

Testimony in support of:

House Bill 2082: An act concerning health and healthcare; relating to the practice of pharmacy; amending K.S.A. 65-1626 and repealing the existing section.

Submitted by:

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Chairperson Landwehr and members of the Committee,

I am Dr. Jill Reynoldson and I am the Pharmacy Clinical Manager for Psychiatry & Rehabilitation at The University of Kansas Health System. I have been working as a psychiatric pharmacist in various settings since 2007, including inpatient, outpatient, and long-term care, after completing two years of residency training. In any setting, patients come in to our practice every day for psychiatric care. Care that could be the difference between being employed and unemployed, housed or homeless, and a thriving family or additional children in our already overburdened child welfare system. Our mental health patients are amongst the most vulnerable. Long-acting psychiatric medications are an essential tool to keep our patients thriving. HB 2082 can eliminate one more barrier to patients receiving those medications and many others by eliminating another office visit, decreasing potential patient misadministration, and overall reducing healthcare costs by reducing readmission rates.

Medication administration by a pharmacist is allowed in 40 states, including our neighbors in Missouri, Colorado, Nebraska, and Oklahoma. Forty states where trained immunization professionals can provide this service in a controlled and clean setting. Forty states where patients can receive a medication from the pharmacy and get it administered at the same time. Forty states where there is no lapse in care due to transportation circumstances or scheduling conflicts. Kansas can and should be the 41st.

Many newly-diagnosed psychiatric patients are apprehensive about medications. In my experience, one-on-one contact with a psychiatric pharmacist has been key to improving outcomes for these patients. In our inpatient settings at KU, the psychiatric pharmacist is often suggesting a long-acting psychiatric medication when the patient has been readmitted several times to the unit. The pharmacist sits with the patient and discusses options, including the pros and cons of a long-acting injectable. Often, the patient is fearful of injections, and the pharmacist ease those fears and establish a therapeutic rapport with the patient. After the patient receives one or sometimes two injections, they transition to outpatient care upon discharge. After establishing that relationship with the patient, wouldn't it be optimal if the patient could transition to another pharmacist or that same pharmacist who could administer that injection at discharge?

Patients who are veterans to the mental health community are often apprehensive as well, due to the stigma they have faced in previous encounters. Pharmacists, as one of the most accessible healthcare providers, are equipped to reduce the hurdles that patients face in getting their medications, and thereby reduce the stigma. When discussing long acting injectable medications as an option for patients, one of the key reasons patients like this dosage form is that they don't have to be reminded that they are sick on a daily basis. By allowing patients to visit their local pharmacist to receive an injection rather than having to make an appointment with their doctor, the stigma is further reduced and chances of patient success is increased.

This service would not only benefit patients and the pharmacy profession. By allowing our pharmacists to administer, we free the prescriber's schedule to provide care to more patients with less delay. Prescribers would also be informed of the administration which does not always happen when a patient is self-administering at home. Pharmacist administration would reduce the amount of injection supplies in our communities. Improperly disposed of needles and syringes could lead to potentially dangerous situations for our waste collectors if they are simply thrown in the trash instead of in a proper container.

Administering a medication immediately after filling ensures adherence which directly improves patient health outcomes and assures medication storage integrity. The 2016 readmission rate for mental health disorders was 22.8% within 180 days of previous release (SAMHSA Kansas 2016 Mental Health National Outcome Measures). These psychiatric stays are typically longer and costlier than a non-psychiatric hospitalization. Many patients are underinsured or uninsured leaving the cost burden on the health care system. We can do something to prevent or, at least, decrease these readmissions from occurring simply by improving adherence to medications. Long-acting injections are key to improving adherence, and increasing accessibility to long-acting injections just makes sense.

HB 2082 represents a small change in Kansas law that could have a major impact on the lives of many patients. We are not asking for the ability to supplant the doctor in providing patient care. At TUKHS, I work side-by-side with the physicians, and they are eager to have pharmacists assist in non-traditional roles in patient care. They understand the unique training that pharmacists have, and how the pharmacist role in patient care is different from that of a physician. What we are asking is that we be allowed to assist a patient in administration of a medication that has been prescribed and for which it has been pre-determined it is ok for the patient to administer to themselves. We even want to make sure that if the doctor is not comfortable with a pharmacist administering the medication that a simple notation of that on the prescription would keep the pharmacist from performing this service.

In closing, I would like to thank you for your consideration of HB 2082 and would like to ask that, when appropriate, you recommend HB 2082, favorable for passage.