



COVID-19 Town Hall #4 Q&A

May 18, 2020

Representative Mary Whiteford was first elected to serve the 80th District in the Michigan House of Representatives in March 2016. The 80th District includes 31 cities, villages and townships in Allegan County. Prior to joining the legislature, Mary earned her nursing degree from Northern Illinois University. As a nurse, she worked in a pediatric neurosurgery unit and a pediatric emergency unit. With a background in health care, it's no wonder Rep. Whiteford serves as the chair of the Appropriations Subcommittee on Health and Human Services. She also serves as a member of the Health Policy Committee, and the Appropriations Subcommittee on Joint Capitol Outlay. In addition to her role as a legislator, she and her husband, Kevin, run their own financial firm. As a small business owner and the only registered nurse in our state's legislature, Mary is passionate about listening to people and finding solutions.

Brian Sapita is the Government Affairs Manager for Michigan Pharmacists Association (MPA). He holds a degree in political science from Grand Valley State University. Upon graduation, Sapita worked as a certified pharmacy technician for a little more than a year before starting his career in the Michigan Legislature where he worked for nine years. While there, he worked on health policy initiatives, such as the regulation of biosimilars, the expansion of practice for Advance Practice Registered Nurses and the regulation of pharmacy benefit managers. Brian has served as the lead monitoring the Governor's executive orders during COVID-19 and will share his expertise with us this evening.

Larry Wagenknecht is the Chief Executive Officer at Michigan Pharmacists Association (MPA). He received his B.S. in Pharmacy from the University of Michigan College of Pharmacy. Wagenknecht currently serves as Chairman of the Michigan Health Information Network Shared Services Board and is a member of the Board of Governors of the Pharmacy Technician Certification Board and Chair of the Michigan Healthcare Stakeholders Opioid Stewardship Consortium. He has always had a passion for political action and advocating to benefit the profession. Tonight he will be sharing initiatives being pursued by MPA.

Moderator

Dianne Malburg, MPA Chief Operations Officer

Q&A

1. Brian, keeping up with the Executive Orders is nearly impossible. Can you give us a brief update of any that would be most important for our members?
 - a) Executive Order 2020-82 replaced EO 2020-49 which allows for hours worked to be counted towards the live CE requirement. Additionally, MPA has created a LARA approved worksheet for our members to record their hours. This work sheet can be found [here](#).



2. Larry, you and other members of the MPA team have been diligently representing the profession during COVID-19 and looking for opportunities during this crisis. Can you share what has been your latest initiative? (I heard you had a conversation with Director Massey from MDHHS and I'm sure our participants would love to hear the scoop.)
 - a) We have been working on a number of things. Earlier this week we had a virtual call with Director Kate Massey and other members of her Medicaid team. We asked if the department was planning on using the 1135 waiver they received from the Federal government on reimbursing for pharmacy delivery or enhanced pharmacy options? She told us "No, we are not looking at doing any pharmacy enhancements. The department is looking to save money not spend it at this time." Additionally, we have met with Blue Cross Blue Shield of Michigan to discuss pharmacists testing and reimbursing for these services and we continue to have an open dialogue with them. We are meeting with Dr. Khaldun this week to discuss moving forward regarding how pharmacists can be a part of the equation with testing.
3. Rep. Whiteford, what is the number one legislative issue for you?
 - a. Making sure the people providing care to the public are reimbursed properly. We don't want funds to be sucked up by administration fees, we want the money to go to those providing the work.
4. What is the biggest misconception that you had before being a legislator before taking office?
 - a. The biggest misconception, that I see in the newer candidates, is that they are going to get elected and change the world. They forget that they are one voice of 110 representatives and 38 senators and then there is the governor. If you are going to accomplish something, you cannot just stand there with a microphone. You need to figure out how to work with your colleagues. You need to show that you are trustworthy. You have to respect others as well as have effective communication.
 - b. It takes an A type person to get elected. The first time around, Rep. Whiteford knocked on over 7,000 doors, located in a rural area and came in second place. You need to be able to go and stay out there over and over and have thousands of conversations. You cannot be someone who hides behind a rock. So you get someone that goes through that experience and wins, they really think they are going to come into the legislature and conquer and be incredibly successful.
 - c. Rep. Whiteford came in during a special election. She was able to see quite a few legislators who had gone through all three of their terms, doing their final speeches. And so she looked at those people and who was effective? Who was not? And how did they become effective.
5. What is the best advice you would give a pharmacist that was thinking about running for office?
 - a. You should be really good at something. Rep. Whiteford with her background in ER nursing and neurosurgery. She has done some home health care. Rep. Whiteford knew how to take care of people going into the legislature. But there are so many

other things for that she still had to learn. The newer legislators, the younger individuals do not have a lot of life experience, and that experience is what is useful to you as a legislator.

- b. Rep. Whiteford stated that pharmacists are experts at communicating effectively with their patients. They go to bat for their clients. She believes that pharmacists are incredible and would make really good legislators.
 - c. Make sure you do a lot of reading. Find out what the top topics are. Listen to people. Find out what people care about and then you would be able to take that knowledge and put it into work. Find out where you need to use your skills and your passion.
 - d. MPA, especially Larry and Brian, are a huge resource for what is going on at the state level. Just pay attention to MPA and the information being shared with you.
6. What issues do you see bringing together the Republican and Democratic caucuses?
 - a. The Democrat side has been really great to work with. Rep. Hammoud – I feel like he is a good friend. Everybody really cares about their district. Everyone is doing the work. And if you could just turn off the TV and media you would see everyone tries to work together and the bias that the media puts out is mostly not true.
7. What is your opinion on term limits?
 - a. Rep. Whiteford - It is nice to say I am going to serve for set terms and go on to something else. The hard part about it is some people would like to be able to serve longer and do more things. I have heard pros and cons about both. But what I have found as a new legislator, there is so much. So many people, like me, understand and find out who you can trust. And when you have a whole big group, you know about the third of the legislature, being totally fresh faced, not understanding what is going on, you are not going to be as successful.
 - b. Rep. Whiteford – I worked on the mental health crisis and access line for three years before the governor signed it. It takes a long time to do the heavy lift in the legislature. The MDHHS budget is a massive budget for somebody to really understand it through and through, it will never happen. I have four fiscal specialists on her team that have the institutional knowledge but if someone wants to continue to serve she/he should be allowed to do so. People are fed up with DC and want to put term limits on everybody to control it. I do not think it is a good idea, but this is something that the voters chose to support.
 - c. Rep. Whiteford – We need to consider if it is really a constitutional thing that we are doing eliminating any possibility of somebody from serving every again. We will see what happens if it goes to the court. But for now, I need to get as much done in the time that I have.
 - d. Brian – In my opinion, term limits need to be tweaked, the first term is finding out where the bathrooms are and what you want to do and who you can work with. The second term is doing the big lifting and getting things done, and the third term you are already looking at finding a new job for when you are done. For a legislator with a department budget that is \$35 billion it is nearly impossible to learn it all in two years, we need to look at making changing term limits to allow a total number of

years that can be served in one chamber or the other, not the way it currently stands. Our current voting system is set up for term limits, if you aren't representing your district correctly, you will be voted out.

- e. Larry – Something needs to change. I have been lobbying since before term limits and there is a difference. Every few years, we lose a few good people. For example, Rep. Whiteford is now the chair of the committee and it is her second term. She is just starting to understand all of the moving parts within those budgets. And so every two years we lose very good people that make it very difficult to make sure that the state is operating efficiently. Term limits bring in good ideas but what we are losing is a lot of understanding of the state, that especially in difficult times like now with COVID-19, having the knowledge and understanding is very important.
8. What is the status of the lawsuit between the Legislature and the Governor? What do you think is going to happen?
- a. Taking politics out of it – Rep. Whiteford provided the following example – do we want the president of the U.S. to have unchecked power and not have to answer to Congress? Right now, Governor Whitmer has unchecked power. The legislature has no voice at all.
 - b. Back in the 1940's, there was a law (an emergency act) that said a governor could declare a state of emergency. The legislature put it together as a bill and that is how that law came about.
 - c. In the 1970's, another law was put in place that limits the governor's authority to declare a state of emergency to 28 days. Legislature approval through a joint resolution is required post 28 days to continue the state of emergency.
 - d. The state of Michigan has two different emergency laws, and nobody realized this loophole that if a governor is not happy with the 28 days and cannot get legislative support to continue, they can just take this law from the 1940's and have unlimited power with no time limit.
 - e. It is a constitutional crisis - this has never happened in the state of Michigan. No governor has said that they can have unfettered power forever – as long as she is governor. Which was actually stated and reinforced by the governor's attorney Friday in the court of claims. The Governor said she will not remove those laws because she does not want her "powers" taken away.
 - f. The legislature has been working on agreements, prior to April 28, to extend the Governor's state of emergency. Those agreements were leaked to the media. So then the legislature did not extend the state of emergency.
 - g. Suing the Governor was required to come up with some kind of final judgement. The lawsuit went to the court of claims on Friday. The legislature had their attorney speak on their behalf. The Governor's attorney spoke on her behalf. The judge ordered the court reporter to put the report together for Tuesday, May 19, 2020, and that judge will make the decision. The next step is to go to the Court of Appeals because whatever decision, whichever way it goes, the losing party will be appealing it. It will go straight to the Supreme Court. She heard that it will be before the



Supreme Court and getting a final judgement within two weeks but only time will tell.

- h. This is going to affect future generations – so we need to make sure that we are doing this right.
- 9. Will the Governor continue to create executive orders?
 - a. Rep. Whiteford: If the lawsuit demonstrates that the Governor never had the power that she has had this month, everything dissolves away. So any charges against that barber or the beautician up in Holland who opened up on a Saturday... they will just evaporate because those orders were never law to begin with. However, if it does not demonstrate the Governor's overreach, then we have to continue. The lawsuit has not made it to the court, so all those current EOs are law.
 - b. Larry: Over the weekend, MPA received a call from LARA asking specific questions about extending some of the direct pharmacy related EO. We do not know what is going to happen but they are looking at the possibility of extending it.
- 10. How do you envision that COVID will change health care, in particular pharmacy post this crisis stage? What do you think the new normal are going to look like?
 - a. Rep. Whiteford: Had a telemedicine package passed out of the house last week. An initiative that she has been trying to get going since starting in the legislature. Unfortunately, it took this crisis to say that telemedicine is effective. Being able to send prescriptions directly to the pharmacist through electronic methods is important. I think that this has made the connections that we never thought were possible before. It has really helped a lot of people. Telepharmacy will be effective, especially in rural areas. Many of the current EOs helped push the needle for innovation. And a lot of that innovation has been in pharmacy. I love my pharmacist, I go get all of my flu shots and shingles vaccines at my pharmacy. Pharmacists have really stepped up to the plate!
 - b. Larry: Agreed with Rep. Whiteford – a lot of different communications and connections have been established with this. We are hoping for some EO items to become translated into standard law, not just under an emergency situation. But related to pharmacy, need to look at how pharmacists impacted the care of patients during COVID-19. What did they do that was spectacular and where did we shine and in those areas that we did really well? We need to figure out how do we put that into the public health code as the new normal going forward.
- 11. Can you tell us more about this crisis line?

It is a statewide mental health hotline. Rep. Whiteford had a personal friend that was having difficulties about five years ago. They reached out for help and was told “sorry we cannot help you, you are not sick enough.” Her friend was referred to the emergency room to seek help. There is a heavy cost that is associated with emergency room visits. Her friend was finally into the system, but after that, they found out that local providers could have helped her friend. So the crisis hotline collates a database of all healthcare providers that could potentially help individuals.



40 percent of people who are drug addicted are self-medicating mental illness and that could be greater. So if we can help people early – early intervention and access is the key in controlling mental health crisis.

12. Has there been an increase in mental health related calls to the hotline - especially during COVID-19?

- a. The crisis line is still in the proposal process so it will be another year before it is set up. However, Rep. Whiteford's sheriff shared that last week; suicidal calls were up 40 percent during this crisis.
- b. The numbers are higher than normal; one factor is that there is a very large number of about 150 open cases right now and people who have been waiting six to eight weeks for unemployment insurance. Rep. Whiteford's staff has been trying to help navigate the system.

13. How do we reopen Michigan safely?

- a. Initially, we shut the state down to make sure that we had enough hospital capacity and ventilator capacity to take care of patients. Looking at the recent numbers, they are trending down. Hospital capacity is good. We had two temporary hospitals that took care of about 35 patients and shut them down. It cost the state of Michigan \$98 million.
- b. We definitely stem the tide of the number of cases by having people stay at home. The hospital capacity is there to be able to address this. So now, we need to make sure that we have a safe opening plan. It is important for businesses. My local businesses want to be able to succeed, they want to keep their customers safe and healthy. They are utilizing whatever guidelines established to keep businesses and their employees and customers safe.
- c. For example, there was a meat processing factory with 1,100 employees. They were making people work with fever - they found 60 cases there of COVID. Obviously, they were not utilizing safe work environment and guidelines. A public health officer had to address this – they went in there and addressed the situation. They decreased the staffing by half. We keep learning more about this and another example, those doing hair, they can wear a mask and keep clients safe.
- d. Today, the Governor announced her plan to open some businesses in the UP/Northern Michigan. I am just asking people to look for gray areas because if you are going to open up, you are really not supposed to but if you are going to open, have a protocol, a safe working plan that demonstrates that you are keeping people safe. If the police come because somebody complained that you are working, provide them with the safe operating plan.

14. What is going to happen to the profession from COVID? What kind of advances do you think we might experience or even additional challenges that maybe we have not thought of yet?

- a. Larry - Pharmacists and pharmacies across the country have stepped up and were very critical in several settings and demonstrated the value of the pharmacist. We are



hoping at a state and national level that some of the successes are recognized by CMS and other professions. The challenges always comes when discussion how to pay for the different services. In Michigan, pharmacists are identified as a healthcare providers, the challenge is that the insurance plans and health plans do not pay for services rendered at the pharmacy. There is nothing in the public health code nor the insurance code that prohibits third party payers and managed care plans to pay for services. We intend to put together some examples and plans of moving forward and recognizing that the pharmacist is playing a very important role and as mentioned before, some of the items included in some of the EO having those instituted as a permanent part of the public health code.

15. How do you categorize your relationship with MDHHS?

- a. Larry - MPA's relationship with MDHHS is not as good as it was under the previous administrations. I had a personal relationship with the directors under the Snyder and Granholm administrations. MPA has been successful with Dr. Khaldun and the deputy directors and Dianne Malburg has established contacts with high level MDHHS staff in her role on the State's Public Health Advisory Council.
- b. Rep. Whiteford – I have a good relationship with the deputy directors and staff that I interact with, you can tell with the deputy directors that their hearts are in the right place, unfortunately they get their orders from the director, and the director gets their orders from the Governor.

16. When the vaccine is approved for COVID – do we anticipate that pharmacies will be involved in this type of dispensing and administration, like the influenza vaccine? And are we going to try to be proactive where this is concerned and what about reimbursement?

- a. Larry – we are trying to be proactive. Some of our discussions relative to testing have also included anticipation of the immunization efforts when it is available.
- b. MPA is talking to Dr. Khaldun trying to figure out, not just the testing side of it, but also anticipating immunizing the entire state. We have pharmacists across the state, who really stepped up and showed our abilities during the H1N1 pandemic. And, in fact, the Michigan Department Health and Human Service did recognize the role that pharmacy played back during that situation, so we're trying to be as proactive as we can. Unfortunately, some of our discussions with the governor's office and with MDHHS has been stymied a little bit because they were dealing with the issues in front of them rather than looking at what will be coming at them in the future.
- c. Dianne is participating on a taskforce with the national organizations specifically in that arena to make sure that pharmacy is ready and the process is sustainable, reimbursement model is part of that plan.