Chairman Blessing, Vice Chair Reineke, Ranking Member Clyde, and distinguished members of the Government Accountability and Oversight Committee, thank you for the opportunity to provide sponsor testimony on amended Senate Bill 265. This bill would recognize pharmacists as providers in Ohio law.

By providing pharmacists with provider status, we are recognizing the profession as part of the continuum of care and enabling a provider the means to interact with patients in areas where they are specifically trained. Pharmacists are medication experts with six to eight years of specialized training in providing medication management and caring for people. In addition to, these roles have expanded over time to encompass more direct patient care, such as primary care and disease management services, and their roles continue to expand today.

Through this legislation, it is my intent to incentivize more direct patient care and to utilize all members of the health care team. Currently, this incentive is absent as pharmacists are unable to be reimbursed for the services they provide. As a result, patients are not being afforded the opportunity to work directly with a pharmacist to receive the best use out of the medicines they are taking. SB265 would correct this problem and lead to better patient outcomes as well as reduced healthcare costs as the average patient with chronic conditions would save $1,000 per year with the intervention of a pharmacist.

In order to recognize these healthcare professionals as providers and allow for certain programs to utilize the services of a pharmacist, the legislation would achieve the following:

1. Explicitly authorizes a health plan issuer to pay or reimburse a pharmacist for providing health care services if the pharmacist is legally authorized to provide the service.
2. Prohibits a sickness and accident insurer from denying reimbursement to a pharmacist for a service that they are authorized to administer and a service that is covered under the insurance policy.

3. Explicitly authorizes pharmacists to provide the following types of services:
   
   a. Preventative medical services and counseling on health matters provided at a multi-purpose senior center.
   b. Necessary care in a jail or state correctional institution.
   c. Services provided in an ambulatory surgical facility for which an ambulatory surgical facility fee may be charged.
   d. Hospice services as a part of a hospice care program.
   e. Pediatric respite services as a part of a pediatric respite care program.

4. Adds provisions authorizing the Medicaid program to cover pharmacist services through both the fee-for-service system and the managed care system.

Now more than ever, team-based healthcare is gaining traction in the United States. With pharmacists continuing to collaborate as part of a patient’s team of providers, allowing these programs to authorize a pharmacist to provide services will prove to be beneficial.

As Ohio continues to combat the opioid crisis, as well as increased chronic disease costs and growing behavioral health demands, it is time to knock down the barriers that have stood in the way of health plans, hospitals, and health care teams integrating and utilizing the pharmacological expertise of the pharmacist. This legislation would recognize pharmacists as service providers, which will help compensate and expand the critical work pharmacists do in our communities.

Thank you, Chairman Blessing and members of the committee, for allowing me to speak to this legislation. I would be happy to answer any questions at this time.