesotans. Minnesota pharmacy has administered over 38% of COVID-19 vaccines and many of those vaccines were recently administered to children 5 years of age and older (<https://mn.gov/covid19/vaccine/data/index.jsp>) by pharmacy technicians and their supervising pharmacists. This could not have happened if pharmacy technicians were unable to vaccinate community members and their families. Unless this language is included in the Health omnibus legislation, pharmacy technicians will have to stop providing these health services to patients in Minnesota once the federal emergency authorities are rescinded.

The MN Pharmacy Alliance strongly supports the provisions that would authorize Minnesota pharmacists to help patients administer their subcutaneous and intermuscular injectable prescribed medications. This provision would also allow pharmacists to help with patient external health monitoring device placement. (HF4706, Article 5, Section 18)

[HF2768](#) and [SF2678](#): Pharmacists Medication Administration through subcutaneous and intermuscular injections and external health monitoring devices placement. This bill language has been passed onto both the House and Senate floors for a vote/Gen. Orders and is included in the House HFP omnibus bill, HF4706, but is not currently in the Senate HHS omnibus, SF4198. We hope that the House and Senate would pass this legislation as a standalone bill, but if a standalone vote is not to be taken, we urge this language be included in SF4410.

Minnesota pharmacists and pharmacy technicians have provided at least 37% of the millions of COVID-19 injectable (subcutaneous and intermuscular) vaccinations, millions of flu vaccines and other

approved FDA vaccines through injection to patients across the state. Minnesota pharmacists provided hundreds of mental health and substance abuse medication injections a week to patients across Minnesota. In particular, rural pharmacies are working with providers to help patients with their mental health injectable medication needs. This legislation would authorize pharmacists to work with provider prescribed injectable medications through intramuscular or subcutaneous means. And to help patients with external health monitoring device placement and counsel such as a Continuous Glucose Monitor.

The MN Pharmacy Alliance strongly supports the provisions that would authorize Minnesota pharmacists to prescribe HIV preventative medications – PrEP & PEP (*HF4706, Article 6, Sections 42, 46, 47, 54, 57*)

[HF3854](#) and [SF3154](#): PrEP/PEP Prescriptive Authority. This bill language would allow pharmacists prescriptive authority to include HIV PrEP and PEP medications to at risk patients in Minnesota. This bill has been included in the House omnibus bill, HF4706. There are currently over 9,000 Minnesotans living with HIV/AIDS, with over 200 new cases of HIV each year. With access to PrEP and PEP medications directly from their pharmacist this legislative language will reduce barriers to life changing medications. The provisions in HF4706-the Senate version of SF4410 would allow pharmacists in Minnesota to prescribe, dispense, and administer medications to prevent HIV and greatly improve access for patients.

The MN Pharmacy Alliance strongly supports the provisions that would prohibit health insurers operating in Minnesota from mandating infusion patients receive their injectable medications through white-bagging (*HF4706, Article 6, Section 45*)

[HF3280](#) and [SF3265](#): White Bagging Choice bill. This bill was amended and has been included in the House omnibus bill, HF4706. These provisions prohibit a PBM or health carrier from requiring that a clinician-administered drug, or the administration of a clinician-administered drug, be covered as a pharmacy benefit also known as “white-bagged” outside the normal medication dispensing system.

Under this arrangement, providers have no relationship with the outside pharmacy to address concerns, therefore, this practice undermines the integrated care approach needed to provide quality patient care. The insurance mandate also creates unnecessary patient risk by duplicating orders, increasing hazardous waste disposal and increasing the administrative burden with white-bagging a medication. This insurance company policy also disrupts the chain of custody and compromises can lead to delayed, damaged, contaminated, or counterfeit medication shipments.

These mandates negatively impact care and often can extend a patient’s disease progression resulting from delays in care related to delivery issues, dosage errors, damage, or administrative hurdles that can interrupt care by days or even weeks. Patients are hit with higher cost-sharing responsibilities when moved from their medical benefit to their pharmacy benefit under white-bagging arrangements. Patients may also be charged co-pays for drugs not received due to shipping errors, treatment changes, and other factors. Provider costs increase due to extra storage requirements, more labor needs and increasing liability, while insurance company payments decrease for providing the same level of care. Drug waste accelerates when medications received for a specific patient cannot be administered or given to another patient. Because patient dose is often altered to meet patient need, drugs are wasted. This harms the environment and increases costs for the patient and provider. For all these reasons we strongly urge the Conference Committee to include this language in the final Report.

The MN Pharmacy Alliance is strongly opposed to the mandate requiring a device to measure improper storage or temperature variations. (HF 4706, Article 6, Section 45)

This provision would require any mail order or specialty pharmacy with operations in Minnesota to, include with each delivered prescription medication a device recognized by the United States Pharmacopeia by which the patient can easily detect improper storage or temperature variations.

This policy sounds like a good idea, however, no other state in the country has passed language mandating temperature control devices for very good reasons. Mandates like this one do not solve the problem and only create burdens and costs for pharmacies and the patients they serve.

Current Minnesota law and Board of Pharmacy procedures already require the integrity of the delivery process and compliance with a manufactures' temperature requirements, including the development of written policies and procedures consistent with United State Pharmacopeia standards and available to the Minnesota Board of Pharmacy. Taking into account that reimbursement for costs of dispensing medications in Minnesota currently does not include the expenses associated with deploying devices required in the House language, this language could have a real impact and further challenge and threaten pharmacies across Minnesota.

As drafted, the House language would impact many pharmacies and have the unintended consequence of disrupting delivery to patients who are unable to make a trip to the pharmacy or those who value the convenience of delivery. This would limit patient access to their medications and/or increase patient costs. Solutions such as temperature monitoring tags are largely unproven. According to the Minnesota Board of Pharmacy 2021 report to the Legislature "currently there are no published studies assessing the number of false-positive or false-negative readings when included in the packaging and shipping of medications. Therefore, this study was not able to determine the reliability of using temperature indicator tags."

We hope you will consider our feedback and recommendations as you put together your final Health omnibus legislation for 2022. If we or our representative, Buck Humphrey, can be of any assistance, please reach us through Buck at: hubert4@gmail.com; C 612-889-6515