

To: Members of the Ohio House of Representatives, Health & Aging Committee

Fr: Tim Maglione, JD, Senior Director, Ohio State Medical Association
Monica Hueckel, Director, Ohio State Medical Association

Da: February 9, 2016

Re: Support for HB 421

On behalf of the 16,000 physician, resident and medical student members of the Ohio State Medical Association (OSMA), **we are writing to express our general support for HB 421.**

HB 421 authorizes a licensed pharmacist to administer by injection an opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form, an antipsychotic drug administered in a long-acting or extended-release form, or the synthetic hormones hydroxyprogesterone caproate or medroxyprogesterone acetate. These drugs must be prescribed by a health professional with authority to prescribe said drugs. HB 421 also allows a pharmacist to administer epinephrine or diphenhydramine, or both, to an individual in an emergency situation resulting from an adverse reaction to the authorized drug administered.

In order to receive authority under the law to administer these drugs, pharmacists must complete extensive additional training in administration of drugs and life support, and ***must practice in collaboration and in accordance with a protocol established by a licensed physician.*** The protocol must also be approved by the State Board of Pharmacy in consultation with the State Medical Board.

While the OSMA is generally supportive of the as-introduced version, we would recommend the following amendments:

- **Make it clear that the physician who is delegating medication administration must have an ongoing physician-patient relationship with each patient whose drug therapy is being administered by the pharmacist.** This is similar to a requirement under the recently enacted legislation creating physician-pharmacist collaboration on medication management (HB 188).
- Clarify that the communication between the physician and pharmacist include not only when an injection was given, but also if a patient misses a scheduled injection.
- Authorize (and perhaps require) the pharmacist to conduct a patient drug screening prior to receiving an opioid antagonist.

With these changes, we believe that proper attention would be given to patient safety and physician oversight in this legislation, and we believe this bill will present significant opportunities for the betterment of the prescription therapy process and medical treatment of Ohio's patients.

This bill represents positive progress in a growing trend of more physician-pharmacist **collaboration** in managing patient care, and we believe by increasing accessibility of the above listed injected drugs, it will help to increase medication adherence by patients, as well as help physicians and pharmacists better facilitate adherence intervention.

The OSMA appreciates the opportunity to be meaningful contributors to the legislative process and **we offer our general support for HB 421.**