



Date: April 18th, 2024

To:

Chair Tina Liebling

Members of the House Health, Finance and Policy Committee

From:

The Minnesota Pharmacy Alliance, the MNIndy's, the College of Pharmacy at the University of MN and the Minnesota Retailers Association

Re: Minnesota Senate HHS Omnibus Finance legislation – HF4571-DE

Representatives and members of the House, Finance & Policy Committee,

The Minnesota Pharmacy Alliance (MPA), which represents over 1500 retail and health system pharmacists, pharmacy technicians, and student pharmacists across the state of Minnesota; the MNIndy's, who represent over 120 independently owned pharmacies in Minnesota as well as the Minnesota Retailers Association write you to share our thoughts and suggestions about the provisions contained in the Senate HHS Omnibus Finance legislation.

Pharmacists and pharmacy staff care for patients in all healthcare settings throughout Minnesota. Pharmacies are where an overwhelming number of Minnesotans get their health care needs met every day in Minnesota. We are the health care provider a patient will see the most throughout the year and are the closest point of access for health care services for Minnesota patients. Pharmacies and pharmacists are also represented by the Minnesota Retailers Association. We are writing to you today to outline and detail the provisions important to Minnesota pharmacist and pharmacies you are considering as you put your HHS Omnibus Finance legislation, HF4571.

Thank you all for devoting your time and energy to so many important aspects of overall health budget, policy and priorities in Minnesota. Minnesotans are acutely aware of the importance of their local community, hospital, and clinic pharmacists. During the COVID-19 pandemic Minnesota pharmacists and pharmacy technicians have provided over 4.5 million COVID-19 vaccinations and boosters to patients in addition to the millions of flu vaccines and other vaccines administered by pharmacists, pharmacy technician and pharmacy interns across the state. Pharmacists have also provided millions of COVID-19, diabetes, cholesterol panel, blood pressure and other patient tests, results and guidance.

We greatly appreciate the legislation including the language and provisions that will authorize pharmacists and supervised pharmacy technicians and pharmacy interns to continue to be able to provide patients of age 6 and older all ACIP recommend and FDA approved vaccinations and pharmacists will continue to provide CLIA waived – non-lab testing services in pharmacies across Minnesota.

This year again saw many pharmacies close in Minnesota. In the first quarter of 2024 Minnesota has seen at least 6 pharmacies close on main street and in our grocery stores. Since 2018 Minnesota has lost 34% of non-chain independently owned pharmacies and 20% of all chain community pharmacies. This trend will not stop if adequate reimbursement is not realized and the business model for community pharmacy changes to a to reimbursement that is at least at the cost of the ingredient of a medication and the dispensing reimbursement covers overhead costs.

Pharmacy deserts from rural Minnesota towns to Twin Cities locations such as NE Minneapolis are real and the closure of many culturally based community pharmacies across Minnesota are leaving fewer communities with pharmacies that are close and can meet the growing number of patient needs. Many rural Minnesota communities have lost their health care asset on main street. Pharmacies that close are most likely never coming back to those communities. We appreciate the Senate prioritizing pharmacy economic sustainability and ensuring patient access to pharmacies across Minnesota. We also appreciate the Committee listening to Minnesota pharmacy owners and pharmacist's patients across Minnesota.

We greatly appreciate the House adopting language to update the Medical Assistance Fee for Service dispensing reimbursement rate. This will help.

Below we have outlined the provisions important and supported by Minnesota pharmacies and pharmacists as well as provisions that need changes we suggest. Thanks for your consideration.

Provisions included in HF4571, the Health, Finance & Policy Omnibus Finance bill, important to Minnesota pharmacy and their patients:

Please include - We strongly support the following provisions:

Lines 218.17-222.10 (SF1197): Continuation of immunizations by pharmacists, pharmacy technicians & pharmacist interns in a pharmacy setting (fed PREP Act declarations codification).

Since 2020, the federal PREP Act declarations have enabled pharmacists, pharmacy technicians, and pharmacy interns to administer indicated immunizations to patients 3 years of age and older. It has also ensured that patients are able to receive COVID-19 and other CLIA waived tests in a timely fashion. This bill would make these changes permanent in MN state law, with one exception, MN patients 6 years and older and 3 years and older for Flu & COVID-19 vaccinations would be permitted. In addition, pharmacists would be able to order, administer, and interpret any CLIA-waived test.

Lines 10.23-13.34 (HF3902): MA-FFS pharmacist dispensing fee update/increase to \$11.55
If professional dispensing fees are not updated over time as intended, pharmacies may not be available to serve Medical Assistance patients. Underwater and unjustifiable reimbursement rates (set by PBMs) across Medicaid managed care (MC), and employer-based payers are leading to closures of pharmacies, understaffed pharmacy locations, and pharmacy “deserts.” The FFS pharmacy reimbursement model used by Medical Assistance, including the professional dispensing fee, is the only reimbursement model affecting Minnesota pharmacies that is under direct control of the state government. DHS completed an updated Cost of Dispensing survey and made such recommendations in August 2023. Based on the results of the 2023 Minnesota Cost of Dispensing Survey, DHS recommends revising the current professional dispensing fee (\$10.77) to the median weighted by Medicaid prescription volume (\$11.55) for all community retail pharmacies.

Lines 222.13-223.15, 223.18-225.19 (HF2466): Pharmacists authorized to prescribe, counsel & administer HIV Prep & PEP medications.

HIV pre-exposure and post-exposure prophylaxis (PrEP and PEP) have remarkable rates of transmission prevention if patients are able to start them in a timely fashion and maintain high adherence rates. PrEP and PEP are well-tolerated medications that may be taken orally or through intramuscular injections. The proposed bill will expand prescriptive authority to allow pharmacists to prescribe PrEP and PEP following adequate training. In addition, pharmacists will be able to order, administer, and interpret laboratory tests to ensure proper and safe use of PrEP and PEP.

Lines 34.1-41.15 (HF4605): Medication Repository modifications - Roundtable Rx

We have always supported affordable and accessible medications for all patients in Minnesota. We also are supportive of all efforts to reduce prescription medication waste. Roundtable Rx has been nothing short of a heralded success. We support expanding the recycling program and we hope that all unused and unopened or adulterated prescription medications can be acquired and provided to patients who need them at little or no cost.

One provision we hope would be included in the final Health Conference report that is included in the Senate HHS Omnibus Finance legislation, SF2459, but not included in the House is Representative Bahner's HF2503: Coverage for health services performed under scope by a pharmacist.

Pharmacists are trained to perform many of the same clinical assessments and actions as other health care providers. However, many insurance companies do not cover pharmacist services. This bill would ensure that pharmacists and pharmacies are being reimbursed for the services being provided. Payment for services would increase sources of revenue for businesses that employ pharmacists and improve the outlook for struggling independent pharmacies.

This legislation is essential for Minnesota pharmacies to be able to offer authorized patient health services in a Minnesota pharmacy. If Minnesota pharmacies cannot get reimbursed for health services delivered, they cannot provide or offer the service to patients who want these services from their local community pharmacist. We are dedicated to making certain all patients are covered by their health insurer payers for health services authorized to be provided to patients in a Minnesota pharmacy setting.

We also appreciate Chair Liebling, Representative Bahner as well as the Department of Human Services working with Minnesota pharmacy to devise and come up with a Directed Dispensing Payment program that would reimburse certain pharmacies for MA managed care/PBM medications dispensed an additional dispensing fee reimbursement that would help sustain Minnesota pharmacies and Medicaid and MNSure eligible patient access to care.

Thank you for working with the members or the Minnesota Pharmacy Alliance (MPA), MNIndy's and the MRA this year on issues important to Minnesota patients and pharmacy in Minnesota. We appreciate your support! We hope you will consider our feedback and recommendations as you put together your final Health omnibus legislation for 2024. 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

Sincerely,

Tamara Bezdicek , PharmD, BCPS, FMSHP -Medication Policy Manager, MSHP-Co-Chair of
MN Pharmacy Alliance (MPA)

Deborah Keaveny, MNIndy's, Pharmacist & owner of Keaveny Drug

Bruce Nustad, President of the MRA