

PROTECT PATIENT HEALTH: VOTE NO ON SB 112

The Montana Medical Association asks legislators to reject Senate Bill 112 to keep primary care delivery in the hands of trained primary care providers.



BACKGROUND

Under current law, pharmacists may prescribe a limited number of vaccines without a collaborative agreement with a physician and additional vaccines when involved in a collaborative agreement. SB 112 expands pharmacist prescribing authority to include drugs and devices for conditions that are minor, based on results of a home-based test, and patient emergencies. The bill has no provision to require a collaborative agreement and would result in a big step backwards for hard-won gains in care coordination and continuity in Montana's health care system.

LEGISLATIVE ASK: WHY A NO VOTE ON SB 112 MATTERS

- Education and training matters. **Pharmacists specialize and are trained in the safe and accurate dispensing of medication.** Pharmacists do not possess the training, experience or knowledge needed to provide primary medical care, health maintenance and preventative services or provide medical emergency care, potentially putting patient care at risk.
- Physicians have access to the patient's medical record, which allows for checking for underlying medical conditions and treatments, a key component to providing appropriate care. **Pharmacists do not have access to the patient's medical record** and have to rely on the patient or caregiver to report the relevant medical history.
- SB 112 allows pharmacists to prescribe with a limited evaluation; **standard of care should include capturing of patient medical history, completing a physical exam, and considering diagnoses and testing, to provide effective treatment.**

WHY A NO VOTE ON SB 112 MATTERS CONT.

- **SB 112 will not fix the workforce challenges, and instead will fragment the existing delivery infrastructure in Montana** and not ensure for best medical care. Pharmacists and physicians are both noted as hard to fill positions in hospitals.
- SB 112 expands the immunizations that pharmacists can prescribe and administer, yet, no Montana pharmacies participate in the Vaccines for Children (VFC) program, a federal program that provides vaccines at no cost to children who are Medicaid-eligible, uninsured, underinsured, or American Indian or Alaska Native. These populations represent approximately half of Montana children. Physician practices take on the administrative expenses to ensure access. SB 112 will exacerbate existing disparities by creating an alternative vaccine delivery system that would be inaccessible to VFC-eligible children. **Any changes to prescribing authority should include participation in VFC and other programs that provide access for all Montanans, not just who can pay.**
- Physicians focus on identifying and treating mental health issues, using validated screening tools for suicide risk, identifying anxiety and depression, and screening adolescents for substance use disorders. **SB 112 creates gaps in full care, including screening opportunities.**



Cost of Care

Receiving care and prescriptions in pharmacies is a self-referral, incentivizing decisions for economic gain. This is against the law for physicians.



Safety Concerns

Physicians access a patients medical record, allowing for checks for underlying medical conditions. Physicians are trained to accurately diagnose and treat. Pharmacists should be held to delivering the same standard of care.




Specialization and Experience

Pharmacists are trained in the safe and accurate dispensing of medication, an important part of the health care team. There is a gap in clinical training needed to provide primary care and treat medical emergencies.

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