



**Ohio House Government Accountability & Oversight Committee  
Proponent Testimony, Senate Bill 265**

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**December 11, 2018**

Chairman Blessing, Vice Chair Reineke, Ranking Member Clyde, and members of the House Government Accountability and Oversight Committee, thank you for this opportunity to testify in support of Senate Bill 265, legislation sponsored by Senator Dolan that would recognize pharmacists as health care providers. Passage of SB 265 would improve access to patient care, lower costs, and improve the quality of care of patients.

My name is Jaclyn Boyle and I am the Immediate Past President of the Ohio Society of Health-System Pharmacists, a member of the Ohio Pharmacists Association, a pharmacist at University Hospitals Portage Medical Center and a faculty member at Northeast Ohio Medical University. The Ohio Society of Health-System Pharmacists represents 1,300 pharmacists, pharmacy technicians and student pharmacists who practice in hospitals and clinics throughout Ohio, and we are an affiliate of the American Society of Health-System Pharmacists. OSHP and NEOMED support Senate Bill 265. University Hospitals has not taken a formal position and I am testifying in my personal capacity as a pharmacist, not on behalf of University Hospitals.

For the past 6 years, I have cared for patients in both the inpatient and outpatient settings. Currently, I primarily serve patients in the outpatient setting working one-on-one with patients to ensure their medications are effective, safe, and affordable. In my daily work, I collaborate with physicians, nurses, and other members of the medical team to ensure medications are being used properly by patients. I also work with patients and healthcare team members to find creative solutions that help patients afford or remember to take their medications. In the U.S., nearly 3 of 4 Americans fail to take their medications as prescribed, and it is estimated that 1 in 10 hospitalizations is caused by a medication-related problem.

I'd like to talk to you today about the services pharmacists provide for patients and how this legislation will allow us to improve the quality of that care, but first I want to describe the need for a financially sustainable model that supports comprehensive medication management for patients in Ohio. The quantity of medications used to treat acute and chronic medical conditions is growing rapidly, increasing the risk for adverse reactions and drug interactions. As pharmacists, we are trained extensively in appropriate use of medications. Pharmacists are required to complete 6-8 years of training and receive a Doctor of Pharmacy in order to practice, and some will go on to complete further training during residency for 1-2 years after graduation in order to provide the most comprehensive and complex care for our patients.



I have noticed that the two most fragile times in a patient's care are the admission and the discharge process. Many medication-related problems on admission are found when gathering the patient's medication list, and this process becomes complicated by changes to the patient's medication list during their stay in the hospital. In fact, I had a family member be admitted to a hospital several weeks ago and she was not restarted on one of her behavioral health medications. Therefore, the chemical imbalance caused by not having that medication contributed to seizure activity. She now must take medications every day to treat her new condition of seizures. Pharmacists and pharmacy team members can work with the patient upon admission to gather correct medication information and ensure the patient is on their appropriate medication regimen from home while hospitalized.

In my experience, on the inpatient side, pharmacists are responsible for the safe and effective use of medications to ensure that patients receive the best therapies possible when they are admitted; this part of care is more straightforward because we have the patient's care in a controlled environment. We hope to be able to extend that care beyond the walls of our hospital in several ways, as we know 80% of chronic diseases are managed strictly with medications.

As an ambulatory care pharmacist, I meet with patients who have recently been discharged from the hospital to review their medication list for additions, deletions, or changes that may have occurred during their hospital stay. The time between being discharged from a hospital and settling back into a 'normal' home routine is a tenuous time in patient's life. With the information overload that comes along with a hospital stay, it is difficult for patients to fully understand the importance of their 'new normal' and how to manage a chronic disease state that is treated with medications.

Pharmacists provide medications for patients before they leave the hospital. For example, many patients may leave the hospital with medications that help prevent future heart attacks (if that was their admission reason), however these medications are not effective if the patient never fills the prescription (1 in 3 patients will never fill a prescription). These necessary medications help prevent clots from forming on a newly implanted device that helps hold a blocked artery open. Some patients leave without ever filling this medication because their medication list was confusing, incomplete, or the medication was not affordable. Those patients have ended up back in the hospital because of clotting complications. We would like to help patients mitigate these difficult situations.

Other focuses of outpatient pharmacy are to ensure that patients receive medications and education at the bedside, that they are treated with the appropriate therapy, and to provide vaccines and preventative care counseling.

By participating as a member of the patient care team, pharmacists demonstrate positive outcomes in financial savings and cost avoidance, clinical impact, and patient and physician satisfaction. Unfortunately, the benefits of these services are limited by the lack of a



sustainable financial model to support the expansion of pharmacist services because insurance companies and government payors do not recognize pharmacists as providers.

If pharmacists were recognized as healthcare providers as proposed in SB 265, we would be able to expand access to pharmacist-provided care for all patients. With the current shortage of primary care physicians and impending shortage of nurses, pharmacists are prepared and poised to help fill the gaps in care in a financially sustainable way. Return on investment estimates for pharmacist services have been cited from 4:1 to 12:1.

Without provider status, pharmacists' full potential will be unrealized. Under the bill, pharmacists would be required to work in collaboration with the patient's healthcare team. Additionally, this legislation will help pharmacists provide their expertise for the patients most in need, including those affected by the opioid crisis and enrolled in medication assisted treatment, patients with multiple chronic conditions, those taking numerous medications, and those who are in underserved areas where there is a healthcare professional shortage. Also, when I work with patients, I work with their healthcare team to minimize the number of medications they are taking, discuss non-medication options for treatment, and talk about how we can help them live a longer, healthier life.

Thank you for this opportunity to testify today. I would like to thank Senator Dolan for his support and leadership on this legislation, which will improve access to patient care, lower costs, and improve quality care of patients in Ohio. I welcome any questions you may have regarding this legislation.

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