CSHP Legislative Priorities

American Physicians Group
Pharmaceutical Care Committee Meeting
August 21, 2019

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Agenda

- SB 159
- AB 1131
- SB 1254 implementation
- AB 1535 implementation
SB 159
HIV: preexposure (PrEP) and postexposure prophylaxis (PEP)

BILL SUMMARY
• Authorizes pharmacists to furnish PrEP and PEP in specified amounts if certain clinical criteria and conditions are met, consistent with federal guidelines.
• Requires pharmacists to complete a training program approved by the Board of Pharmacy.
• Expands the Medi-Cal schedule of benefits to include PrEP and PEP as pharmacist services.
• Requires the State of California to establish procedures for reimbursement.

WHY
• Many advocates say people who need PrEP don’t even know it exists.
• Some patients are unsure about how to talk to their doctors about PrEP.
• Many physicians outside of urban areas aren’t educated on what PrEP is or when to prescribe it.
• PrEP and PEP access should parallel birth control, which has been available over the counter in California since 2016.
SB 159
HIV: preexposure (PrEP) and postexposure prophylaxis (PEP)

- The potential expansion of the role of pharmacists in HIV prevention was recently discussed in a June 2019 article available on the National Institutes of Health’s website entitled “Pharmacists in HIV Prevention: An Untapped Potential.”
  - This article states that pharmacists have incredible untapped potential because they are easily accessible, and are often available without an appointment.
- Featured on NPR http://www.capradio.org/137698

SB 159
HIV: preexposure (PrEP) and postexposure prophylaxis (PEP)

WHO

- Introduced by Senator Scott Wiener (D-San Francisco)
  - Principal co-authors: Assembly Members Gipson (D-Carson) and Gloria (D-San Diego)
  - Co-authors: Senators Glazer and Stone, and Assembly Member Chiu
- Co-sponsored by CSHP and CPhA, as well as many other groups.
- Amended in both the Senate and Assembly, as recently as August 12, 2019.
  - Unanimously passed the Senate on July 9, 2019.
  - Currently re-referred to the Assembly Appropriations Committee on with amendments.
  - Next hearing date: August 21, 2019 (Today!)
AB 1131
MediCal: Comprehensive Medication Management (CMM)

BILL SUMMARY

• Covers comprehensive medication management (CMM) services under the Medi-Cal program.

• Requires the patient to meet specific criteria:
  • Referral by a physician for patients with medical conditions that could benefit from the provision of CMM services.
  • Patients prescribed 8 or more prescription drugs or biologics, collectively by multiple prescribers, to treat or prevent 2 or more chronic medical conditions.

• Requires DHCS to establish:
  • Reimbursement rates
  • Rate billing codes for CMM services provided by a pharmacist.

• Requires pharmacists who initiate, adjust, or discontinue medications in the course of providing CMM services to do under established policies, procedures, or protocols.

• CMM differs from MTM (Medication Therapy Management) CMM is for MediCal members but MTM is limited to Medicare beneficiaries.
  • The goal of MTM is to optimize therapeutic outcomes (help patients get the most benefit from their medications), and detect and prevent costly medication problems.
  • CMM is more comprehensive. It includes an assessment for medication indication, effectiveness, safety, dosing, adherence, etc. – optimizing medication use.
AB 1131
MediCal: Comprehensive Medication Management (CMM)

WHY
• A recent article estimates the cost of not getting the meds right is about $528 Billion per year. *Annals of Pharmacotherapy* 52(9):106002801876515. March 2018
• CMM positively influences Primary Care Providers’ workloads, patient outcomes, and achievement of quality measures by being a collaborative partner in caring for patients. [https://www.jabfm.org/content/32/4/462](https://www.jabfm.org/content/32/4/462)
• Another recent article estimates 1.3 million emergency department visits have been associated with adverse drug events (ADEs) in older adults. [Psychotropic_ADE_HCUP_Sepassi_2019](https://www.jabfm.org/content/32/4/462)
• The results of the USC/AltaMed CMMI Project, also known as the California Right Meds Collaborative will be published shortly.
• Continue to plan and collaborate with the California Right Meds Collaborative, HRSA PSPC, Community Pharmacy Enhanced Services Network (CPESN), and Alliance for Integrated Medication Management (AIMM).

HRSA = Health Resources and Services Administration
PSPC = Patient Safety and Clinical Pharmacy Services Collaborative

WHO
• Introduced by Assembly Member Todd Gloria (D-San Diego)
  • Coauthor: Assembly Member Jim Wood (D-Santa Rosa)
• Supported by both CSHP and CPhA.
• Amended in both the Assembly and Senate, as recently as June 24, 2019.
  • Unanimously passed the Assembly on May 29, 2019.
  • Unanimously passed the Senate Health Committee on June 19.
• Currently: placed on suspense file
• DHCS wrote a letter opposing AB 1131. CSHP and CPhA Lobbyists will meet with the Governor’s office on Aug 26 to discuss our concerns and their grounds for opposition – so stay tuned!
SB 1254
Hospital Pharmacies: Medication Profiles for High-Risk Patients

SUMMARY

• Requires hospital pharmacists, intern pharmacists, or pharmacy technicians to obtain an accurate medication profile or list for each high-risk patient upon admission of the patient under specified circumstances.

• Each hospital may establish the criteria to determine who is a “high-risk” patient and determine a timeframe for completion of the medication profile or list,

• Approved by the Governor on September 22, 2018. Law went into effect January 1, 2019.

IMPLEMENTATION PLAN

• The California Hospital Association (CHA) and CSHP are performing a multi-center quality improvement project to demonstrate the impact of SB 1254 on improving patient safety

• CSHP held a state-wide webinar on August 1 to provide an overview if the Quality improvement Project. The webinar was presented by 4 speakers who shared their experiences and expertise with providing medication profiles:
  ◦ Rita Shane, PharmD, FASHP, FCSHP, Chief Pharmacy Officer, Department of Pharmacy Services, Cedars-Sinai Medical Center
  ◦ Naira Barsegian, PharmD, Program Coordinator, Cedars-Sinai Medical Center
  ◦ Sarah Stephens, PharmD, BCPS, CPPS, Medication Safety Coordinator, Kaweah Delta Health Care District
  ◦ Sarah Bajorek, PharmD, BCACP, Supervisor, UC Davis Health
SB 1254
Hospital Pharmacies: Medication Profiles for High-Risk Patients

IMPLEMENTATION PLAN

• Cedars-Sinai has developed a Technician training program so that Technicians can be trained to obtain an accurate medication profile or list for each high-risk patient.
• The Clinical Pharmacy Technician training consists of 2 live training sessions, a few weeks apart:
  • Part 1 – Technicians are trained how to: obtain the list, call patients to bring them into the service in a culturally/ethnically sensitive way, perform medication reconciliation, communicate effectively with patients, reinforce education provided by the pharmacist with the patient, follow up with the patient, assist with patient assistance programs when applicable, and check in with patients to check the patient’s behaviors, medication adherence, lab work adherence, etc.
  • Break – Technicians in the program are expected to go back to their practice sites and start practicing their new Medication Profile skills.
  • Part 2 – Refinement of techniques and repeat of the initial training when indicated.

SB 1254
Hospital Pharmacies: Medication Profiles for High-Risk Patients

IMPLEMENTATION PLAN

• Cedars-Sinai is launching a multi center QI Project to assess the effectiveness and outcomes of implementation of SB 1254.
  • CSHP is supporting this effort by hosting webinars to recruit clinical sites for the study with an expectation to launch the study in early 2020.
  • CPhA is holding a Collaborative Practice Agreement Workshop on September 7 to help pharmacists who are ready to put together a collaborative practice agreement (CPA) in place with a physician.
AB 1535
Pharmacists: Naloxone Hydrochloride

BILL SUMMARY

• Permits a pharmacist to furnish naloxone hydrochloride pursuant to standardized procedures or protocols developed and approved by the California Board of Pharmacy (BOP) and the Medical Board of California (MBC).

• Signed by the Governor in September 2014. Effective January 1, 2015.

IMPLEMENTATION PLAN

• Board of Pharmacy Training Webinar on their web site: https://www.pharmacy.ca.gov/licensees/webinars/naloxone.shtml

• Schools/Colleges of Pharmacy training: Cal Northstate University (1/17).

• CPhA “Reminder About Naloxone Protocol” (3/17).

• CPhA presentation “Naloxone: Fundamentals for Pharmacists Dispensing to Caregivers and Patients at Risk for Opiate and Opioid Toxicity” (10/17).

• CPhA 2nd Annual SafeMed LA Stakeholders’ Conference (2/18).

• CSHP Annual meeting presentation “Opioid Safety: Focus on Furnishing Naloxone” (10/18).

• CSHP Affiliate Chapter presentations, such as Quatra County Breakfast program (6/18) and San Fernando Valley CE event(6/19).
AB 1535
Pharmacists: Naloxone Hydrochloride

IMPLEMENTATION PLAN

• Large Health-Systems: Kaiser Permanente pharmacist training program.
• Small Health-Systems: Adventist Health Glendale policy and protocol development.

Conclusion

• SB 159 and AB 1131 are actively making their way through the legislature. Approval appears imminent for SB 159 but AB 1131 requires negotiation with the Governor’s office.
• Implementation of SB 1254 and AB 1535 are under way but more Technician training and Pharmacist education needs to be done by the Board of Pharmacy, Schools, Associations, and Health-Systems across the state.
• CSHP and CPhA are aligned in moving forward legislation to advance the practice of pharmacy and the optimal use of medications in California.
Background

- Founded in 1962, the California Society of Health-System Pharmacists (CSHP) is the largest state pharmacy association representing thousands of pharmacists, student pharmacists, and pharmacy technicians who serve patients and the public through the promotion of wellness, patient safety and optimal use of medications.