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Medicaid, Chairman  
Joint Medicaid Oversight Committee, Vice-Chair  
Government Oversight & Reform  
Finance  
Rules & Reference  
Financial Institutions  
Agriculture

Health and Human Services Committee  
Chairwoman Jones

Sponsor Testimony for Senate Bill 141  
May 27<sup>th</sup>, 2015

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Chairwoman Jones, Ranking Member Tavares, and members of the Senate Health and Human Services Committee thank you for allowing me to present sponsor testimony on Senate Bill 141, which looks to modernize Ohio's consult agreement statute.

Ohio's current consult agreement statute (ORC 4729.39) significantly limits the ability of pharmacists to assist patients in reaching their healthcare goals by outlining two decidedly different consult agreement standards for pharmacists based on whether the patient is a hospital or long-term care facility resident or not. We plan on re-introducing Senate Bill 240 from the 130th General Assembly that seeks to create parity with regards to this law, such that pharmacists, regardless of employment location, may consult with a licensed physician to monitor medications in order to optimize patient outcomes.

The American College of Clinical Pharmacy defines collaborative drug therapy management (CDTM) as "a collaborative practice agreement between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for performing patient assessments; ordering drug therapy-related laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens."

Today, there are multiple healthcare systems across Ohio (i.e., HealthSpan, Promedica, Geauga Medical Center, Akron General Hospital, Veterans Administration, Summa Healthcare, Cleveland Clinic Health System) where pharmacists are working in collaboration with physicians to improve the use of medications and the treatment of chronic diseases. Revising the consult agreement statute will not only improve patient

care, but will reduce unnecessary administrative paperwork, and improve disease management.

I would like to add that many of you may remember Senate Bill 240, which I brought before committee in the last General Assembly. During that time we were still working with the Ohio State Medical Association to clarify several technical terminology and portions of the bill. I am glad to report that we were able to reach a consensus agreement with the Ohio State Medical Association, and they are supportive of the current version of the bill. We were able to come up with language that would ensure that a pharmacist working under a consult agreement would have the ability to manage, modify, and initiate prescriptions within the desired scope.

In this legislation, we have also included a provision to address the issue of a pharmacist's ability to issue a refill prescription in the event that the prescribing physician is not available to issue a new prescription and the refill prescription is essential to sustain the life of the patient or continue therapy for a chronic condition.

Pharmacists are increasingly taking a more hands-on approach to patient care including but not limited to, monitoring patient responses to their medicines, preventing undesired drug interactions, and ensuring that patients taking multiple medications do not receive overlapping, duplicative, or contradictory therapies.

Thank you again Chairwoman Jones and members of the committee for allowing us to speak to this bill. We urge your support for this piece of legislation and would be happy to answer any questions that you may have at this time.