

Friday, June 26, 2020

Louisiana Independent Pharmacies Association

What's New and What to Watch

LIPA Newsletter:
Bringing you the latest news and information concerning independent pharmacies and the profession at-large....



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- COVID-19 treatment in Louisiana
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- Board of Pharmacy meeting report
- CARES Act Provider Payments

Members,

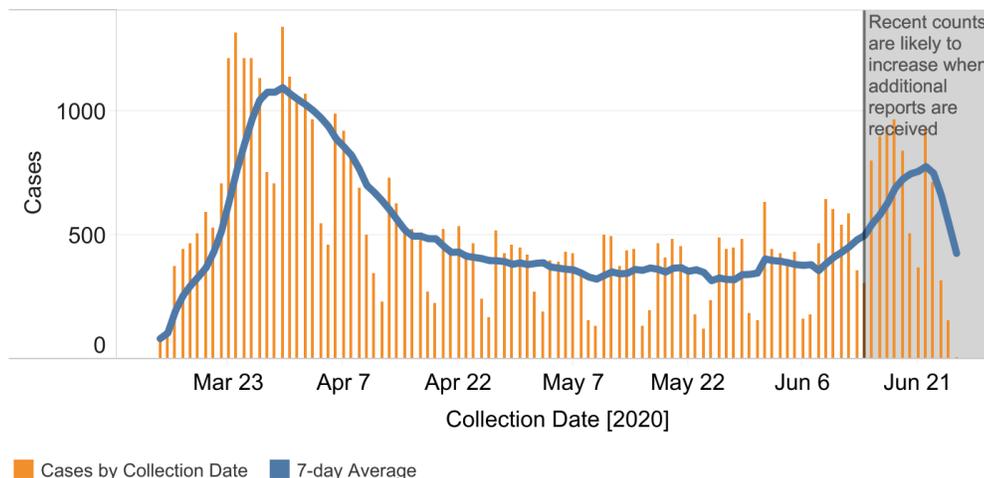
The first six months of 2020 have seemed at times like a roller coaster with getting ready for the legislative session, a change in leadership at LDH, the onset of the unprecedented pandemic and measures to stop its spread, the stops and starts of the Regular Session of the legislature, and for the past several weeks now, the First Extraordinary Session.

To top that off, the state has now seen a setback in reopening, with the Governor signing an order yesterday to extend Phase 2 for an additional 28 days. While the legislative session and lawmaking is coming to an end for now (there could be another special session in the fall), we are preparing to pivot and turn our attention to monitoring a law related to pharmacy previously enacted—Act 124 of 2019, relative to PBMs—and seeing that it is implemented as intended by our legislators. Our experience has taught us that laws are only as good as the enforcement!

Dates to Know

- July 1st—Start of the state fiscal year
- July 25th—LPA virtual conference
- October Session (Date TBD)—U.S. Supreme Court to hear *Rutledge vs PCMA*
- October 17th-20th—NCPA 2020 Annual Convention

New Cases by Collection Date



Continued on next page



Legislative Update. Only four days remain before the Legislature must adjourn the First Extraordinary Session. Legislators hoped to finish their business today, but it appears they will go to the 6:00 p.m. deadline on Tuesday because of the operating budget, tort reform, and several other issues.

The State Operating Budget, [House Bill 1](#) by Rep. Zeringue, will occupy most of the legislators' time over the next several days. Although it passed the Senate unanimously, it was heavily amended on the Senate Floor and must go back to the House for concurrence before it can be sent to the Governor.

Without a budget from the Division of Administration, the Senate, led by Sen. White, took a conservative approach allocating funds in the operating budget in an attempt to limit deficit spending or necessitating budget cuts in 2021. One of those measures temporarily suspends roughly \$57 million in market adjustments (raises) for classified employees and unclassified employees, and an additional raise for unclassified employees. The suspension must be reconsidered prior to October 15, 2020 by the Legislature or the Joint Committee on the Budget if the Legislature has not convened by then. As drafted, it creates a \$35.7 billion state budget for Fiscal Year 2020-2021, which includes roughly the \$1.8 billion in federal relief the state received in the CARES Act.

The Senate also passed [House Bill 57](#), the Civil Justice Reform Act of 2020 by Speaker Schexnayder earlier this week. At this time, it appears to be the chosen "tort reform" bill. The House rejected several Senate amendments and voted to send the bill to Conference Committee. The Committee is comprised of President Cortez and Senators Luneau and Talbot; and Speaker Schexnayder and Representatives Miller and Stefanski. If the Committee can agree on a set of amendments, the House and the Senate must approve the set, as drafted, before HB57 can be sent to the Governor.

[House Bill 64](#) by Rep. Stefanski was sent to the Governor earlier this week. It levies an eight percent state tax on the net revenue generated from fantasy sports contests from the forty-seven parishes that approved the activity in 2018.

[House Bill 70](#) by Rep. Jenkins passed the Senate unanimously on Friday afternoon. It establishes a one-time hazard pay rebate of \$250 for essential critical infrastructure workers, including pharmacy staff making less than \$50,000 annually. The bill must go back to the House because the Senate expanded the list of qualified workers. If the House concurs in the Senate amendments prior to Tuesday evening, the bill will go to the Governor's desk for his signature.

After a multi-year legal battle, Governor Edwards and Treasurer Schroder resolved their dispute over unclaimed property. The Legislature passed [Senate Bill 12](#) and [SB18](#) by Sen. Fesi. The bills will allocate roughly \$57 million to the State General Fund as Gov. Edwards requested and beginning on July 1, 2021, will keep unclaimed property in a trust fund as Treasurer Schroder requested.

Voting Information. Early voting for the Presidential Preference Primary and Municipal Primary began Saturday, June 20th and ends Saturday July 4th. Polls are open from 8:30 a.m. to 6:00 p.m. every day, excluding Sundays. Election day is July 11th, from 7:00 a.m. to 8:00 p.m.

Polling commissioners will wear PPE and will regularly sanitize certain areas and all voting machines. Hand sanitizer will be provided, but masks are not required. You can find a sample ballot and polling information at [Geaux Vote](#).

Louisiana's current Naloxone standing order Louisiana is one of 48 states in which naloxone and other opioid antagonists can be prescribed without examining the individual to whom it is administered. Louisiana law (R.S. 40:978.2) allows **by standing order** to prescribing or dispensing naloxone or another opioid antagonist. Each standing order is valid for one year from the date of issue. The state's current [standing order](#) was issued by James E. Hussey, M.D. on January 29, 2020. Dr. Jim Hussey is currently the Medical Director for Louisiana's Office of Behavioral Health (OBH) and prior to that he was the OBH Assistant Secretary.

Louisiana's standing order contains the following recordkeeping requirement for pharmacists in order to comply with the Board of Pharmacy rules and regulations: *the pharmacist shall attach a copy of this standing order to the invoice, or other record of sale of distribution. Further, the pharmacist shall store these transaction documents with the other distribution records in the pharmacy.*



Treatment in Louisiana of COVID has evolved rapidly The *Advocate* published a story this week by their health reporter Emily Woodruff under the headline “[Eyeing a 2nd coronanavirus surge, here’s what Louisiana doctors learned from the 1st tsunami.](#)” She states one thing is clear: a **lot** has been learned since those first few frantic months (March and April). One major change in treatment is far less reliance on ventilators, the “go-to” intervention for low blood-oxygen levels in the early days. Dr. Catherine O’Neil, Chief Medical Officer at OLOL in Baton Rouge said “There was a nice dose of fear and the unknown factor in March that drove us to do things we don’t do anymore. The sickest of the sick still need a ventilator but many can be managed off it using proning,” the practice of flipping patients on their stomach to relieve lung compression. Many of the people hospitalized were people waiting for test results or patients from nursing homes who had to test negative twice—24 hours apart—before they could be discharged back to the nursing home. Originally thought to be a respiratory disease, doctors have adjusted how they monitor for “blood clots, strokes, neurological issues, kidney injury and deadly inflammation.”

Medications administered to treat patients with COVID have changed in the last three months. Patients admitted to the hospital are no longer being routinely administered **hydroxychloroquine**. Dr. Kyle Happel a pulmonologist at LSUHSC in New Orleans said of the drug “may have caused more side effects that we helped people with that medicine.” With all of the questions lately about the CDC, it is interesting that that their original guidance to physicians warned against administering steroids, including **dexamethasone**. This was based on evidence that steroids increased the amount of virus in SARS and MERS patients. Dr. Julio Figuero from LSUHSC said that he would have used dexamethasone more based on what is known now as he saw “a good number of patients” who could have benefitted from the drug. Dr. O’Neal cautioned about the broad use of any drugs, noting “Steroids in diabetes are like gasoline on a fire.” The physicians interviewed stated that their hospitals currently have an adequate supply of **remdesivir** but that was not necessarily the case in the early days and at one point, Oschner’s team held daily meetings to review which patients met the criteria.

Scrutiny of nursing home response to COVID A number of our LIPA members provide essential long- term care pharmacy services for seniors and people with disabilities residing in nursing homes and other congregate settings in their communities. They know that their nursing home patients depend on them to successfully navigate any challenges in the pharmacy supply chain in both “good times” and during public health emergencies and must now comply with new protocols to protect the health and safety of nursing home residents. Pharmacists are on the front lines in providing care for nursing home residents but are seldom recognized for their critically important role as a member of the patient care team.

Louisiana’s nursing homes were in the news this week, with reports that not all of them have completed stated mandated COVID testing for patients and staff. On Monday, the State Health Officer Dr. Jimmy Guidry announced a June 30th deadline for nursing homes to come into compliance with federal recommendations for testing which are 1) testing all residents and staff to establish a baseline 2) then repeating the tests weekly for all those who had either tested negative or not been tested. In a letter sent to nursing homes, LDH advised that **only** after nursing homes have gotten 100% negative results from tests conducted “at least seven days apart in a 14-day window” can resident testing stop. Even then **weekly testing** of staff who previously tested negative or have not yet been tested must continue. One takeaway is that in looking at the total number of tests for Louisiana (660,000 as of [this morning](#)), many of them are duplicate tests (such as mandatory weekly testing for nursing home staff) for the same person who has not shown any symptoms of COVID and continues to test negative.

Clovis Burch. A few weeks ago, we talked about pharmacists and their ability to adapt. One of the things we mention was pharmacist using digital technologies for refills, Facebook, and webpages and at that time one of the pharmacists we highlight was Medic Pharmacy in Shreveport. We were saddened to learn that the founder and owner of Medic Pharmacy had passed last week, being that he was a farther, mentor, and advisor to many healthcare providers. We would like to offer our greatest condolences to the family and friends of Clovis Burch. [His obituary can be found here](#) and is also attached.

Board of Pharmacy Report. The Board met via Zoom earlier this week to address several topics. Most importantly, they considered an emergency rule to temporarily suspend license renewal fees in accordance with [House Concurrent Resolution 71](#). The rule suspends the collection of any renewal fee or associated late fee set to expire any time between July 1, 2020 and June 30, 2021. The full rule is below:



DECLARATION OF EMERGENCY

Department of Health Board of Pharmacy

Temporary Suspension of License Renewal Fees (LAC 46: LIII.1150)

The Louisiana Board of Pharmacy is exercising the emergency provisions of the Administrative Procedure Act, specifically at R.S. 49:953(B), to promulgate an Emergency Rule to implement a temporary suspension of license renewal fees for a limited period of time. During their 2020 Regular Session, the Louisiana Legislature adopted House Concurrent Resolution 71 which directs professional licensing boards to adopt emergency rules to suspend the collection of license renewal fees for existing businesses located in Louisiana for licenses, certificates, permits and registrations scheduled to expire from July 1, 2020 through June 30, 2021. The board has determined this emergency rule is necessary to comply with the legislative mandate in House Concurrent Resolution 71 of the 2020 Regular Session of the Louisiana Legislature. This Emergency Rule shall become effective June 30, 2020 and shall remain in effect for 120 days unless rescinded or renewed.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LIII. Pharmacists

Chapter 11. Pharmacies

§1150. Temporary Suspension of License Renewal Fees

A. During their 2020 Regular Session, the Louisiana Legislature adopted House Concurrent Resolution 71, which requires professional licensing boards to adopt emergency rules to suspend the collection of license renewal fees for existing businesses located in Louisiana for licenses, certificates, permits and registrations scheduled to expire from July 1, 2020 through June 30, 2021.

B. Notwithstanding any other provision of this Part to the contrary, the board shall waive the collection of the renewal fee and any associated late renewal fee for any of the following credentials scheduled to expire at any time from July 1, 2020 through June 30, 2021, excluding any credentials issued to nonresident pharmacies, facilities, or other businesses located outside Louisiana:

1. pharmacy permits;
2. durable medical equipment permits;
3. emergency drug kit permits;
4. automated medication system registrations;
5. controlled dangerous substance licenses issued to the following business categories:
 - a. automated medication systems;
 - b. drug and device distributors;
 - c. hospitals;
 - d. laboratories;
 - e. manufacturers;
 - f. pharmacies;
 - g. registered outsourcing facilities;
 - h. substance abuse clinics; and
 - i. third party logistics providers.

C. All other types of fees associated with the issuance and renewal of various licenses, certificates, permits and registrations issued to existing businesses located in Louisiana, including reinstatement fees, prescription monitoring program assessments, pharmacy education support fees, administrative hearing fees, and other fees itemized in R.S. 37:1184 are excluded from this temporary suspension of license renewal fees.



D. All fees associated with the issuance and renewal of various licenses, certificates, permits and registrations issued to new and existing businesses located outside Louisiana are excluded from this temporary suspension of license renewal fees.

E. All fees associated with the issuance and renewal of various licenses, certificates, permits and registration issued to individual persons located within or outside Louisiana are excluded from this temporary suspension of license renewal fees.

CARES Act Provider Payments Members who did **not** receive a CARES Act automatic payment from the General Distribution made in April to all providers who billed Medicare in CY 2019 have until July 20th to apply for a payment from the targeted Medicaid/CHIP Provider Relief Fund. The “one stop for shop” for all of the information you need and submitting an application can be found here: [Medicaid/CHIP Provider Relief Fund Form and Guidance](#). Payments made to providers from this fund will be 2% of **total** patient revenue and the provider can choose from tax year 2017, 2018, or 2019 for calculation of the payments.

Not sure if you received a General Distribution payment? These payments are different from PPP loans and the first payment would have shown up as a separate deposit in your bank account between April 10th and April 17th.

Once a provider goes in and accepted the payment including agreement to the Terms and Conditions, the information—including amount of payment—is published on the HHS website. A cursory review of the data posted shows that payments already accepted by Louisiana community pharmacies vary greatly in the amount; pharmacists had the option to apply for and received additional General Distribution payments. Note that providers had 90 days from receipt to accept or reject a General Distribution payment and if no action is taken within 90 days (from 4/10 to 4/17 for the earliest distributions) they are assumed to have automatically accepted the payment. Not returning the payment within 90 days of receipt will be viewed as acceptance of the Terms and Conditions and the information will be added to the website.

In response to inquiries they have been getting from providers, HHS added the following to the Q&As posted on their website last Friday, June 19th:

- *Question: Can a healthcare provider that has a primarily Medicaid-focused practice that received a small initial General Distribution payment, but forewent applying for an additional General Distribution payments, now apply for the Medicaid Targeted Distribution?*
- *Answer: No, if a healthcare provider was eligible for the General Distribution payment, even if it rejected the payment, it is not eligible for a Medicaid Targeted Distribution payment. Providers that are not eligible for this distribution may be eligible for future allocations of the Provider Relief Fund (emphasis added).”*

The issue of providers—including some of our pharmacies—1) receiving a small unsolicited General Distribution deposit in the midst of dealing with a pandemic, 2) not applying for an additional General Distribution payment by the deadline, and 3) now deemed ineligible for a Medicaid Targeted Distribution payment is problematic to say the least. We have already been working with leadership at HHS and our federal partners at NCPA to address this and make certain our community pharmacies are afforded to opportunity to receive the benefits that Congress intended them to have.



IN THE NEWS

CDC and drugmakers boost flu vaccine doses amid fears of an unprecedented respiratory illness season

[Washington Post](#)

The Centers for Disease Control and Prevention has taken the rare step of buying 7 million doses directly from manufacturers to be distributed to states for adult vaccination, [CDC Director Robert Redfield](#) said in an interview. “This is a big move,” he said.

That’s about 14 times the 500,000 doses the agency typically purchases for adults. The adult doses are included in the industry’s total planned production.

Getting a flu shot does not protect against the coronavirus, but disease experts said reducing [episodes of flu](#) could prove pivotal in freeing up space in hospitals and medical offices to deal with covid-19, the disease caused by the [coronavirus](#).

Even as President Trump and other White House officials [downplay the pandemic threat](#) this fall, the flu preparations underscore the alarm among public health officials, clinicians, advocacy groups and industry executives about the additional threat from the [coronavirus](#). The unprecedented convergence of two highly contagious respiratory viruses could happen in the winter, with each pathogen causing [life-threatening illness and death](#).

Health officials are especially concerned about people at higher risk for both the coronavirus and influenza, including residents and employees at long-term care facilities, African Americans, Hispanics, and [people with underlying medical conditions](#).

Typically, [fewer than half](#) of Americans get a flu shot each season. Vaccination rates for blacks and Hispanics have traditionally been lower. Slightly more than a third of black and Hispanic adults get vaccinated, according to CDC data. The CDC recommends the vaccine for everyone over age 6 months. It’s unclear whether the possible double whammy of the coronavirus and influenza will push more Americans to get a flu vaccine.

Almost nothing is known about the interaction between the coronavirus and influenza, experts say. It is possible for someone to be infected with the coronavirus and influenza at the same time, but experts have very little data. There is [no coronavirus vaccine](#) and only [limited treatment for covid-19](#). But even a moderately effective flu vaccine reduces the severity of flu-related illness and keeps people out of the hospital, officials have said.

“We want to take flu off the table, in every way possible, make flu a non-factor,” said LJ Tan, chief strategy officer of the Immunization Action Coalition. At the advocacy group’s annual flu summit in May, manufacturers who supply vaccine disclosed their plan to boost production by 10 percent for the upcoming flu season.

At a [House hearing](#) this week, lawmakers asked top health officials what the government needed to do to prepare for the coronavirus in the fall. Among the items Assistant Secretary

for Health Brett Giroir identified was “enough flu vaccine to get everybody vaccinated this winter.”

He added: “That’s one less virus that could kill 20, 30, 50,000, 70,000 [people] and potentially even be a co-infection with covid.”

The CDC’s purchase of additional doses for adults is “certainly unprecedented in recent memory,” Nancy Messonnier, director of CDC’s National Center for Immunization and Respiratory Diseases, said in an interview.

CDC spent \$100 million to buy the adult doses, officials said.

An initial CDC request to spend \$700 million to buy 50 million doses for adults was turned down by administration officials, according to federal health officials who spoke on the condition of anonymity to discuss policy deliberations.

Some immunization advocates are pushing the government to tap pandemic-related emergency funds to buy additional adult doses.

A small fraction of that money could be used to “ramp up dosage levels to anticipate what we think demand will be this fall,” said former Senate majority leader Tom Daschle, who heads the recently formed [Coalition to Stop Flu](#). The group includes immunization advocates, state and local health organizations, the American Heart Association, and vaccine manufacturers.

If the U.S. government secures additional funding by mid-July, flu manufacturers in the coalition said they would be able to fulfill additional orders for later in the flu season, Daschle said.

Influenza viruses change year to year, so vaccines must be updated annually. But tight production deadlines mean that manufacturers need to know within weeks how many total doses they need to produce.

Officials at Sanofi Pasteur and Seqirus, which have committed to producing 75 million and 55 million doses, respectively, said they have received an increase in preorders from customers, including retailers and health-care systems.

“This is a flu season like we’ve never seen before,” said David Ross, vice president of commercial operations for North America at Seqirus. The company has already adjusted manufacturing capacity to address the increase in demand, he said.

“We’ll continue to explore opportunities to manufacture more vaccine if demand requires it,” Ross said.

Flu vaccine effectiveness varies by season. Officials pick the flu strains that the vaccine will target months ahead of the flu season, meaning the vaccine isn’t always a good match for the strains that wind up circulating. When the vaccine is similar to circulating flu viruses, vaccinations have been shown to reduce the risk of having to go to the doctor by [40 percent to 60 percent](#). The overall effectiveness of last year’s vaccine was 39 percent, according to CDC data released Wednesday.

Health officials are also grappling with another big challenge this fall: making sure people can get vaccinated safely, free from exposure to the coronavirus. The CDC has given \$140 million to immunization programs across the United States to



IN THE NEWS

boost adult flu vaccination. The agency is working with state health departments, pharmacies and other health-care providers to develop curbside and drive-through flu clinics and other alternatives for people to get vaccinated.

The CDC has also developed a new test that can simultaneously detect the novel coronavirus and the influenza virus, and is seeking emergency use authorization from the Food and Drug Administration.

Getting the right public health message out will also be critical. Older adults, blacks and Hispanics are among the groups who need to be prioritized for flu vaccination, said Michael Greenberg, head of medical operations for Sanofi Pasteur in North America.

But if stay-at-home orders are in place because of the pandemic, these are the same people who are told to avoid leaving their homes.

“It’s a very delicate communication,” Greenberg said. “You need to instill confidence, and at the same time, stress the need to get vaccinated.”

We are always here for you.

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