



House Committee on Insurance
Testimony submitted by Jody Reel
Sabetha Health Mart, Sabetha Kansas
February 18, 2015

Chairman Schwab and members of the Committee:

Thank you for the opportunity to speak to you today. I am providing these remarks on behalf of the Kansas Pharmacists Association and the Sabetha Health Mart in strong support of House Bill 2176. This bill provides pharmacies with the leniency to better take care of patients.

On a daily basis, I hear a comments from patients joking about the frequency of pharmacy visits. Sometimes the comment is less of a joke and more of a complaint. I have worked and interned in over twenty pharmacies, and I have seen this same scenario in all of them. I see some of my patients multiple times a week. The reason for this is the traditional paradigm that is used for a pharmacy to fill prescriptions—the patient initiates the filling of prescriptions by telling the pharmacy what they want or need.

Recently, several studies have found that patients who utilize a medication synchronization program were more adherent to taking their medications. This can result in better patient outcomes, better disease management, and fewer hospital admissions. According the CVS Caremark website, "... patients with congestive heart failure spend \$7,823 less on health care annually if they stay on their prescribed medications, the research shows. Adherence lowers the medical bills for patients with diabetes by \$3,756 every year. Treatment for hypertension costs \$3,908 less per patient per year if they are adherent, and patients with dyslipidemia or high cholesterol on average spend \$1,258 less every year if they stay on their medications. The study population included patients in the CVS Caremark book of business with these conditions."

The medication synchronization program, also called the appointment-based model, allows the patient to pick up all of their maintenance medications at one time. The pharmacy initiates the filling of prescriptions by contacting the patient and verifying what needs filled. The program also includes an appointment where the patient and pharmacist meet to discuss any discrepancies what the patient needs filled compared to what the we pharmacists see on their medication list. All of the patient's maintenance medications are ready for sale at the appointment, but changes can be made if needed. We can troubleshoot problems before they become problems. I have attached a chart to illustrate the process of medication synchronization and benefits for the patient.

By implementing this program, pharmacies have encountered several obstacles. I have successfully synchronized prescription fills for patients, but the process is difficult and burdensome to the pharmacy and patient. HB 2176 corrects these obstacles, and it is similar to the regulation that CMS instituted that became effective in January 2015. This concise bill prorates the fees and copays associated with partial fills billed to the plan sponsor and the patient, allows pharmacies to synchronize the prescription dispensing dates easily, and ensures that the dispensing fee remains the whole.

Chairman Schwab and members of the Committee, we are asking that you pass House Bill 2176 favorably for consideration on the floor. This measure is not burdensome to the pharmacy benefit managers and it will decrease healthcare costs and improve the health of our patients.

Sincerely,

A handwritten signature in black ink, reading "Jody K. Reel", is displayed on a light gray rectangular background.

Jody K. Reel, PharmD
Sabetha Health Mart
934 Main St.
Sabetha, KS 66534
(785) 285-1257