



February 8, 2022

The Honorable Nancy Barto
Chair
Arizona State Senate Committee on Health and Human Services
302 1700 W. Washington St.
Phoenix, AZ 85007

Arizona Senate Bill 1016: Pharmacies; off-label use; refusal prohibited; definition – OPPOSE

Dear Chair Barto and members of the Senate Committee on Health and Human Services:

The American Pharmacists Association (APhA) respectfully writes in opposition to [Senate Bill \(SB\) 1016](#), which will unnecessarily increase healthcare expenditures and undermine a key patient safety measure in the healthcare delivery system, the role of the pharmacist.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Arizona, APhA represents pharmacists and students that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

One of the key roles of the pharmacist as a member of the interprofessional healthcare team is to ensure the safe and effective use of medications by their patients. Pharmacists do this through steps in the medication dispensing process, such as prospective drug utilization review where the pharmacist evaluates the appropriateness of a medication for an individual patient before the medication is dispensed. Pharmacists rely on their knowledge, experience, judgment, and ongoing review of high quality, evidence-based, peer reviewed published literature to confirm appropriate use of a medication for a specific indication. They check for the safe and effective dose of medication for a specific patient which is especially important for patients with allergies, kidney disease, liver disease, or other past medical histories which may change the safe or effective dose of a medicine. Pharmacists review interactions the medicine may have with other drugs, disease states, foods, or other items a patient may interact with. All of this is completed under the pharmacist's state scope of practice within Arizona and within their professional judgement, which has

been formed through six to eight years of collegiate and doctoral level training including over 1,700 hours of hands-on experiential education in patient care settings.

In addition to the medication expertise pharmacists contribute during the dispensing process, pharmacists also provide numerous patient care services to their patients to optimize the safe and effective use of medications, increase access to acute and preventative care, and work collaboratively with other members of the healthcare team to assist patients in reaching their therapeutic goals.

The result of pharmacists using their professional judgement and providing the care they were trained to provide to their patients is patients reaching their therapeutic goals, cost savings in healthcare expenditures, and thousands of potentially fatal medication errors prevented each year. In fact, one study of a community pharmacy found that around 17,000 clinical interventions were made in a year which amounted to \$2.4 million in cost savings and numerous medication errors prevented for their patients.¹ This is not unique scenario, as extensive published literature has proven that patients are healthier when pharmacists are involved in their care² and there is substantial cost savings.³

SB1016 takes away the role of the pharmacist as the last line of defense to ensure that patient safety concerns associated medications are addressed. As you know, rules adopted by the Arizona Board of Pharmacy⁴ allow pharmacists to use their professional judgment to determine whether or not to fill a prescription for medical reasons.

SB1016 also inserts the state into the practice of pharmacy. By mandating pharmacists fill prescriptions regardless of their professional judgement informed by their six to eight years of doctoral education inserts the state into the practice of pharmacy which is governed by the State Board of Pharmacy.

These actions will undoubtedly result in an increase of risks to patient safety as well as increased healthcare expenditures, which are already dramatically high for our patients. This increase in healthcare expenditures may come from patients needing to seek additional care, such as hospitalizations and emergency department visits due to the increase in patient risk.

To exemplify the increased risk to patient safety, consider a patient seeking to fill a prescription for ivermectin for the off-label use of COVID-19⁵ who also takes the anticoagulant warfarin for another indication. Warfarin is one of the most common anticoagulant medications in the U.S. with over 14 million

¹ Pharmacy Saves Payer \$2.4 Million by Making Clinical Interventions a Priority. *Pharmacy Times*. Available at <https://www.pharmacytimes.com/view/pharmacy-saves-payer-24-million-by-making-clinical-interventions-a-priority>

² Giberson S, et al. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. *A Report to the U.S. Surgeon General*. Available at <https://jcphp.net/wp-content/uploads/2015/09/Improving-Patient-and-Health-System-Outcomes-through-Advanced-Pharmacy-Practice.pdf>

³ Murphy EM, et al. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. Available at [https://www.japha.org/article/S1544-3191\(20\)30392-7/pdf](https://www.japha.org/article/S1544-3191(20)30392-7/pdf)

⁴ R4-23-402. Pharmacist, Graduate Intern, and Pharmacy Intern. *Arizona Administrative Code*. Available at https://apps.azsos.gov/public_services/Title_04/4-23.pdf.

⁵ RE: the “potentially lifesaving,” language in SB 1016 — **there is no evidence from the Food and Drug Administration (FDA) or the Centers for Disease Control and Prevention that ivermectin is effective in COVID-19 patients.** See, FDA. Why You Should Not Use Ivermectin to Treat or Prevent COVID-19. Last reviewed 12/10/2021. Available at: <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>

prescriptions each year. Ivermectin interacts with warfarin causing an increase in the anticoagulant effect which could cause a bleed in the patient which could result in hospitalization and even death. If SB1016 was signed into law a pharmacist would be forced to fill the prescription because of the state even if they knew about this interaction and the increased medical risk to a patient. To ensure the safe and effective use of all medications, it is important to maintain the role and professional judgement of the pharmacist as the last line of defense before a patient takes their medicine, which is properly governed by the Arizona State Board of Pharmacy.

For these reasons, we strongly oppose SB1016 and respectfully request your “NAH” vote. If you have any questions or require additional information, please don’t hesitate to contact E. Michael Murphy, PharmD APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

A handwritten signature in black ink that reads "Ilisa BG Bernstein". The signature is written in a cursive, flowing style.

Ilisa BG Bernstein, PharmD, JD, FAPhA

Senior Vice President, Pharmacy Practice and Government Affairs
American Pharmacists Association

cc:

Tyler Pace
Rosanna Gabaldon
Sally Ann Gonzales
Wendy Rogers
Thomas Shope
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