

## **Proponent testimony - SB 265**

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Chair Hottinger, Vice Chair Hackett, Ranking Member Brown, and members of the Ohio Senate Insurance and Financial Institutions Committee, my name is Britni Lookabaugh and I am a palliative medicine physician, and medical director for palliative medicine at OhioHealth Riverside Methodist Hospital. In my role as medical director, I lead an interdisciplinary palliative team inclusive of two full-time palliative care pharmacists. As a palliative clinician, we work with patients with complex chronic and life-limiting illness to relieve suffering and promote quality of life through pain and symptom management.

Pain management for patients at the end of their lives can be extraordinarily challenging, especially in light of the current opioid crisis, though these challenges also exist for all patients experiencing chronic and debilitating pain. Additionally, we are also experiencing IV opioid shortage, limiting our options to manage acute pain in an inpatient setting. Controlling these patients' pain in a safe and effective manner frequently requires creativity; dedicated and trained staff in utilizing multiple medications; and in-depth education of patients, family caregivers, and health care professionals. On our palliative care team, as physicians we rely heavily on our pharmacists to help assess pain, provide appropriate medication recommendations, safe management of opioids including addiction risk assessment, and education.

Our team has cared for many young patients with history of opioid addiction who have subsequently been diagnosed with a terminal cancer. From an ethical perspective, these patients deserve to have their cancer pain managed throughout the trajectory of their disease and at the end of their lives. However, given the history of opioid addiction, our pharmacists have played a key role in assisting with non-opioid pain medications. Many of these patients have limited resources, so our pharmacists also assist with prior authorizations for expensive medications. They also frequently have complex psychosocial situations that necessitate lengthy office visits. Our pharmacists help to relieve some of the time constraints we as physicians have by providing medication education and recommendations for these patients, working with us in collaborative practice.

I would be unable to practice effective palliative care for our complex patient population without a pharmacist on our team. Unfortunately, most programs do not have the financial resources to be able to support a pharmacist on their team. SB 265 would allow for pharmacists to bill for their valuable services, thus extending the ability of teams to care for more patients and provide higher quality care for all patients suffering from complex chronic and life-limiting illness.

Given the challenges of our practice in palliative care, but on a greater scale, the challenges of our state when it comes to a more targeted, careful approach to the prescribing of medications for pain management, it is imperative that we engage and deploy pharmacists to ensure their pharmacological expertise is being utilized to its fullest extent.

I thank you for allowing me the opportunity to testify in support of SB 265, and I would be happy to answer any questions you may have.