

# Political Pharmacy Advocacy Elective Course

**Rodney G. Richmond, MS, PharmD, BCGP, FASCP**

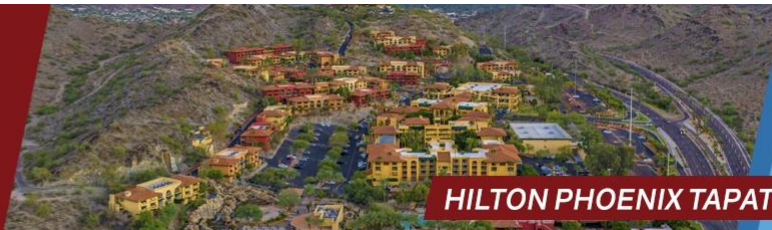
Professor and Chair of Pharmacy Practice  
Harding University College of Pharmacy

President and Member  
Arkansas State Board of Pharmacy



American  
Society for  
Pharmacy  
Law

**DEVELOPMENTS  
IN PHARMACY LAW  
SEMINAR DPL XXXV**



**NOVEMBER  
07-10**

**HILTON PHOENIX TAPATIO CLIFFS RESORT 2024**

# Conflict of Interest Disclosure

I declare that neither I nor any immediate family member have a current affiliation or financial arrangement with any potential sponsor and/or organization that may have a direct interest in the subject matter of this presentation.



# Learning Objectives

**Upon completion of this course the learner will be able to:**

- Describe the importance of advocacy in addressing pharmacy-related issues at the state and federal regulatory and legislative levels.
- Explain the processes by which legislative and administrative policy is made, and identify how a pharmacist can become an advocate to influence policy.
- Identify and analyze emerging issues that may affect pharmacy health policy to propose amendments or develop new health policy.
- Develop and implement effective advocacy strategies and lobbying campaigns.
- Demonstrate persuasive communication and collaboration skills in dealing with public policymakers to develop pharmacy health policy.
- Evaluate the impact of advocacy efforts.



# Course Overview

- Duration
  - 2 credit course, 15 weeks, fall and spring terms
- Readings/Resources
- Instructional Methods
  - Workshops
  - Mini-Lectures
  - Group meetings
  - Simulations
  - Field assignments (e.g. lobbying, testifying)
  - ACTIVE LEARNING!



# Curriculum

- Team building activities (StrengthsQuest)
- Understanding the policy and lawmaking process
- Introduction to political advocacy and lobbying strategies and tactics
- Identifying and defining goals for an advocacy project
- Policy research in the development of an advocacy project
- Building and leveraging networks
- Communications skills and the art of persuasion
- Navigating ethics and legal considerations in lobbying
- Mock lobbying session
- Present final advocacy project to policymakers (lobby, testify)
- Measure impact and evaluate success or failure



# Examples of Active Learning

- Identified and helped draft legislation
- Hosted town hall meetings
- Secured a bill sponsor
- Lobbied legislators (e.g. State Legislature, Congress)
- Testified before the House and Senate Public Health Committees
- Bill signing session with the Governor



# Identified and Helped Draft Legislation

1) Mail order - "Definitions" - law on AWP  
• Background • law on MAC/pay off  
• Our position

2) Marijuana - Background  
• Clinical evidence review (ACHA)  
• Connecticut model  
• Our position

3) Medication administration + vaccines - Background  
• Case Studies (Best Practice) + more (also. Practice)  
• TX, Louis, Miss, TN, Missouri, OK.  
• Our position

4) Non diagnostic drug initiation

5) "Poc" testing drug initiation

6) (30 day) emergency refill / month / or single package

7) Med sync, partial copay for pts.

8) Vaccines - Protocol down to 7 yrs. (from 18) - see above

Do Not Lobby w/o Debra authorization  
Calls, talk about this  
Twitter, FB, etc.



# Hosted Town Hall Meetings



# Developed Talking Points



As part of the implementation process of elements of the *Affordable Care Act*, the state Medicaid program is faced with the prospect of adding 250,000 previously uninsured Arkansans to its rolls. This addition will have a potentially profound effect on the **quality, access, and cost** of healthcare in our state, including prescription drugs. An amendment to the Pharmacy Practice Act, which focuses on redefining what constitutes a prescription, would address some of these concerns (see Appendix A).

- (17) "Prescription" means an order for medicine or medicines usually written as a formula by a physician, optometrist, dentist, veterinarian, or other licensed medical practitioner, **containing either:**
- (a) the names and quantities of the desired substance, with instructions to the pharmacist for its preparation and to the patient for the use of the medicine at a particular time, or
  - (b) (1) a diagnosis; or  
(2) the therapeutic class  
thereby authorizing the pharmacist to select the appropriate medicine and dosage to treat the patient;

## What currently existing problems would the proposed amendment address?

- **Quality:** Prescription medications are an important part of quality medical care, with 2 out of every 3 medical visits resulting in a patient receiving a prescription. Many times, however, a prescription cannot be filled as written because of clinical issues that require intervention (e.g. drug interactions), limitations imposed by the insurance company (e.g. formulary), the patient cannot afford the medication prescribed, or other reasons.
- **Access:** Physicians report that handling interventions related to the problems noted above, or dealing with pharmacy benefit management companies (PBMs) on formulary issues, consumes a great deal of their time—they don't have to spare. Many counties in Arkansas are medically underserved without enough providers to meet the needs of the population, and two counties do not even have a primary care physician. The demand on prescriber's time to handle prescription issues decreases time they have to spend with their patients.
- **Cost:** As a result of the problems noted above, patients experience delays in receiving their medication because of the amount of time it takes for the pharmacist to resolve the issue. Although the pharmacist is both knowledgeable on how to clinically resolve the problem and is in a position to do so, they are not currently empowered to make these changes. This directly causes delays in starting treatment which can result in the patient's condition worsening, particularly if it is an acute condition (e.g. antibiotic therapy for an infection).

## What impact would this amendment have from a legislative/regulatory perspective?

- The language of the amendment is permissive, meaning that the new definition of a prescription would give the prescriber a choice when writing a prescription: they could order a prescription drug as they currently do, or they could rely on the pharmacist's expertise in selecting an appropriate medicine and dosage to treat the patient.
- The amendment would not require a change in the pharmacists' scope of practice as it is currently defined. The change would be made operational through protocols that currently exist and work well in practice.
- The amendment would not require a change in how pharmacists are credentialed to act on a prescription under the new definition. Pharmacists would be credentialed under currently defined requirements.



## What benefits would be derived from the redefinition of a prescription?

- **Quality:** Pharmacists are recognized as drug experts, and have demonstrated improved outcomes when they are involved in selecting drug treatment for patients with diabetes, hypertension, hyperlipidemia, asthma, and congestive heart failure. Within the context of the proposed amendment, pharmacists would inherently be capable of selecting the appropriate medicine and dosage to treat the patient in a quality manner.<sup>2-7</sup>
- **Access:** Pharmacists are integrally connected with both prescribers and PBM formulary managers, and most importantly have a direct and intimate relationship with their customers at the point of access for prescription drugs. Further, pharmacists have a physical presence in every county in Arkansas making them the most readily accessible healthcare professional. By permitting pharmacists to select the appropriate medicine and dosage, this would decrease the drain on prescriber's time spent dealing with prescription-related problems, and as a result increase the time providers have to spend time with their patients.
- **Cost:** Pharmacists are knowledgeable both about direct costs of medication as well as understand the cost-effectiveness of medications. Their participation in selecting the appropriate medicine and dosage could contribute to decreasing overall healthcare costs.<sup>8-11</sup>

## Who would benefit from the redefinition of a prescription?

- **Patients:** Patients would benefit from an improvement in the dispensing process, and from having their pharmacist more intimately involved in their medication therapy.
- **Providers:** Prescribers would realize having to spend less time on prescription-related problems, and as a result have more time to spend with their patients.
- **Payers:** Arkansas Medicaid and other 3<sup>rd</sup>-party payors would benefit from pharmacists input into cost-effective drug therapy and potentially streamlined and improved formulary compliance.

## Summary

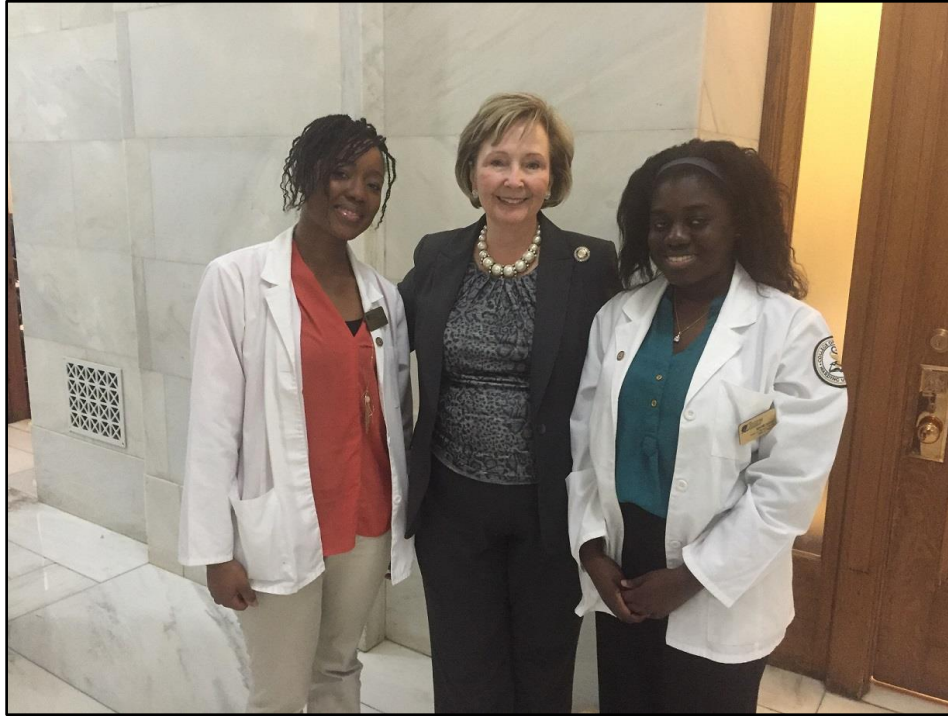
As Arkansas attempts to address Medicaid expansion during the upcoming legislative session, issues related to quality, access and cost loom very large. Within the context of the 'accountable care organization' model that is being considered, drug therapy will no doubt continue to be a mainstay of restoring and maintaining the health of Arkansans. Therefore, the redefinition of a prescription would enable pharmacists to serve in an integral way in the drug selection process. First, pharmacists can help to achieve and maintain **quality** through their expertise in drug therapy and their position within the medication use process. Second, pharmacists as the most accessible healthcare professional can work to decrease providers' time spent on prescription-related problems and indirectly improve **access** for patients. Finally, pharmacists' knowledge related to the cost-effectiveness of medications as evidenced by improved outcomes in multiple disease states could be expected to contribute to decreasing overall healthcare **cost**.



# Secured Bill Sponsors



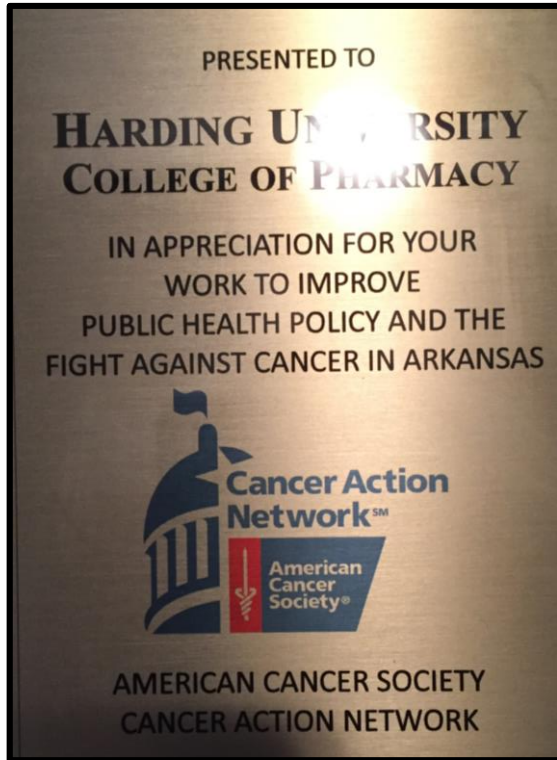
# Lobbied the Legislature



Students (Imi Mvere, Marie Naho) lobbying Sen. Cecile Bledsoe, Chair of the Public Health, Welfare, and Labor Committee



# Developed Alliances



# Testified before House and Senate Committees



Students testifying  
before the House  
and Senate Public  
Health, Welfare, and  
Labor Committees



# Attended a Bill Signing with the Governor



# Assessment

- Examples of Assignments
  - Written communications (e.g. talking points, final project)
  - Oral communications (e.g. moderate town halls, lobby)
  - Legislation tracking exercise
  - Reflective writings
  - Peer reviews
  - Attendance and participation
- Led an advocacy meeting with a legislator
  - Failure to do so earns an “F” in the course
- Testify before a legislative committee
  - Automatic “A” for any student who provided testimony
- Bill signed into law
  - Automatic “A” for ALL students whose bill gained passage
- Authored a paper for a national publication
  - Extra credit



# Course Outcomes

## Number of students who have taken the course

- 23 across 5 semesters

## Examples of bills for which students had a major responsibility in gaining successful passage include:

- Therapeutic substitution in the retail setting
- Expansion of emergency refills for chronic medications to 30-days
- Pharmacists administration of all medications (except intrathecal, intraarticular)
- Medical marijuana dispensaries required to offer consultant pharmacist services
- Pharmacist prescribing (e.g. oral contraceptives, smoking cessation, Narcan)
- Pharmacists recognized as a provider with the Arkansas Medicaid program



# Assessment Question

Which of the following represent a scope of practice issue that students have helped gain passage through a state legislature?

- a) Prescribing authority for pharmacists across various drug classes
- b) Broad authority for pharmacists to administer medications
- c) Recognition of pharmacists as a provider by state Medicaid
- d) All of the above



# Assessment Question – Answer

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- d) **All of the above**

