June 15, 2015

The Honorable Shannon Jones, Chair
Senate Health and Human Services Committee
Statehouse
Columbus, Ohio 43215

Dear Senator Jones and Members of Committee:

I am writing on behalf of the Ohio Osteopathic Association in support of SB 141, which revises the current statute allowing pharmacists to manage medication therapy in collaboration with a physician. The bill also includes an important provision that allows a pharmacist to dispense a 30-day supply of a drug to a patient without a prescription for a patient who is on a consistent therapy with a drug that is not a controlled prescription. We strongly believe this bill will allow trained pharmacists to play a more integral role in the medication management of individuals with chronic disease in collaboration with a physician, thereby decreasing cost, improving quality of care and increasing patient access.

The Ohio Osteopathic Association was founded in 1898 and advocates for Ohio's 4,441 licensed osteopathic physicians (DOs), 21 health-care facilities accredited by the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP), and the Ohio University Heritage College of Osteopathic Medicine in Athens. DOs represent 13 percent of the total physicians practicing in Ohio and 26 percent of the state's family physicians. Our mission includes promoting Ohio's public health and advancing the distinctive philosophy and practice of osteopathic medicine.

The Centers for Disease Control released their Medication Therapy Management Guide for Public Health in 2012 outlining the need for a team based approach to chronic disease management and identified pharmacists as an important component to the process. The CDC initiative highlighted the potential cost savings with collaborative drug therapy management showing a return on investment by an average of 3:1 to 5:1, when comparing savings from hospital visits or potential adverse outcomes to health care dollars actually spent on management.

The OOA met with the Ohio Department of Health (ODH) in February, 2015, to learn more about a project that began in the fall of 2013, when the ODH helped initiate Medication Therapy Management in Federally Qualified Health Care Centers across the state to determine best practices and improve chronic disease outcomes. Preliminary data from their six-month pilot study included approximately 85 uncontrolled diabetic patients (HbA1C over 9%) and about 75 hypertensive patients (BP >140/90). Just over 42% of
the diabetic patients were brought to a HbA1C under 9% and nearly 50% of hypertensive patients reached a goal blood pressure of less than 140/90. During this time over 100 adverse or potential adverse drug events were also addressed.

Although the OOA has long supported the concept of medication management, we were initially concerned about language in previous versions of this bill, which allowed pharmacists to “prescribe” and order tests. We believe the traditional roles of physicians and pharmacists have long served as a check and balance for patient safety. Through discussions with the Ohio Pharmacists Association and in interested party meetings with key sponsors, all of these concerns have now been addressed through parameters that ensure communication and coordinated care with the patient.

Patient centered medical care requires attention to safety, quality, access and cost, with health care professionals providing the right care, at the right time, in the right location. We believe care must be delivered by a team of professionals who respect checks and balances, according to their education and subsequent clinical training. Primary care physicians, in particular, are trained to diagnose and manage acute and chronic illnesses in collaboration with the entire spectrum of specialists and allied professionals across a variety of settings. We believe these important principles are embedded in this bill.

Sincerely,

[Signature]

Jon F. Wills
Executive Director