

Testimony of the American Society of Consultant Pharmacists
Submitted to the Human Services Committee
SB 392
An Act Concerning Pharmacy Medicaid Reimbursement
March 13, 2012

On behalf of the American Society of Consultant Pharmacists, thank you for the opportunity to submit testimony in support of **SB 392, An Act Concerning Pharmacy Medicaid Reimbursement.**

The Connecticut Chapter of the American Society of Consultant Pharmacists is comprised of almost one thousand Connecticut licensed pharmacists who are the gatekeepers to proper medication therapy for our elderly and disabled. These patients reside in nursing homes, hospitals, group homes, assisted living as well as other institutional settings. This fragile population needs prompt delivery, special packaging, constant monitoring of drug therapies, drug interactions and adverse drug reactions due to their multiple disease states that require multiple medications.

All of these life saving medications are delivered to these institutions as their patients are unable to travel to the pharmacy. This requires several drivers on the road at all times and that additional payroll, insurance, benefits, mileage and gasoline is not reimbursed by any source and comes directly out of the pharmacy dispensing fee. We must be available 24 hours a day, 7 days a week and be on call for STAT emergency services. Once a new medication order is prescribed by a practitioner, Connecticut law requires it to be in their hands within hours in order for it to be available for the time prescribed. With one hundred percent of prescription being delivered within this setting, this is the first mark that separates us from the retail population where the chains do not deliver.

Connecticut law also mandates that a Consultant Pharmacist travel to each facility to monitor drug therapies, drug interactions and adverse drug reactions. We must also inspect physical conditions for proper storage of medications due to their multiple disease states that require multiple medications. We are also responsible for communicating with each of the many physicians who care for a resident to assure that all of their prescribed therapies do not interact or interfere with each other and make recommendations for therapies as well as monitoring for proper guidelines. The consultant also has a regulatory role in making sure laws are followed or not broken. These are services required of the Long Term Care Institutional pharmacy but are not expenses that are realized in the retail pharmacy world. This is another service that separates the Long Term Care pharmacy.

With pharmacy reimbursement steadily decreasing over the past 20 years, Long Term Care Pharmacies have been hit the hardest. With the additional staff required to deliver medication services to the patients residing in Health Care Institutions and the ever increasing costs of delivering and gasoline, the current reimbursement has put the balance in jeopardy. The chains are able to cost shift losses in their pharmacy department to profits from the sale of groceries and sundries. Long Term Care cannot do that because pharmacy is our only income.

Connecticut has the highest cost of living yet it now has the lowest Medicaid reimbursement in the United States. This imbalance makes it very difficult to provide the high standard of pharmaceutical care this population deserves. We need your help in caring for these individuals.

Bill 392 proposes to give "Community Pharmacy" a higher reimbursement but does not separate retail from Long Term Care. Although we do believe expenses are higher for a community pharmacy and that it is a valid proposal, we feel Long Term Care has been excluded in the definition. "Long Term Care Pharmacy" should be included in the higher Medicaid rate.

We ask that "Long Term Care Pharmacy" be added to the definition of "Community Pharmacy" regardless of its private or public status.

Sincerely,

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