Good morning Chairman Hottinger, Ranking Member Brown and members of the Senate Insurance and Financial Institutions Committee. Thank you for the opportunity to share some information on the potential impact of the proposed Senate Bill 265 on the most vulnerable residents of Northeast Ohio.

My name is Tod Grimm and I am the Pharmacy Director of The Centers for Families and Children (The Centers) and Circle Health Services (formerly the Free Clinic of Greater Cleveland). This organization headquartered in Cleveland, is one of the largest, Ohio certified, outpatient providers of community-based, behavioral health services in the region. When combined with our other core service offerings – namely preschool, primary care and workforce development services, our staff of roughly 600 professionals assist over 30,000 people each year, in 14 locations throughout Cuyahoga, Lake and Summit Counties.

In my daily work managing pharmacy operations at our 5, full-service pharmacies, I probably experience a more robust view of a truly integrated health care delivery model than my colleagues at the Ohio Pharmacists Association, where I am also privileged to serve as statewide Vice-President. The Centers has a unique capacity to integrate services because we offer so many programs for people living in poverty with chronic illness. We directly connect families and individuals to resources (such as food, housing and transportation) and supports (such as employment) that are required to build a better life and a brighter future. In this setting, the role of the pharmacist in healthcare continues to evolve. We now have clinical pharmacists, working directly with patients and teams of physicians, nurse practitioners and case managers, everyday. The pharmacist is recognized as having an increasing role as a primary healthcare provider.

Since 2013, The Centers for Families and Children has maintained one of the largest clinical pharmacy residency programs in the state. This accredited training
program, recruits pharmacists with doctorate level education, to spend one year providing direct medication and prescription management to a caseload of 7,500 behavioral health clients annually. As the average behavioral health client is taking more than 5 medications daily, our residents make home visits, work with physicians to create and modify prescriptions and provide personalized, chronic care management. Until last year, before Behavior Health was redesigned, the program has been largely funded through Medicaid. In fact we have learned that Managed Care is unlikely to provide a billing code for this service in the future, which places The Centers’ innovative Clinical Pharmacy Residency Program in danger of discontinuation. The impact of our pharmacists on the health care team in chronic disease management has produced improved outcomes for the people we serve—which include a high percentage of clients suffering from severe and persistent mental illness. This is a hard to treat population, of mostly low-income adults that research has shown tend to die 35 years before people without mental illness. But through the participation of pharmacists as caregivers on the healthcare team, this population has also improved their medication compliance, reduced obesity, hypertension and diabetes at rates above their non-mentally-ill peers.

Senate Bill 265, gives pharmacist provider status at a time when healthcare is more expensive and less accessible than it has ever been. With the opiate crisis, where the most effective treatment is managed in the community and in homes, there is a growing need for cutting edge practices, such as clinical pharmacy to be promoted. The Centers has made important progress and the innovation continues to achieve better outcomes at lower costs and regardless of the policy, this work must continue. Thank you for this opportunity to address the important role of pharmacists on behalf of our community.