



April 22, 2021

Stanley J. Brasher
Administrative and
Training Center
203 South Rollie Avenue
Fort Lupton, CO 80621
(303) 892-6401

MISSION

*To provide a quality,
integrated health care home
to the communities we serve.*

CORE VALUES

- Commitment
- Compassion
- Creativity & Innovation
- Dignity
- Integrity
- Quality & Excellence
- Teamwork

LOCATIONS

- Aurora
- Brighton
- Brighton Women's Center
- Commerce City
- Estes Park
- Fort Collins Blue Spruce
- Fort Collins West
- Fort Lupton
- Fort Morgan
- Frederick
- Longmont
- Mobile Unit
- Sterling
- Trinidad

Dear Chairman and Members of the House Health Committee,

I am a Physician Assistant at Salud Family Health Centers in Fort Lupton. I am writing to support HB21-1275. In my time working with rural and underserved patients, our clinical pharmacy team has been an incredible support and resource for our patients and healthcare team. Pharmacists can manage many of our high-risk diabetes patients, consult on complex mental health care regimens, ensure safety and cure for Hepatitis C patients, among many other activities. Unfortunately, because of their inability to bill for services, we have lost over 50% of our clinical pharmacy team. This has resulted in reduced access for our patients suffering from diabetes, hepatitis C, mental health, and other essential services provided by our clinical pharmacists.

It has been incredibly helpful to have clinical pharmacy available to do more frequent check-ins with our patients, especially when I am trying to titrate their medications. As an example, I recently had a patient with a Hemoglobin A1C of over 14% who I started on insulin, and he reported compliance but his blood sugars were not coming down. I consulted with clinical pharmacy to see what else we could try. They found out that that the patient did not receive his pen needles so he had been "injecting" himself with just the uncapped Lantus pen and thus not getting any insulin at all! Afterwards, the patient's blood sugars began to normalize. The insight and support that clinical pharmacists provide is indispensable.

I believe that pharmacists play a critical role in improving the health outcomes and increasing medication safety of our patients. I urge you to support HB 21-1275.

Sincerely,

A handwritten signature in black ink that reads 'Stephanie Flores, PA-C'. The signature is stylized and cursive.

Stephanie Flores, PA-C



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Dear Chairman and Members of the House Health Committee,

I am a nurse practitioner at Salud Family Health Centers. I am writing to support HB21-1275. In my time working with rural and underserved patients, our clinical pharmacy team has been an incredible support and resource for our patients and healthcare team. Pharmacists can manage many of our high-risk diabetes patients, consult on complex mental health care regimens, ensure safety and cure for Hepatitis C patients, among many other activities. Unfortunately, because of their inability to bill for services, we have lost over 50% of our clinical pharmacy team. This has meant *reduced access for our patients* for diabetes, hepatitis C, mental health, and other clinical services done by our clinical pharmacists.

Our clinical pharmacists have provided invaluable help with my poorly controlled diabetic patients, tailoring medication regimens to fit a patient's routines, learning styles, and abilities. The results they achieve are proof of their value – blood sugar reduction and better patient adherence to medications

I believe that pharmacists play a critical role in improving the health outcomes and increasing medication safety of our patients. I urge you to support HB 21-1275.

Thank you for your attention to this important issue,

A handwritten signature in black ink, appearing to read 'Ila Slimowitz', written in a cursive style.

Ila Slimowitz, APRN 10023



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Dear Chairman and Members of the House Health Committee,

I am a physician at Salud Family Health Centers. I am writing to support HB21-1275. In my time working with rural and underserved patients, our clinical pharmacy team has been an incredible support and resource for our patients and healthcare team. Pharmacists can manage many of our high-risk diabetes patients, consult on complex mental health care regimens, ensure safety and cure for hepatitis C patients, among many other activities. Unfortunately, because of their inability to bill for services, we have lost over 50% of our clinical pharmacy team. This has meant *reduced access for our patients* for diabetes, hepatitis C, mental health, and other clinical services done by our clinical pharmacists.

My personal experience at Salud, in addition to my other role running a clinic for special-needs adults, has showed me repeatedly how much more efficiently we function when clinical pharmacists are part of our team. Our clinical pharmacists have been instrumental in improving control for my patients with diabetes, ensuring safety for my patients with very complex medical regimens, and serving as a resource to ensure that I provide my patients with the most up-to-date guideline-driven care.

I believe that pharmacists play a critical role in improving the health outcomes and increasing medication safety of our patients. I urge you to support HB 21-1275.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eleanor Floyd'.

Eleanor Floyd, MD
Internal Medicine and Pediatrics



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Dear Chairman and Members of the House Health Committee,

I am a Physician Assistant, employed for the past seventeen years at Salud Family Health Center, a Federally Qualified Community Health Center. I have spent my career providing the highest quality health care to those that need it most. I am writing to support HB21-1275.

In my time working with rural and underserved patients, our clinical pharmacy team has been an incredible support and resource for our patients and healthcare team. Pharmacists can manage many of our high-risk diabetes patients, consult on complex mental health care regimens, ensure safety and cure for Hepatitis C patients, among many other activities. Unfortunately, because of their inability to bill for services, we have lost over 50% of our clinical pharmacy team. This has meant *reduced access for our patients* for diabetes, hepatitis C, mental health, and other clinical services done by our clinical pharmacists.

The clinical pharmacists have impacted several patients I have seen. A few examples include a patient who suffered with severe anxiety that limited his ability to work and interact with others. His medications, one of which was a controlled substance, had been unsuccessful to control his symptoms. Dr. Chavez, Clinical Pharmacist, was able to meet with the patient regularly and recommend a new regimen, advising of the best method for the patient to safely change medications and discontinue his chronic benzodiazepam, which can provoke seizures if discontinued abruptly. The patient has been thriving on his new medications, he is now able to work and meet with family.

Many of the patients I have referred to the clinical pharmacists have poorly controlled Diabetes Mellitus type II. This disease, is a progressive condition that costs our health care billions of dollars a year in hospitalizations. It has been estimated that 1.5 million people die every year from Diabetes Mellitus and complications from poorly controlled blood sugars. It is a difficult condition to treat, and manage. Patients often are maintained on several medications and new medications are released to the market regularly. Currently, I am able to refer patients to the clinical pharmacists who can recommend optimization of medications and improve patient's understanding of their treatment plan. This has reduced the number of visits to Emergency Rooms, hospitalizations, and improved renal function and cardiovascular health in these patients.

Clinical pharmacists have improved patient outcomes, improved health, and medication safety. They are an integral part of the health care team. I urge you to support HB 21-1275.

Sincerely,

Sonia Pankonin, PA-C
Salud Family Health Center

Dear Chairman and Members of the House Health Committee,

I am a pediatrician at Salud Family Health Centers and am writing to support HB21-1275.

In my time working with underserved patients in Commerce City, our clinical pharmacy team has been an incredible support and resource for our patients and healthcare team. Pharmacists can manage many of our high-risk diabetes patients, consult on complex mental health care regimens, ensure safety and cure for Hepatitis C patients, among many other activities. Unfortunately, because of their inability to bill for services, we have lost over 50% of our clinical pharmacy team. This has meant *reduced access for our patients* for diabetes, hepatitis C, mental health, and other clinical services done by our clinical pharmacists.

As a pediatrician, the clinical pharmacists have been especially invaluable to me when managing psychiatric concerns. Due to the dearth of pediatric psychiatrists, general pediatricians are increasingly relied upon to diagnose and managing mental health concerns including depression, anxiety, and ADHD, among others. The clinical pharmacists have helped me to titrate and adjust medications for my more complex patients on numerous occasions.

I believe that pharmacists play a critical role in improving the health outcomes and increasing medication safety of our patients. They also support providers who are asked to care for an increasingly wide array of concerns, sometimes beyond our original scope of training. I urge you to support HB 21-1275.

Sincerely,

Amanda Jichlinski, MD



DENVER HEALTH™

est. 1860

FOR LIFE'S JOURNEY

April 8, 2018

To Colorado Legislative Committee considering Bill 1275:

We are a Colorado pediatrician and family physician who have practiced in the state for a combined 60 years and oversees Denver Health's Community Health Services and Department of Family Medicine. We would like to voice our strongest support for the Medicaid Provider Status Bill 1275. Specifically we want to call out the essential role that clinical pharmacists play in our health care delivery system by providing medical care to our patients. Our clinical pharmacists, for example, manage patients with diabetes, hypertension, and those on anticoagulation, as well as other chronic diseases. They are trained to evaluate and optimize medication regimens. There is good evidence that clinical pharmacists:

1. Improve medication adherence
2. Reduce cost of care due to close medication management of high-risk patients.
3. Improve quality outcomes and clinical measures of care while decreasing medication errors.
4. Improve patient and provider satisfaction through increased access and providing in between visit care

Our clinical pharmacists are essential providers of health care. The Medicaid Provider Status bill would allow them to be compensated as providers, providing a lower cost alternative to physicians for many visits related to chronic disease. While this bill has a price tag, it also will have cost savings which need to be factored in as well.

Yours Sincerely,

Simon Hambidge, MD, PhD
Chief of Ambulatory Care Services
Chief Executive Officer, Denver Community Health Services
Professor of Pediatrics and Epidemiology, University of Colorado
[303-602-4954](tel:303-602-4954) (o) | [303-859-9267](tel:303-859-9267) (c) | Simon.Hambidge@dhha.org

Lucy Loomis, M.D.

Director, Family Medicine
Denver Health



April 26, 2021

Dear Chairman and Members of the House Health Committee,

I am writing this letter to support HB21-1275. I previously served as the Associate Director of Ambulatory Clinical Pharmacy at Denver Health for over seven years, and am currently the System Manager of Ambulatory Clinical Pharmacy for SCL Health. In both of these leadership roles, I have seen the positive impact clinical pharmacists have on patient outcomes.

Physicians and healthcare teams have come to rely on clinical pharmacists to manage their patients on multiple chronic medications through a collaborative care team approach. Clinical pharmacists help physicians manage high risk patients who are on medications that require frequent monitoring and dose changes. This care not only offloads time-intensive chronic follow-up care from physicians, it also improves patient access for more acute care needs that only physicians can provide.

While there are funding streams available to pay for clinical pharmacists in some scenarios, there is no funding available for pharmacists providing clinical services to Medicaid patients. Clinical pharmacists cannot bill for services, nor can their salaries be included in the Health Care Policy and Financing (HCPF) annual cost reporting process even though they are an integral part of the care team just like nurses. This represents a significant challenge to organizations that want to provide these services for Medicaid patients because there is no funding to off-set the cost. In my time at Denver Health, I was fortunate that the leadership team recognized the value of clinical pharmacists to patients and physicians. However, we were still unable to operationally afford enough clinical pharmacists to provide care for all Denver Health patients who would have benefited.

Thus, the current state is a paradox where clinical pharmacy services are unfunded for Medicaid patients, yet the same services are funded for non-Medicaid patients. This results in healthcare inequity when organizations cannot afford to provide clinical pharmacy services for Medicaid patients due to lack of reimbursement. It is my hope that Medicaid patients be given the same opportunity to receive clinical pharmacy services as non-Medicaid patients by allowing organizations to bill for these services and recover the investment they make in clinical pharmacists.

For the reasons I state above, I urge you to support HB 21-1275.

Sincerely,

A handwritten signature in black ink that reads "Tara Vlasimsky". The signature is fluid and cursive.

Tara B. Vlasimsky, Pharm.D., BCPS, BCACP
System Manager, Ambulatory Clinical Pharmacy
SCL Health
Tara.Vlasimsky@sclhealth.org

Testimony on HB21-1275

Medicaid Reimbursement for Services By Pharmacists

House Health and Insurance

April 28, 2021

Ray Merenstein, Executive Director

Babu Mathew, Board President

Jonathan Culwell, Public Policy Committee Chair

NAMI Colorado

executivedirector@namicolorado.org

Babu@namicolorado.org

jonathan@namicolorado.org

Madame Chairwoman and Members of the Committee. As the Executive Director, the Board President, and the chair of the policy committee of the state's largest grassroots mental health organization, we have the honor of representing the thousands we serve and hundreds of volunteers in this testimony. NAMI's mission is to build communities of recovery and hope by educating, supporting and advocating for individuals affected by mental illness and their families. On behalf of our affiliates from the Western Slope to the Southeast border and over the I-25 Corridor, we offer our support of HB21-1275. Before we continue, we would like to thank the bill House sponsors, Representatives Lontine and Will, and Senate sponsors, Senators Ginal and Kirkmeyer.

First and foremost, we want to emphasize our support of the bill overall. As advocates for those struggling with persistent and severe mental illness - schizophrenia, bipolar or depression, for example - we point out the portion of the bill where we feel the strongest: reimbursement for the prescribing of long-acting injectables.

This bill, as stated, "allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit."

This is an essential lifeline, both physically and mentally, for those needing such a prescription. It is also a lifeline for their caregivers because of the ability to control a mental illness and lessen the economic, health, and social consequences often associated. We wish you could hear firsthand from those on long acting injectables but asking them to convey the complexities of Medicaid reimbursement or pharmacy benefit would ask much of them. Our focus is to help them overcome so many functional challenges – not to place barriers. Therefore, we will utilize this written testimony to share at least one story. The focus of this case is Southeast Colorado and how having injectables available through the pharmacy benefit would help.

Our NAMI colleagues from that part of the State, and others including the counties you likely represent, often have family members who share their story. In these cases, caregivers and loved ones mention how their sisters, brothers, sons or daughters have been helped by injectable medications.

A long acting injectable is preferable to oral medications in more serious and debilitating presentations of mental illness because of the practical and medically-supported challenges of adhering to a daily regimen. The Pueblo County story from our colleague mentions her brother. She recalls the first time that he asked to be on an injectable, many years ago, because he wanted the security of it in case something went wrong with the pills. Many more of our colleagues have shared that they care for an individual who has no insight – “anosognosia” is the medical term – into the illness and require involuntary medications or require significant support to achieve adherence just once a month. The mental disorganization that is often present, and the lack of insight that often requires significant supervision and assistance, are two elements of mental illness that we as a State should be using every available opportunity to address.

Adherence and assurance are but two rationale for supporting this bill, but there is also practicality. Without this bill, many communities with facilities such as drop-in centers, would be unable to get the injectables to its population in need. The aforementioned Pueblo County, for example, has such places without a psychiatrist on staff. With this bill, the everyday challenge of finding someone to prescribe and/or to administer injectables would be so much easier knowing there is pharmacist authority and reimbursement.

If it isn't enough to hear the impact of the individual, the family, and the community...there's a little more. **Note this fact: Colorado is the only state that doesn't have this option for patients.** That's correct. There are 49 states and then there is the Centennial State. This is not the kind of headline we wish to broadcast.

There are incredible personal, economic and societal costs when access to effective medication is stripped away by bureaucracy, lack of access, or simply just oversight. In the U.S., the annual economic burden of major depressive disorders exceeds \$210 billion, while that of schizophrenia is \$156 billion. Post-COVID forecasts warn that the cost of treating widespread anxiety and depression will create a \$1.6 trillion drag on the US economy.¹ Looking at this bill in the short-term doesn't take into consideration the significant cost savings from reduced hospital/ER use and reduced incarceration.

Your support of HB21-1275 will allow the consumer and caregivers to live the positive outcome of access to evidence-based treatments of persistent and severe mental illness. These are the success stories we all want to hear and read, rather than how consumers and providers didn't have access to necessary medication. Simply put, having injectables available through the pharmacy benefit would make all the difference.

¹ <https://thehill.com/opinion/healthcare/539925-2020-devastated-us-mental-health-healing-must-be-a-priority?rl=1>