



**Senators Steve Huffman and Nathan Manning**  
**House Health Committee**  
**June 9, 2020**  
**Senate Bill 303**

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Chairman Lipps, Ranking Member Boyd, and members of the House Health Committee, thank you for having us here today to present sponsor testimony on Senate Bill 303, which is an extension of House Bill 188 of the 131<sup>st</sup> General Assembly, legislation we joint sponsored that established policies and protocols for pharmacist consult agreements.

Currently, Ohio law allows pharmacists to enter into consult agreements with physicians to manage drug therapies for patients with chronic health conditions, such as hypertension or diabetes. These consult agreements are patient-specific, last two years with the option to renew, and may be terminated upon request of any of the three parties involved (pharmacist, physician, or patient).

Senate Bill 303 will expand the current pharmacist consult privileges to advanced practice registered nurses (APRNs), including nurse practitioners, nurse-midwives, clinical nurse specialists, and physician assistants (PAs). This extension of the consult agreement reflects the fact that many patients with chronic health conditions who are candidates for consult agreements oftentimes already have much of their care managed by these healthcare providers who are working under the supervision of a physician. However, current law still requires that any consult agreement for a patient must be entered into by the physician, thus adding an extra workload to physicians and depriving patients of the most accurate representation of their specific care management.

Our legislation **in no way** expands scope of practice for APRNs and PAs. These providers must be in a standard care arrangement with a supervising physician in order to be eligible to enter into a pharmacist consult agreement. Senate Bill 303 simply ensures that patients are being represented by the provider who most directly manages their healthcare protocols and removes unnecessary work being undertaken by physicians who have to enter into consult agreements on behalf of these APRNs and PAs.

It is imperative now more than ever that we protect patients and healthcare providers. Protection includes removing burdensome requirements of physicians that can be removed and still provide patients with the quality care management they deserve. We believe this common sense

legislation will solve this problem with regard to pharmacist consult agreements. Senate Bill 303 passed unanimously both out of the Senate committee and on the Senate Floor.

Thank you again for the opportunity to testify on Senate Bill 303. We will be happy to answer any questions the committee may have.