Testimony before the Senate Regulatory Reform Committee
Presented on behalf of
The Michigan Primary Care Association
By
Douglas M. Paterson MPA, Director of State Policy

Senate Bill 92

Good afternoon Chairman Rocca and members of the committee. My name is Doug Paterson and am here today representing the 35 Federally Qualified Health Center organizations making up the Michigan Primary Care Association. Our member agencies are all private, not-for-profit organizations governed by Boards of Directors, the majority of which are actual users of the clinics. We believe this makes our member organizations unique and very sensitive to the needs of the people we serve. Collectively, our member organizations operate 220 community health center sites throughout Michigan. Every one of them is located in an officially recognized medically underserved area or serves a designated medically underserved population. We are an important part of the "safety net" that attempts to assure our State's residents, especially those without insurance, those with Medicaid and those in Medically Underserved areas of our state, have access to medical, dental and behavioral health services.

I am here today to convey the support of our organization for Senate Bill 92.

Our support stems from a little bit different interest than most that are here today. Since many of our clinics operate in remote areas or in areas where our patients have problems with transportation, we make every effort to make pharmaceuticals available to patients on site as much as possible. In addition, we have to compete for pharmacists with many other entities and often have great difficulty recruiting and retaining pharmacists as salaries paid by non-profit organizations are often lower than those offered by other entities. For this reason, we have sought approval in several of our locations from MDCH and the board of pharmacy for use of remote dispensing devices where the physical location of a pharmacist may be problem. These devices are still controlled by a pharmacist who actually releases the proper prescription and dosage from the machine for dispensing but allows the pharmacist to be off site. This technology has made the availability of medications much easier in several of our locations. The one barrier that we continue to face however, and which has actually led to the discontinuance of use by a few of our clinics is the fact that a licensed person is required to actually check the accuracy and physically provide the Medication to the patient after it is dispensed from the machine. That means that we have to use a nurse or PA for this purpose, which is extremely inefficient in our opinion. With demands for Nurses and PA's as they are, to dedicate them to the task of simply dispensing medications is simply too expensive and not a

good use of their skills or time to say nothing about the ability to retain such persons for such a task. Use of skilled providers in this way deprives patients of receiving the more highly skilled care these providers are trained and licensed to provide.

Passage of Senate Bill 92 would assure that a person, adequately trained and licensed in the form of a pharmacy technician could perform this duty. We think this is much more suited to the appropriate skill set for such a position, would enable our centers to more cost effectively hire and staff these machines and would allow our centers to use PA's and nurses more effectively delivering preventive and primary care services that are in high demand in the communities we serve..

We ask for the committee's support of Senate Bill 92.

Thank You