



August 26, 2013

The Honorable Mike Gatto  
Chair, Assembly Appropriations Committee  
State Capitol, Room 2114  
Sacramento, CA 95814

Re: **SB 493 (Hernandez) – SUPPORT**

Dear Assembly Member Gatto:

The California Pharmacists Association (CPhA) and California Society of Health-System Pharmacists (CSHP) are pleased to **support SB 493 (Hernandez)**, which would expand the healthcare settings in which pharmacists can provide services that are generally restricted to hospitals and health systems under existing law. SB 493 will improve quality, efficiency, and access to healthcare services by integrating pharmacists into collaborative practices with physicians, medical homes, and other systems of care in which patients receive treatment.

It is important to note that all of the authorities addressed in this bill are currently within the pharmacist scope of practice, but they are generally tied to specific practice settings. This bill expands the types of settings in which pharmacists can provide these services. Since being introduced, SB 493 has been amended to deepen the collaborative nature of practice between pharmacists and other healthcare providers. **These amendments have removed nearly all opposition from this bill.**

California already faces a primary care provider shortage; a shortage that will grow significantly greater when at least five million more Californians receive health coverage under the Affordable Care Act (ACA) and begin to seek care. Nationally, the American Association of Medical Colleges projects a shortage of 90,000 physicians within the next 10 years, and the *Annals of Family Medicine* projects a primary care physician shortage of over 52,000.<sup>1, 2</sup>

The provider gap is a complex problem with no single answer. Ensuring Californians have adequate access to healthcare services will require a comprehensive, multifaceted solution. One long-term solution is to increase the number of primary care physicians that practice in underserved areas by expanding medical school capacity, securing funding for more graduate medical education programs, and increasing financial assistance programs such as the Steven M. Thompson Loan Repayment Program. The Legislature is taking action on many of these fronts this year and we support those efforts. Yet, these solutions alone will not completely

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<sup>1</sup> American Association of Medical Colleges. "Physician Shortages to Worsen Without Increases in Residency Training." <https://www.aamc.org/download/286592/data/physicianshortage.pdf>.

<sup>2</sup> Petterson, S. et al. "Projecting US Primary Care Physician Workforce Needs: 2010-2025." *Annals of Family Medicine*. 2012;10:503-509.

address the provider gap, particularly in the short term as healthcare expansion begins in less than six months.

In addition to increasing the number of primary care physicians, California must look at improving efficiencies in how care is delivered and how the healthcare workforce is utilized. An important part of improving access to healthcare services must focus on taking advantage of the number of highly trained and underutilized providers, such as pharmacists, who are currently operating in health care teams. This cadre of professionals should be operating at a level that maximizes their education and training in order to meet healthcare system demand.

The healthcare system needs to also expand patient-centered, interdisciplinary, team-based care. Health experts agree that team-based delivery models such as Patient Centered Medical Homes, and payment models like Accountable Care Organizations, represent our best opportunities at achieving the ACA triple aim of improving quality and satisfaction, improving the health of the population, and reducing per capita cost. Whether through a medical home or other collaborative practice model, interdisciplinary care uses health professionals operating at the top of their education and training to provide a range of health care services. In fact, many medical, pharmacy and other health profession academic programs now make interprofessional learning a key component of their programs. Dr. Ardis Dee Hoven, MD, President of the American Medical Association states, “team care, in which each member is doing what they have been trained to do best, is really what’s going to produce greater efficiency and greater quality of care.”<sup>3</sup>

SB 493 seeks to hold true to these principles by including pharmacists as members of the care team with authorities consistent with their education and expertise. Pharmacists are the foremost experts in medications and more than 80 percent of health conditions are treated with prescription medications. Many chronic diseases like hypertension, diabetes, and high cholesterol require ongoing management to ensure the maximum efficacy of the medications. The model that SB 493 promotes is consistent with models that have been shown to be effective and with the U.S. Centers for Disease Control and Prevention’s (CDC) recommendation for incorporating pharmacists into team-based strategies for preventing and managing chronic disease.<sup>4</sup>

In addition to their medication expertise, pharmacists will be able to make a significant contribution to the health of individual patients and the population for a number of reasons:

**Pharmacists are trained and qualified to provide more services.** Pharmacy education consists of a post graduate doctoral program, which now extensively covers direct patient care, disease prevention and management, and consists of one to two years of clinical rotations in a variety of healthcare settings. Many graduates also complete a post-doctoral residency or other certificate programs in specialty practices.

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<sup>3</sup> Aizenman, N.C. “Nurses can practice without physician supervision in many states.” *The Washington Post*. 24 March 2013.

<sup>4</sup> Morrison, C. et al. *A Program Guide for Public Health. Partnering with Pharmacists in the Prevention and Control of Chronic Diseases*. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Aug 2012.

**Pharmacists are one of the most accessible providers in the healthcare system.** California’s 40,000 pharmacists practice in community pharmacies, hospitals, clinics, physician offices, and other settings. Over 90% of the people in the state live within five miles of a community pharmacy and most pharmacies are open beyond normal business hours. Pharmacies are one of few health care settings where patients do not need an appointment to access care.

**Pharmacists provide safe care that will improve patient outcomes.** The services outlined in SB 493 are already performed by California pharmacists working in hospitals and other health facilities, through health systems, and in federal health programs. Hundreds of peer-reviewed studies and demonstration projects have shown that pharmacist-provided patient care is safe and demonstrably improves patient outcomes.<sup>5</sup> Pharmacists have been shown to be particularly successful in the treatment of chronic conditions such as hypertension, diabetes, and high cholesterol.

For over 50 years, pharmacists have been engaged as primary care providers in team-based federal healthcare programs such as the Indian Health Service, the Veterans Administration and Department of Defense. In a survey of physicians working in the Indian Health Service, 96 percent reported positive results from pharmacist-provided primary care services, including improved disease management outcomes, better ability of physicians to shift their workload to more critical patients, increased return on investment, increased access to care, and other positive outcomes. Additionally, 88 percent of physicians felt that collaborative practice with pharmacists has improved overall primary patient care. Health systems such as Kaiser Permanente utilize pharmacists in a similar manner.

The U.S. Surgeon General, Dr. Regina Benjamin formally recognized the evidence demonstrated in expanded pharmacy practice models. Dr. Benjamin states that this evidence “supports the... case [for] health leadership and policy makers [to] further explore ways to optimize the role of pharmacists to deliver a variety of patient-centered care and disease prevention, in collaboration with physicians or as part of the healthcare team.” Specifically, Dr. Benjamin cites the evidence supporting improved patient outcomes in which “pharmacists work in collaboration with physicians and primary care clinicians to help patients, particularly those with chronic conditions, manage their medication regimens by:

- Performing patient assessments and developing therapeutic plans;
- Utilizing authorities to initiate, adjust, or discontinue medications;
- Ordering, interpreting, and monitoring appropriate laboratory tests;
- Providing care coordination and other healthcare services for wellness and prevention;
- Developing partnerships with patients for ongoing and follow-up care.”<sup>6</sup>

The changes proposed by SB 493 will help integrate pharmacists into collaborative systems to provide more patient care, consistent with the successful model used in the U.S. Public Health

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<sup>5</sup> Giberson, S., Yoder, S., Lee, M.P. et al. *Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General.* Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

<sup>6</sup> Public letter from Dr. Regina Benjamin, MD, U.S. Surgeon General, to RADM Scott Giberson, RPh, U.S. Assistant Surgeon General. 14 Dec 2011.

Service. For example, by allowing pharmacists to furnish hormonal contraceptives and travel medicines and to order lab tests, this bill expands access to vital healthcare services. Through the establishment of the Advanced Practice Pharmacist recognition, this bill allows the expansion of medication management authorities that are generally tied to specific practice settings under existing law. As a result, physician groups, Accountable Care Organizations, health systems, and other collaborative systems will be able to more easily hire or contract with pharmacists to help care for their patients.

The safety and efficacy of the proposed model is demonstrated in existing practice outside of the Public Health Service as well. Studies show that pharmacists placed on care teams have a significant positive impact on patient outcomes when they are authorized to manage patients' medications. The *Journal of the American Medical Association* has found across numerous studies that pharmacist-provided disease management and active medication management improves treatment outcomes for patients with hypertension,<sup>7</sup> diabetes,<sup>8</sup> and high cholesterol.<sup>9</sup>

To be clear, pharmacists are not looking to replace other healthcare providers or fragment the delivery of care. Rather, they are looking to expand their current statutory authorities into new systems of care, which will allow them, as a community-based providers, to assist physicians and other healthcare practitioners in expanding access and improving care. SB 493 ensures pharmacists are able to participate in team-based care consistent with their level of training.

For these reasons, **we respectfully request your AYE vote on SB 493 (Hernandez)**. If you have any questions, please do not hesitate to contact us at (916) 779-4500 (CPhA) or (916) 447-1033 (CSHP).

Sincerely,



Jon R. Roth, CAE  
Chief Executive Officer  
California Pharmacists Association



Dawn Benton  
Executive Vice President & CEO  
California Society of Health-System Pharmacists

cc: Members, Assembly Appropriations Committee

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<sup>7</sup> Lee, J. et al. "Effect of a Pharmacy Care Program on Medication Adherence and Persistence, Blood Pressure, and Low-Density Lipoprotein Cholesterol." *Journal of the American Medical Association*. 2006;296:2563-2571.

<sup>8</sup> Shojania, K. et al. "Effects of Quality Improvement Strategies for Type 2 Diabetes on Glycemic Control." *Journal of the American Medical Association*. 2006;296:427-440.

<sup>9</sup> Margolis, K. et al. "Effect of Home Blood Pressure Telemonitoring and Pharmacist Management on Blood Pressure Control." *Journal of the American Medical Association*. 2013;310(1):46-56.