

Ohio Senate Bill 265 Proponent Testimony

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The Ohio State University Division of General Internal Medicine

Chairman Blessing, Vice Chair Reineke, Ranking Member Clyde, and members of the House Government Accountability & Oversight Committee, thank you for the opportunity to provide testimony in support of Senate Bill 265, which will formally recognize pharmacists as providers in Ohio law and is incredibly important to improve the lives of Ohio citizens during a critical time in our healthcare system.

My name is Kelli Barnes, and I am a practicing pharmacist in The Ohio State University General Internal Medicine clinics. In these clinics, I work with physicians, nurses, medical assistants, social workers, and other team members to provide primary care to our patients. In my practice, I provide care for patients by managing chronic diseases through collaborative practice agreements and by optimizing complex medication regimens for acutely and chronically ill patients. I work with patients who have very uncontrolled diabetes until we get their disease under control to prevent future heart attacks, strokes and kidney failure. I also titrate medications to control blood pressure, decreasing a patient's risk for poor outcomes. I care for patients taking more than 40 medications to optimize and minimize these regimens preventing adverse events and increasing patient safety. And this is just the start of my work.

In addition to providing this traditional type of primary care, I work collaboratively with the other providers to make complex medication decisions about medications like opioids, antidepressants, anticoagulants, and other high-risk medicines. I create and facilitate medication tapers for patients taking opioids and benzodiazepines while simultaneously coaching and motivating our patients to take an active role in their own healthcare. I even manage patients during transitions in care from the hospital or nursing facility to home. This work, the relationship I have with my patients, and the incredible team I work with make providing primary care a career I love. Unfortunately, without designation as providers in the state of Ohio, and thus barriers to pharmacist billing for these services and others, the majority of patients in our state do not receive the same high value and quality care from pharmacists that our patients at the OSU General Internal Medicine clinics receive.

At this critical time in our country's healthcare transformation, it is imperative that pharmacists be recognized as providers in Ohio. Ohio spends more than \$11 billion per year on prescription medications and 50% of patients with chronic diseases do not take their medicines correctly. (Kaiser, WHO) Inappropriate medication use and nonadherence sabotages the ability to achieve the triple aim: better outcomes, lower cost, and improved patient satisfaction. When Ohio pharmacists provided medication management to Medicaid patients, a 4.4:1 return on investment was realized. (Collins) Over the next 15-20 years, it is projected that the number of Medicare enrollees will grow from 50 to 80 million, and the Association of American Medical Colleges project that there may will be 90,000 fewer physicians than are needed to meet the demands of this aging, chronically ill population. (US congressional, AAMC) Pharmacists are trained to provide this care through extensive education in biology and anatomy; phar-

maceutical sciences; social, behavioral, and administrative sciences; toxicology, pathophysiology, pharmaceutical chemistry, pharmacology, therapeutics, and laboratory training. Additionally, pharmacists receive significant clinical training through experiential education and residency training.

Pharmacists improve the access, quality, and value of healthcare. Because of this, numerous healthcare and legislative leaders, including the U.S. Public Health Service, U.S. Department of the Treasury, U.S. Department of Labor, National Governors Association, and the Centers for Disease Control and Prevention, have acknowledged the importance of getting pharmacists integrated into the healthcare team. (Azar, NGA, CDC). Just last week, the U.S. Public Health Service stated pharmacists “can safely and effectively provide some of the same healthcare services as physicians, in addition to providing complementary services.” This is likely based on outcomes research that has shown pharmacists improving outcomes in diabetes, high blood pressure, anticoagulation, and numerous other disease states. Ohio law allows pharmacists to very effectively provide patient care through collaborative practice agreements, but the lack of provider recognition in Ohio law is a barrier to full integration of pharmacists on the healthcare team due to a lack of compensation for this care.

Recognition of pharmacists as healthcare providers in Ohio is a triple win. It’s a win for our citizens as it will allow for pharmacists to be fully integrated in the healthcare team in a sustainable manner leading to improved patient health. It’s also a win for the healthcare system and the state as pharmacists repeatedly show system cost savings with improved outcomes. Because of this, SB 265 is excellent legislation that will have a significant benefit statewide. Thank you for your time. I would be happy to answer any questions you may have. If you would like to reach me after this hearing, please see my contact information below.

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