

October 2, 2017

Gay Dodson, RPh Executive Director/Secretary Texas Board of Pharmacy 333 Guadalupe Street Suite 3-600 Austin, TX 78701-3943

Re: Texas State Board of Pharmacy's Strategic Planning Process for Fiscal Years 2019 – 2023

Dear Ms. Dodson:

The Academy of Managed Care Pharmacy (AMCP) appreciates the opportunity to provide input into the Texas Board of Pharmacy's (Board) strategic planning process for fiscal years 2019-2023. As the profession of pharmacy continues to evolve and the role of pharmacists expand from dispensers of medications to direct care providers, so too must Board requirements. New requirements must ensure the flexibility to allow for pharmacists to perform services in new and unique settings while continuing to provide the appropriate amount of oversight necessary to protect the public safety. As the current Strategic Plan for 2017-2021 correctly notes, managed care is a growth area in pharmacy and therefore, Board membership and Board policies must recognize this important sector of pharmacy. As the pharmacy organization with expertise in managed care, AMCP may assist the Board to develop policies that effectively implement managed care organizations. After reviewing the current Strategic Plan for 2017-2021, AMCP supports the Board's vision to position the profession of pharmacy for its ever evolving role as direct patient care providers and hopes that our comments and recommendations will enhance the strategic vision for 2019-2023.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners, including members in Texas, manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

Include Managed Care Pharmacists in the Board Structure and Policy-Making

The Board is currently composed primarily of pharmacists who practice in community and institutional pharmacy. AMCP recommends that the Board consider the value to be gained by the addition of at least one managed care pharmacist to provide an appropriate perspective in this important area. Appointment of one or more managed care pharmacists by the Governor would provide the Board with an understanding of the boundaries surrounding the managed care pharmacy benefit by both federal and state purchasers as well as insurance laws and regulations, thus providing a perspective on how the Board should manage or support policy issues in this area. Furthermore, as evolving models of care, including accountable care organizations (ACOs) and patient centered medical homes grow, pharmacy will be required to provide additional services intended to improve outcomes and manage costs. Managed care pharmacists would provide the Board expertise in utilization of clinical and managed care tools, including step therapy, prior authorization, tiered formularies, and medication therapy management (MTM), that balance appropriate access to safe and effective medications while managing costs. Managed care pharmacists would also be able to speak to the unique role of pharmacy technicians in managed care pharmacy settings and be able to advocate for pharmacy technicians to be able to practice at the top of their scope of practice in unique practice settings. For these reasons, AMCP believes that the skill set and perspective of managed care pharmacy would again be a valuable addition to the Board with the appropriate support of the Governor..

Ensure that Board Regulation's Encourage Flexibility and Allow for Non-Traditional Pharmacy Practices and Settings

The current Strategic Plan for 2017-2021 correctly identifies the growing role of pharmacists as direct patient care providers and their important contributions to improving health outcomes while reducing costs. AMCP encourages the Board to work with the state legislature to enact laws and consider policies that allow pharmacists to continue to grow in these areas and to not block measures encouraging non-traditional practices. Policies from boards of pharmacy that view the practice of pharmacy as the square footage of a dispensing pharmacy are shortsighted and stop pharmacists from expanding their role in the health care system and also stymie the state job growth for pharmacists in these areas. The Board has recognized non-traditional pharmacies with new roles for pharmacists in the past and should continue this tradition. To this end, the Board should resist initiatives to impose stringent procedural and administrative requirements on pharmacists who provide direct patient care services, such as medication therapy management (MTM), outside of a traditional pharmacy setting. The Board should also resist proposals where pharmacy services are required to receive a permit as a full-service traditional pharmacy and consider that not all pharmacy settings are traditional pharmacy practices, such as pharmacy services provided within an accountable care organization or integrated delivery network (IDN), and thus may be arranged differently from a business and practice perspective. Furthermore, the Board should consider multi-state licensure for pharmacists providing direct patient care and clinical services that may "touch" patients across state borders, such as MTM. Finally, the Board should support a competitive marketplace and policies that incentivize development and use of multiple treatment options - including new, cutting-edge medicines, biosimilars and other affordable therapies - so pharmacists and other providers have therapeutic options that best serve patient health and prevent unnecessary costs.

As stated above, this approach not only provides pharmacists with new professional opportunities, but could also make the state more attractive to pharmacy companies and practitioners who seek opportunities in non-traditional pharmacy.

Encourage Adoption and Utilization of Technology to Enhance Direct Patient Care Services

The current Strategic Plan for 2017-2021 correctly identifies that new technologies will continue to increase in the practice of pharmacy and that the Board must find ways to support the increased use of technologies that enable pharmacists to serve the public health, safety, and welfare, including finding ways to balance productivity with safety, automation with accountability, and pharmacy service with patient confidentiality. However, the current Strategic Plan for 2017-2021 describes in detail its plans for use of technology in traditional pharmacy dispensing, but does not focus on the expansion of technology in non-traditional pharmacy. Therefore, AMCP suggests that the Board consider expansion of technology into other areas of pharmacy practice, such as working towards interoperable electronic health records (EHRs) that allow bidirectional communication among health care providers and payers and also ensure pharmacists' access to comprehensive patient medical history. The Board should partner with other professional boards as well as private entities to encourage adoption of EHR systems that include pharmacists.

Develop Policies & Strategies to Address Opioid Abuse and Misuse

The current Strategic Plan for 2017-2021 identifies controlled substance misuse and abuse as a public health problem that the Board, along with other entities, must work to reduce. AMCP encourages the Board to work with the Texas Department of Public Safety to allow for managed care organizations to access the prescription drug monitoring system. Partnerships among pharmacies, prescribers, and managed care organizations may help to curb inappropriate controlled substance utilization and one of the key ways to achieve this outcome is through complete, real-time, online data sharing. Allowing managed care organizations access to the prescription drug monitoring program will allow access to complete prescription information, including controlled substance prescriptions purchased with cash that are not accessible in managed care patient records. This access will then allow managed care organizations to partner more closely with community pharmacies and prescribers to implement effective clinical and administrative strategies to reduce inappropriate use of controlled substances. This is yet another reason to include a managed care pharmacist on the Board to provide their unique experience in this area of concern.

AMCP also suggests that the Board work to ensure access to naloxone in the state and education for prescribers and pharmacists on the recently released Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain and other mechanisms to curb inappropriate controlled substance utilization. Finally, AMCP suggests that the Board be open to novel approaches that pharmacists may develop and pilot to help address the opioid crisis.

Do Not Impose Board Regulatory Restrictions on Pharmacy Benefit Management (PBM) Companies

AMCP opposes statutory and regulatory proposals that impose restrictions on PBMs and diminish the ability of PBMs to assist individuals, health plans, employers, and federal and state governments in accessing safe and

appropriate medications at reasonable costs. PBMs with mail order pharmacies domiciled in a state must meet state board requirements for a pharmacy and any pharmacist who is licensed in a state must meet the board's requirements for the provision of dispensing services and patient care services. PBMs must also comply with business licensure requirements and, in some cases, are subject to state insurance commission oversight. Therefore, the imposition of additional regulations is unnecessary.

Once again, AMCP appreciates the opportunity to provide input on the Texas Board of Pharmacy Strategic Plan for 2019-2023. AMCP members continue to work to enhance the value of the pharmacist in the overall health care setting in order to foster quality outcomes for their patients. AMCP is committed to the recognition of the pharmacist as a trained and experienced health care provider and looks forward to continuing work with the Texas Board of Pharmacy. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-684-2600 or scantrell@amcp.org.

Sincerely,

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Susan A. Cantrell, RPh, CAE Chief Executive Officer