Representatives Tim Brown and Tim Ginter

Sponsor Testimony, House Bill 116, 131st General Assembly

Senate Medicaid Committee

October 14, 2015

Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee: thank you for the opportunity for us to present to you House Bill 116, which seeks to provide for partial drug prescription refills for the purpose of synchronizing multiple prescriptions for one patient.

House Bill 116 seeks to allow patients with diseases requiring chronic prescriptions (including, but not limited to, heart disease, cholesterol, COPD, high blood pressure, etc.) to permissively participate in a process with their physician and pharmacist to align their medications to be refilled on the same day(s). The process is called "medication synchronization" or "med sync".

Medication synchronization is a pharmacy service that improves patient adherence to prescribed medications by coordinating the refill dates for all of a patient's chronic prescription medications so they can be picked up on the same date each month. It is estimated that 21 percent of Americans use three or more medicines and 10 percent take five or more medicines. Using multiple medications increases with age, with almost 40 percent of U.S. adults aged 65 using five or more medicines.[i] Patient and caregiver lives are simplified by eliminating multiple trips to the pharmacy each month. It also minimizes confusion over when a prescription is due to be refilled, and minimizes disrupting treatment through delayed or missed refills.

A little history on med sync is needed. Medicare Part D has allowed this process to occur since January 2014 and was projected to save millions of dollars in health care costs. In fact, the Federal Register, where all federal rules and regulations are posted, stated before initiating the program that it would cost $500,000 total for 6 years of costs of med sync for Part D cosponsors and create over $1.8 billion in estimated savings to the Part D program along with savings to the beneficiaries who take advantage of the option in consultation with their prescribers through lower cost-sharing for prescriptions and reduction of medication waste *(Federal Register Vol. 77, No. 71, April 12, 2012, p. 22076)*.

We would like to point out that if you are a customer of Rite Aid or Ohio-based Discount Drug Mart you already have the opportunity to utilize a med sync program. So why do we need a bill? The rationale addresses patient co-pays and pharmacist dispensing fees. Our bill seeks to require commercial plans and Medicaid to offer opportunities similar to Medicare Part D, while also providing for coverage of partial drug refills with pro-rated copays plus dispensing fees in order to achieve synchronization and allowing pharmacists to receive their full dispensing fee for filling a partial script.

Allowing patients or their family members to make a single trip to the pharmacy to pick up prescriptions each month, makes it more convenient for them to stay on track with their long-term medications, boost their "adherence" to the medication and improve their medical outcomes related to their conditions. It is estimated by the National Community Pharmacists Association that the annual national costs of non-adherence to medications could be as high as $290 billion dollars.

Ohio would not be unique in adopting this plan. In the past 2 years, 10 states have passed similar bills, including Kentucky. Kentucky's bill passed both of its legislative chambers with unanimous votes and was recently signed into law by the Governor. California passed it, but the Governor vetoed it because it did not explicitly state it was initiated by the patient, a lesson we learned for our introduced version. Currently there are 15 other states that are introducing similar bills, including Michigan, Indiana and Tennessee.

The bill is supported by the following organizations:

- Ohio Pharmacists Association

- American Pharmacists Association
- National Community Pharmacists Association (NCPA)
- American Academy of Pain Management
- American Cancer Society Action Network
- Ohio State Medical Association
- Ohio Association of Area Agencies on Aging
- Rite-Aid
- Kroger

House Bill 116 favorably reported out of the House Committee on Health and Aging with a vote of 18-0 and was unanimously voted off the floor 92-0. Med Sync programs are a win-win-win situation for patients, payers and pharmacists alike. We have a bright future to both improve health outcomes and reduce costs. Working together we can ensure that potential is realized.

Rep Brown portion of testimony:

When we were approached to sponsor this bill, we had many questions of the proponents and in an effort to anticipate your questions we attached a FAQ sheet with issues that were addressed in other states and serve as information on the concept. However, we are pulling out the most common questions we believe you may ask us.

What if the due dates of refills are not the same for all of the medications?
Pharmacists work with the prescribing physician to ensure all of the refills are authorized and amounts are adjusted to accommodate medication synchronization. This could include partial prescription medicine refills to coordinate prescription refills across multiple medications. This process supports productive pharmacist and physician dialogue.

What happens when there are dosage changes?
Pharmacists work with the prescribing physician prior to the patient's pharmacy appointment to adjust doses, medication types, etc. This is no different than the currently established standard of practice.

Does medication synchronization apply to controlled substances?

Medication synchronization programs do not change existing federal or state prescribing laws. For example, federal law prohibits the issuance of refills of Schedule II drugs; thus, synchronization programs cannot authorize refills of Schedule II drugs without a legitimate prescription. However, in an effort to not undo the work on shutting down pill mills or possibly limiting excess pills from being available, we have prohibited all Schedule II, substances with opiates, and benzodiazepines from being synced. Additionally, patients participating in these programs typically receive monthly calls and check-ins from the pharmacists to ensure patients are appropriately taking their medications. This provides the pharmacist another opportunity to advise patients on the appropriate use of medications and potentially address misuse of such medicines.

What if the patient is using multiple pharmacies?

This program helps reduce the burden on patients when they have several medications to treat chronic conditions at one pharmacy; it has no impact on patients who use multiple pharmacies. However, having an appointment based model in place should encourage patients to use a single pharmacy, thus improving patient outcomes by removing the burden on patients to manage complex medication regimens and by eliminating unnecessary trips to the pharmacy.

We appreciate the consideration of the committee. At a future hearing we will invite pharmacists to testify as to the execution of this process. Thank you for the opportunity to provide testimony on House Bill 116 and at this point we would be happy to answer any questions you may have.

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[i] Centers for Disease Control and Prevention, http://www.cdc.gov/nchs/data/hus/hus13.pdf#092.