

**Montana Pharmacy Association  
2024 Resolutions- Adopted 6-1-2024**

**Resolution – 1**

**Support for Reforming White Bagging Policies**

WHEREAS, under current white bagging polices many payers are mandating that providers can only source drugs from a narrow selection of payer-affiliated specialty pharmacies; and,

WHEREAS, under current white bagging policies it is often being mandated that health-system pharmacies can only receive these medications from specialty pharmacies they must then dispense to patients; and,

WHEREAS, under current white bagging policies it works to binds clinicians and hospitals to drug supply chains that can cause delays in care, and compromises electronic medical records; and,

WHEREAS, the preferred system is the buy-and-bill method, where health system pharmacies maintain their own inventories and prepare medications according to electronic health records from physicians,

THEREFORE, BE IT RESOLVED, MPA joins with ASHP in supporting polices changes by FDA and others to enforce the Drug Supply Chain Security Act (DSCSA) which mandates an electronic supply chain history must be kept for all prescription drugs until that drug is dispensed to the patient -- with the ultimate goal of ending white bagging.

**Resolution – 2**

**Provider Status and Payment for Pharmacists Clinical Services**

WHEREAS, pharmacists are educated and trained in providing direct patient care services; and,

WHEREAS, studies have shown improved outcomes and reduced costs of care through the direct patient care provided by pharmacists; and,

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WHEREAS, these outcomes & savings can be realized in the private sector, Medicare and Medicaid by allowing pharmacists to use standard codes for billing purposes: and,

WHEREAS, pharmacists have new, limited prescribing authority as allowed by the passage of Senate Bill 112 in the 2023 Montana Legislature that allows pharmacists to provide direct care in a variety of practice settings.

BE IT RESOLVED, that MPA urges private insurers, federal & state officials to take additional steps to recognize pharmacists as patient care providers for payment of pharmacist provided patient care services; and,

FURTHER BE IT RESOLVED, MPA urges state and federal policymakers to work for passage of legislation like the ASHP Model bill on payment for CMM services that was based on the recent bill passed in North Dakota.

### **Resolution – 3**

#### **Support for Enforcement of Pharmacy Integrity Laws**

WHEREAS, Pharmacy Benefit Managers (PBMs) are now licensed and regulated by the Montana Insurance Commissioner; and,

WHEREAS, PBMs have a tremendous impact on health care decision-makers with influence on more than 80 percent of drug coverage; and,

WHEREAS, PBM practices are often controversial and impose burdensome auditing practices on pharmacies that inflate costs and negatively impacts patient care; and,

WHEREAS, there are new laws regulating PBM processes to eliminate unfair DIR Fees and fairly regulate procedures related to recordkeeping, timely payments, clarification of dispensing fees and standardized auditing practices, including limitations on times covered and the number of scripts included in a PBM audit.

THEREFORE, BE IT RESOLVED, that MPA supports the enforcement of existing laws licensing PBMs and regulating their activities and business practices.

### **Resolution – 4**

#### **Support for Workplace Reform**

WHEREAS, pharmacy workers face numerous challenges, with increasingly limited resources, while serving the needs of an expanding number of patients; and,

WHEREAS, many pharmacies are asked to provide additional clinical services while dispensing an increasing number of prescriptions in the face of staffing reductions; and,

WHEREAS, in an increasingly complex health care system in which pharmacists are entrusted to advocate for changes that improve patient care and assure optimal outcomes for all patients.

BE IT RESOLVED, MPA encourages pharmacy regulators, pharmacy organizations, and all pharmacy employers to develop policies recognizing current and future challenges frontline pharmacy professionals experience and urges them to make changes to improve workplace conditions and provide supportive work environments for pharmacy workers to promote public safety and wellbeing.

## **Resolution –5**

### **Montana Pharmacy Profession Red Tape Reduction Initiatives**

WHEREAS there exist several outdated Montana laws and rules that regulate the practice of pharmacy that are unnecessary and burdensome; and,

WHEREAS, some regulations are justified to protect those served by the Montana pharmacy profession.

HOWEVER, there are some needless laws and regulations that are red tape barriers that do not serve to enhance patient safety.

THEREFORE, BE IT RESOLVED, MPA encourages a repeal of the following Montana pharmacy profession related laws and regulations:

- 1. Repeal of Montana laws imposing a notice to purchaser sign requirement.**  
**REASON:** This signage requirement in Montana law is no longer relevant since approximately 90% of the medications utilized and dispensed within the marketplace are generic, and as a standard of pharmaceutical care, pharmacists select the least expensive equivalent drug.
- 2. Change in current Administrative Rules to allow someone under the age of 18, and without a high school equivalent diploma, to be a licensed Montana Pharmacy Technician,** provided they have met all other required training and educational requirements for licensure by the Board of Pharmacy.  
**REASON:** Montana pharmacies in all settings need more options for securing trained pharmacy technicians. Further, it has been noted that other states have experienced positive outcomes by allowing trained minors to be licensed pharmacy technicians.

3. **Repeal of some notice provisions for biosimilar medications dispensed by Montana pharmacists found under MCA 37-7-505.** Product selection permitted – limitation.

Specifically **repeal the following notice provisions listed and highlighted below in RED for, 37-7-505.**

(3) (a) Within 5 business days following the dispensing of a biological product, the dispensing pharmacist or the pharmacist's designee shall communicate the specific product provided to the patient, including the name of the product and the manufacturer, to the prescriber through any of the following electronic records systems:

(i) an interoperable electronic medical records system;

(ii) an electronic prescribing technology;

(iii) a pharmacy benefit management system; or

(iv) a pharmacy record.

(b) Communication through an electronic records system as described in subsection (3)(a) is presumed to provide notice to the prescriber.

(c) If the pharmacist is unable to communicate pursuant to an electronic records system as provided in subsection (3)(a), the pharmacist shall communicate to the prescriber which biological product was dispensed to the patient using facsimile, telephone, electronic transmission, or other prevailing means.

(d) Communication is not required under this subsection (3) when:

(i) there is no federal food and drug administration approved interchangeable biological product for the product prescribed; or

(ii) a refill prescription is not changed from the product dispensed on the prior filling of the prescription.

**REASON:** To remove the requirement that pharmacists communicate production selection among biologic products that have already been determined by the FDA to be fully interchangeable, as the requirement is burdensome to both pharmacists and prescribers without providing benefit (and to align product selection requirements for biologics to be the same as with other prescription drugs).

## **Resolution – 6**

### **Support for Pharmacists Involvement in Evolution of AI Related to Medication Use**

WHEREAS, pharmacists are responsible for determining which aspects of medication use and management are best handled by pharmacists, by artificial intelligence (AI), or by pharmacists who receive advice from AI-based systems., and,

WHEREAS, pharmacists should use scientific approaches to determine the degree to which AI is used to automate specific medication-use tasks, and,

WHEREAS, AI of proven value should be adopted and used so that pharmacists can make better decisions and focus their expertise on solving new and confounding problems for patients, families, and organizations, and,

WHEREAS, pharmacists are uniquely positioned to be key contributors and serve as experts in the advancement of AI in healthcare.

THEREFORE, BE IT RESOLVED, MPA encourages and supports pharmacists' efforts to define appropriate medication-related use cases for AI-enabled technology and provide foresight for anticipated future applications, and,

AND FURTHER, MPA supports policies that allow pharmacists to continue to build on education that will enable current and future generations of pharmacists and pharmacy technicians to shape the evolution of AI technology.

## **Resolution- 7 –**

### **Support for the Reduction of Pharmacy Related Buprenorphine Access Barriers**

WHEREAS, Montana pharmacies and pharmacists play a significant role in reducing access barriers to buprenorphine; and,

WHEREAS, Buprenorphine is approved by the U.S. Food and Drug Administration (FDA) for the treatment of opioid use disorder (OUD) and can diminish the effects of opioid dependency, such as withdrawal symptoms and cravings; increase safety in cases of overdose; and lower the potential for opioid misuse, when taken as prescribed; and,

WHEREAS, Patients face barriers to accessing buprenorphine caused by societal stigmatization, inadequate or inaccurate education regarding the benefits and risks of buprenorphine among healthcare workers and pharmacy staff, supply restriction from

pharmacy wholesalers (who do not acknowledge the differences between partial and complete opioid agonists in their controlled substance policies and procedures), and pharmacy hesitancy due to fear of violating rules and low reimbursement.

THEREFORE, BE IT RESOLVED, that MPA urges Montana pharmacies and pharmacist to review barriers being inadvertently imposed; and,

FURTHER BE IT RESOLVED, that MPA advocates engagement in buprenorphine education activities as the usage of buprenorphine products continues to change and evolve.