



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

February 13, 2020

Representative Ann Meyer
Vice Chair
Human Resources Committee
The Iowa Legislature
1007 East Grand Avenue
Des Moines, IA 50319
via email: ann.meyer@legis.iowa.gov

Re: Support for HSB 583 – driving population health and expanding patient access to pharmacy care

Dear Rep. Meyer:

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to support HSB 583 related to expanding access to patient care through pharmacy healthcare destinations. Specifically, the bill would authorize pharmacists to administer point-of-care testing and treatment for influenza and streptococcus A and to prescribe immunizations and vaccines. The healthcare industry continues to advance the practices of patient care by transforming the healthcare environment, which should include the entire care continuum. HSB 583 aims to modernize the state's pharmacy care policies to secure more value, drive innovation, and provide cost-effective healthcare services to improve the health and well-being of Iowa residents.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies. In Iowa, chain pharmacy companies operate over 410 pharmacies and employ over 1,500 pharmacists. Across the country, chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

Expand patient access to pharmacy care through point-of-care testing and treatment for influenza and streptococcus A via statewide protocols.

NACDS commends Iowa for expanding access to care for Iowans by recognizing innovative healthcare destinations, such as community pharmacies. Pharmacists' ability to provide quality care by prescribing naloxone and tobacco cessation products, formerly nicotine replacement products, via statewide protocols are recent examples. Statewide protocols provide an avenue to deliver cost-effective and quality patient care across the state. Throughout the nation, numerous other states have begun to use statewide

protocols as well to expand access to patient care. They are typically used to address preventive or acute care, or self-limiting conditions that require no diagnosis or are easily diagnosed. Additionally, with the tremendous workloads and excessive administrative burdens that other providers face, pharmacists provide uncomplicated, timely, and routine care for patients within the community in many other states.¹ The implementation of statewide protocols for pharmacists to conduct pharmacy care services result in other providers having the opportunity to focus on more complex and challenging patients.² Building off Iowa's commitment to expand access to patient care, NACDS strongly urges the enactment of HSB 583 to expand the implementation of additional statewide protocols for point-of-care testing and treatment for influenza and streptococcus A.

Several studies reveal that when pharmacists have the authority to test and treat for conditions, such as influenza and streptococcus A, access to care increases significantly for those who do not have a primary care physician. Also, access to care within a community broadly increases due to the convenience of accessible locations and extended hours served by pharmacies.^{3,4,5,6} Testing and furnishing the appropriate and necessary treatment by pharmacists also supports community antibiotic stewardship efforts, which is especially important given estimates that over 20% of outpatient antibiotic use is inappropriate.⁷ When pharmacists provide testing and treatment services, evidence-based protocols are used to ensure only patients testing positive receive antibiotic therapy, and those who test negative receive over-the-counter treatment and referral for follow-up care and further evaluation. In contrast, a myriad of research points to the overprescribing of antibiotics, which is rampant in settings outside of pharmacies. For example, a study conducted in 2018 determined that in a sample of over a half a million prescriptions for antibiotics, that 46% were prescribed without an infection-related diagnosis.⁸ Pharmacists can significantly help reduce such unnecessary use as they have been shown to better adhere to evidence-based assessment and prescribing protocols and standards/guidelines of care compared to other prescribers.⁹ Also, the CLIA-waived tests, known for their simplicity in use and low risk for incorrect results, used in pharmacies are the

¹ It has been observed that general practitioners have about 2 minutes per clinic visit to properly implement preventive care, leading to a care deficit of over 5 hours per day for preventive care. Caverly TJ et al. "Much to do with nothing: microsimulation study on time management in primary care;" 2018. *BMJ*. 2018;363 <https://www.bmj.com/content/363/bmj.k4983>

² It's been estimated that 1,773 hours of a physician's annual time, or 7.4 hours per working day would be needed to fully satisfy the United States Preventive Services Task Force (USPSTF) recommendations for these preventive services.

Yarnall, Kimberly S H et al.; "Primary care: is there enough time for prevention?"; *American journal of public health*; vol. 93,4 (2003): 635-41. doi:10.2105/ajph.93.4.635 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447803/>

³ Klepser ME, Adams AJ, Klepser DG.; "Antimicrobial Stewardship in Outpatient Settings: Leveraging Innovative Physician-Pharmacist Collaborations to Reduce Antibiotic Resistance. *Health Security*"; 2015;13(3):166-173. doi:10.1089/hs.2014.0083

⁴ Klepser DG, Klepser ME, Smith JK, Dering-Anderson AM, Nelson M, Pohren LE.; "Utilization of influenza and streptococcal pharyngitis point-of-care testing in the community pharmacy practice setting;" *Research in Social and Administrative Pharmacy*; 2018;14(4):356-359. doi:10.1016/j.sapharm.2017.04.012

⁵ Klepser DG, Klepser ME, Dering-Anderson AM, Morse JA, Smith JK, Klepser SA.; "Community pharmacist-physician collaborative streptococcal pharyngitis management program"; *Journal of the American Pharmacists Association*; 2016;56(3):323-329.e1. doi:10.1016/j.japh.2015.11.013

⁶ Klepser ME, Klepser DG, Dering-Anderson AM, Morse JA, Smith JK, Klepser SA.; "Effectiveness of a pharmacist-physician collaborative program to manage influenza-like illness"; *Journal of the American Pharmacists Association*; 2016;56(1):14-21. doi:10.1016/j.japh.2015.11.008

⁷ Chua K, Fischer MA, Linder, JA.; "Appropriateness of outpatient antibiotic prescribing among privately insured US patients: ICD-10-CM based cross sectional Study"; January 2019. <https://www.bmj.com/content/364/bmj.k5092>

⁸ Linder JA, Brown T, Lee Jy, et al.; "Non-Visit-Based and Non-Infection-Related Ambulatory Antibiotic Prescribing"; *Oral Abstract Session: ID Week*; October 2018. <https://idsa.confex.com/idsa/2018/webprogram/Paper71530.html>

⁹ Poh EW, McArthur A, et al.; "Effects of pharmacist prescribing on patient outcomes in the hospital setting"; *JBIR Database of Systematic Reviews and Implementation Reports*; September 2018. https://journals.lww.com/jbisrir/Abstract/2018/09000/Effects_of_pharmacist_prescribing_on_patient.9.aspx

same as the clinical diagnostic devices used in medical practices.¹⁰ Ultimately, the expansion of pharmacist authority via statewide protocol to include testing and treatment for specific conditions leads to less burdensome administrative efforts for the healthcare team, eliminates unnecessary system costs, and increases accessibility, convenience, and timely care for patients.

Given the compelling evidence, NACDS strongly urges your support for HSB 583, legislation aimed at expanding access to care by permitting pharmacists, pursuant to statewide protocols, to conduct point-of-care testing and treatment for influenza and streptococcus A for patients 18 years of age and older.

Permit pharmacists to prescribe and administer immunizations and vaccinations.

The prevalence of vaccine-preventable diseases in adults remains a significant public health issue in the United States. Vaccinations reduce the rates of disease and improve overall lifespans by controlling the spread of infectious diseases, mitigating the severity of disease, and helping to protect unvaccinated people, including those who are contraindicated for the vaccine.¹¹ In addition to public health benefits, vaccines have a societal economic benefit. Vaccine-preventable diseases and deaths create an approximately \$9 billion economic burden on the healthcare system in hospital and doctor visits and loss of income each year.¹² Unfortunately, low immunization uptake has been observed and immunization rates are below the Healthy People 2020 goals.¹³ For example, pneumonia and influenza are the eighth leading cause of death in U.S. adults, and the pneumococcal vaccination rate is 64%, well below the 90% Healthy People 2020 target.¹⁴ As such, NACDS advocates for pharmacies as healthcare settings where patients are able to access cost-effective immunization services and quality patient care.

Pharmacists are highly trained and capable of providing necessary vaccination services to the communities they serve.¹⁵ Broadening Iowa pharmacists' immunization authority will help increase patient access and expand the community-level benefit of protecting the entire population. As pharmacists' authority to provide vaccination services to their patients has expanded over the years, community pharmacies have had a positive effect on increasing overall adult immunization rates. Further leveraging pharmacists to provide these services may therefore prove crucial in the uptake of other vaccines.¹⁶ Moreover, initiatives to improve immunization access, especially in reaching vulnerable populations or those who would otherwise not be vaccinated, only stand to benefit from the accessibility of community pharmacies. According to a recent survey, most Americans prefer to receive their vaccinations at their community

¹⁰ <https://www.cdc.gov/clia/test-complexities.html>

¹¹ Winegarden, Wayne; "Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;" (2018). https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

¹² Sachiko Ozawa, et al.; "Modeling the Economic Burden of Adult Vaccine-Preventable Diseases in the United States.;" *Health Affairs*; November 2016. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0462>

¹³ Office of Disease Prevention and Health Promotion. U.S. Department of Health and Human Services. Healthy People 2020. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases#one>

¹⁴ Winegarden, Wayne; "Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;" (2018). https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

¹⁵ O'Dea, Jim; "The Pharmacy's New Role in Providing Healthcare Services"; *PM3260 Magazine*; January 23, 2014. <https://www.pm360online.com/the-pharmacies-new-role-in-providing-healthcare-services/>

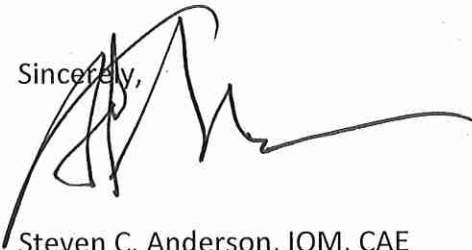
¹⁶ Drozd, E. M., Miller, L., & Johnsrud, M. (2017); "Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States"; *Clinical Therapeutics*; 39(8). doi:10.1016/j.clinthera.2017.07.004

pharmacy, citing reasons of convenience.¹⁷ To improve immunization rates by expanding access to vaccination destinations that best meet patients' needs, we encourage Iowa lawmakers to ensure that the public may more easily access a broader portfolio of vaccines from their local pharmacies.

To that end, NACDS strongly urges your support for HSB 583, legislation aimed at driving population health by allowing pharmacists to prescribe and administer immunizations and vaccinations to patients six years of age and older and influenza or other emergency immunizations and vaccinations to patients six months of age and older.

NACDS applauds the state's current efforts to enhance the delivery of healthcare and greatly appreciates the opportunity to urge support for HSB 583 to broaden pharmacist immunization authority and to expand pharmacy care to include point-of-care testing and treatment for influenza and streptococcus A via statewide protocols. We welcome the opportunity for further discussion; for any questions, please contact NACDS' Joel Kurzman at jkurzman@nacds.org or 847-905-0555.

Sincerely,



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer

¹⁷ Goad JA, Taitel MS, Fensterheim LE, Cannon AE; "Vaccinations administered during off-clinic hours at a national community pharmacy: implications for increasing patient access and convenience"; *Ann Fam Med.*; 2013;11(5):429-36.