



STAY ENGAGED. STAY INFORMED.

2022

TUESDAY, MAY 13:

**OPEN FORUM ON
PROPOSED IPA POLICIES**

WELCOME



Kate Gainer, PharmD
Executive Vice President and CEO
Iowa Pharmacy Association



SPEAKER OF THE HOUSE



**Randy McDonough,
PharmD, MS, CGP, BCPS,
FAPhA**

Co-Owner and Director of
Clinical Services
Towncrest and Solon
Towncrest Pharmacies



TODAY'S AGENDA

- Each topic with corresponding policy will be presented with limited background information provided
- Questions or comments can be provided to the respective policy committee chair to take back to the committee
- Final proposed policy will be presented at 1st session to House of Delegates



POLICY COMMITTEE ON PROFESSIONAL AFFAIRS



Rachel Digmann, PharmD, BCPS
Clinical Pharmacy Specialist
Telligen



POLICY 14-R1: ACCREDITATION OF PHARMACY TECHNICIAN EDUCATION PROGRAMS

- 1) IPA supports the accreditation of pharmacy technician education programs in Iowa.
- 2) IPA supports the availability of accredited pharmacy technician education programs that prepare individuals for practice in a variety of settings and assist in the creation of expanded roles for pharmacy technicians.
- 3) IPA recommends evaluation of the impact accredited technician education has on pharmacy technician effectiveness and patient safety. IPA recommends the utilization of the results by the Board of Pharmacy, employers, and other stakeholders to develop standardized policy and procedures for technician education.



POLICY 14-R2: ROLE OF PHARMACY IN MEANINGFUL USE

1) Reaffirm 09-R1 and 06-U2.

IPA Policy 09-R1: Health Information Technology

- *IPA strongly advocates the inclusion of pharmacists in the definition, development, implementation, and advancement of electronic health information exchange.*
- *IPA supports the interoperability of electronic health information between pharmacists and other health care providers.*
- *IPA strongly supports the pharmacist's ability to access and exchange electronic health record data as a critical component of safe medication use.*
- *IPA supports pharmacist documentation of patient care activities in shared electronic health records.*
- *IPA supports the development, deliver, and promotion of educational activities regarding electronic health information exchange for pharmacists, pharmacy technicians, and student pharmacists.*
- *IPA opposes the placement of financial, human resource, or time burden on any one stakeholder within the health information technology infrastructure, including the electronic prescribing process.*
- *Rescind policy 97-U3.*



POLICY 14-R2: ROLE OF PHARMACY IN MEANINGFUL USE

1) Reaffirm 09-R1 and 06-U2.

IPA Policy 06-U2: Health Care Databases

- IPA supports the use of health care databases with access granted to health care professionals with a treatment relationship with a specified patient. Health care databases shall protect patient confidentiality, allow real-time access, and intend to improve the quality and continuity of patient care and patient safety.*
- IPA supports the development of a standardized system for accessing electronic patient records and health care databases.*
- IPA believes that accessing health care databases should not place a financial burden nor substantially increase workload on pharmacy practices.*
- IPA believes persons not providing direct patient care, including but not limited to law enforcement and third party payers, shall be restricted from accessing health care databases. Controlled access to de-identified information may be granted for bona fide research purposes.*



POLICY 14-R2: ROLE OF PHARMACY IN MEANINGFUL USE

- 2) IPA recommends full integration of pharmacists' data within the health information exchange in order to achieve meaningful use standards enabled by health information technology.
- 3) IPA supports appropriate compensation for pharmacists' contribution to achieving meaningful use standards.
- 4) IPA supports the appropriate bidirectional access and use of health information technology in order to demonstrate the value of pharmacist services in achieving meaningful use standards.



POLICY 14-R3: REIMBURSEMENT AND SAFETY OF SPECIALTY MEDICATIONS

- 1) IPA recommends public and private payers to collaborate with each other and with health care providers to create standardized, outcomes-based, and safe processes for health care provider-administered specialty medications to ensure appropriate care coordination.
- 2) IPA supports timely payment authorization and coverage verification processes that facilitate communication among patients, pharmacists, other health care providers, and payers prior to therapy administration.
- 3) IPA recommends education of pharmacy professionals on the benefits and risks for reimbursement and integrity of specialty medications that could be delivered and administered by other health care providers.



POLICY COMMITTEE ON PUBLIC AFFAIRS



Deanna McDanel, PharmD, BCPS, BCACP

Clinical Pharmacy Specialist

Associate Professor (Clinical)

University of Iowa Hospitals and Clinics



POLICY 14-U1: BIOSIMILAR MEDICATIONS & INTERCHANGEABILITY

- 1) IPA supports the development of safe and effective biosimilar medications in order to provide more affordable and accessible treatment options for patients.
- 2) IPA supports the FDA's role to develop a scientifically-based process to approve biosimilar medications and their interchangeable versions.
- 3) IPA opposes the implementation of any state regulation regarding biosimilar medication interchangeability that does not align with FDA guidance.



POLICY 14-U1: BIOSIMILARS & INTERCHANGEABILITY (CONT.)

- 4) IPA supports appropriate post-marketing surveillance to ensure the safety and effectiveness of biosimilar medications.

- 5) IPA recommends the development of educational programs for pharmacists and other health care professionals concerning the appropriate use of biosimilar medications.



POLICY 14-U2: NON-RESIDENT PHARMACIES

- 1) IPA supports collaboration with the Board of Pharmacy, neighboring states, and other stakeholders regarding licensure of non-resident pharmacies to ensure patient safety while not restricting access to care.
- 2) IPA supports consistency of pharmacy practice regulations between non-resident pharmacies and in-state pharmacies.
- 3) IPA supports a non-resident pharmacy employ at a minimum one pharmacist licensed in Iowa that is practicing in that pharmacy.
- 4) IPA recommends the use of a systematic process to approve or deny licensure of a non-resident pharmacy with assistance of a standardized inspection service, other Boards of Pharmacy, and the National Association of Boards of Pharmacy (NABP).



POLICY 14-U3: DISTRIBUTION OF MEDICATIONS IN EMERGENCY SITUATIONS

- 1) IPA supports the professional judgment of pharmacists acting in the best interest of the patient during an emergency or life-threatening situation. Such actions should be given protection from civil and criminal prosecution.
- 2) IPA supports collaboration with necessary stakeholders to implement community-based programs that offer medications to be used in emergency or life-threatening situations (*e.g.*, naloxone, epinephrine).
- 3) IPA recommends education of health care professionals, patients, and caregivers about the use of medications during an emergency or life-threatening situation.



SAVE-THE-DATE



JUNE 13-14, 2014 • ALTOONA, IA

IOWA PHARMACY ASSOCIATION • 2014 ANNUAL MEETING

THE FUTURE IS NOW





THANKS FOR ATTENDING!

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**JOIN US TUESDAY, JUNE 10:
DISPOSAL OF CONTROLLED
SUBSTANCES**

Questions? Contact Laura Miller at lmiller@iarx.org or 515-270-0713