



SB 265 Proponent Testimony
Presented by Richard Shell, M.D.
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Before the Senate Insurance and Financial Institutions Committee
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Chairman Hottinger, Vice Chairman Hackett, Ranking Minority Member Brown and members of the Senate Insurance & Financial Institutions Committee, thank you for the opportunity to testify today in support of Senate Bill 265. My name is Richard Shell and I am a Pulmonologist and Associate Professor of Pediatrics Section of Pulmonary Medicine at Nationwide Children's Hospital and The Ohio State University College of Medicine.

Pharmacists are integral members of the patient care team and often the most accessible medical professionals in their communities, especially rural communities. Despite many other healthcare professions having been granted provider status through the years, pharmacists do not yet have that designation. This creates a barrier in delivering optimal patient care, as it is difficult to receive organizational approval to add a pharmacist to the care team when they cannot be reimbursed for the services they provide.

I am thankful to be part of an organization that employs a patient-centered medical home model and am privileged to work alongside pharmacists in both our inpatient and outpatient clinical settings. Based on my experience, I can personally attest to the value and expertise that patients and providers alike receive from having a pharmacist on the care team. As you might imagine, many patients with pulmonary conditions, including asthma, cystic fibrosis, and pulmonary hypertension, are managed with many complex medications. These medications have many side effects and they interact with other medications in very different ways. They may also have effects that differ from patient to patient as well as change over time. Having a pharmacist on my team allows me to provide optimal care and rely upon the pharmacist for medication management. These experts on the team have helped prevent errors, identified alternate therapies and always add to both patient and staff education. For example, we know for our asthma patients that the educational component is key and the more time a pharmacist can spend with a patient, teaching and educating them about their medications, the better chance we have for improved patient compliance.

Pharmacists are highly educated individuals, graduating with Doctor of Pharmacy degrees after receiving many hours of teaching and training on the pharmacology of medications, pharmacological interactions and medication use optimization. In short, pharmacists are the medication experts and an essential part of any medical team.

The changes proposed in Senate Bill 265 do not expand the scope of practice of a pharmacist. Pharmacists will still be required to enter into a consult agreement with a physician. The difference now is that pharmacists will be recognized as "providers",



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thereby giving them the ability to bill and be reimbursed for the services they provide. These services include drug therapy management, medication administration and education.

It is a special relationship that exists between a patient and their pharmacist. Again, because they can sometimes be more accessible, patients rely on them for more than just their medication questions. I too rely upon our pharmacists to take care of those issues in which they bring more expertise so I may attend to other patient care needs. The medications available to patients is ever expanding and becoming more complex. It is exciting to see that the Ohio Senate is now considering paving the way for more pharmacists to have this type of impact on patient care via formalizing and recognizing pharmacists as providers.

On behalf of all Ohioans, I urge the committee's support of Senate Bill 265. I strongly believe in the positive benefits this bill offers for patients, pharmacists, physicians, and the entire healthcare team. Mr. Chairman and members of the committee, thank you again for the opportunity to testify and I am happy to take any questions you may have at this time.

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