



Date: April 18th, 2024

To:
Chair Melissa Wiklund
Members of the Senate Health and Human Services Committee

From:
The Minnesota Pharmacy Alliance, the MNIndy's, and the Minnesota Retailers Association

Re: Minnesota Senate HHS Omnibus Finance legislation – SF4699-A2

Senators and members of the Senate Health & Human Services 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, SF4699.

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. 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 daily. 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. 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, once again, saw many pharmacies close in Minnesota. In the first quarter of 2024 Minnesota has witnessed the closure of at least 6 pharmacies on main streets and within 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 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 is 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 pharmacists' patients across Minnesota.

We greatly appreciate the Senate 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 SF 4699, the Health & Human Services Omnibus Finance bill, important to Minnesota pharmacy and their patients:

Please include - We strongly support the following provisions:

Lines 216.17-219.30, 239.5-239.28 (SF1176): 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 can 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 9.25-12.23 (SF3971): 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: 64.10-64.18, 64.24-65.4, 68.4-68.17 (SF2459): 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. 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.

Lines 216.3-216.16, 219.32-222.25, 226.25-227.29 (SF2320): 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 can 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 227.32-236.30 (SF4584): 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.

Lines 23.1-23.2 (SF4330): Usual & Customary price definition change to allow discount programs
We have no concerns with this change to the definition of Usual and Customary.

Lines 8.25-9.12 (SF4058): Biological products cell & gene therapy requirements language.

We greatly appreciate the Senate including this language in your bill. This language will go a long way to providing the most broad based options of care and medication therapies to be utilized by a provider for their patient's diagnosis.

We also appreciate Chair Wiklund, Senator Mann, 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.

Lines 22.28-223.24 (SF3726): Licensed pharmacy relocation & change of ownership fees revised. The changes to the MN Board of pharmacy relocation and change of ownership fees make sense and we are supportive of this language.

We have concerns about in the Senate HHS Omnibus Finance legislation SF4669 language:

Lines 226.3-226.22 (SF2266): Accessible Prescription Drug labelling. We cannot support the current language that requires a pharmacist to "inform all patients" that braille & audible prescription label devices are available "at no cost to the patient." It also requires a pharmacy "shall" provide braille labelling or an audible prescription medication label device in every licensed pharmacy in Minnesota.

While we appreciate and work with all pharmacy patients to make sure that their care and medication information is accurate, understandable, and accessible, this language mandates that all pharmacies have braille and audible prescription label devices and labelling available even if there is no patient need at a particular pharmacy. Pharmacists and pharmacies in Minnesota do work with patients every day who require braille and audible prescription medication information needs. We are committed to continue this practice.

The language also states that the device or labelling cannot be a cost to the patient. Unfortunately, in many cases, this would mean that the community pharmacy would have to absorb the cost. We commit to continue to work with Senator Hoffman and the stakeholders involved to reach a consensus on how to move forward and address any problem the legislation is trying to solve.

Lines 239.29-240.6 (SF3460): Minnesota Board of Pharmacy to create rules for prescription label for plain language and inclusion of the full generic name of drug and the use of plain language on the label for MD indications.

We appreciate Senator Boldon working with stakeholders to include language that is more permissive than required. However, we are still concerned about how this language would be implemented, its necessity, and the confidential nature of patients' personal indications for use. In addition, often providers who prescribe the medication do not complete the medication's indication, resulting in incomplete information. Finally, there is only so much room on medication labels to list this additional information. There are broader implications for patient-sensitive indications or incorrect indications that a pharmacist would now need to address, including privacy concerns. Pharmacists also have no control over the 'default' indications received by prescribing providers.

We would ask that the language not be included at this time and that stakeholders take the interim to discuss mutual solutions for Minnesota patients, providers, and pharmacies.

Thank you for working with the members of 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