



Proponent Written Testimony in Support of S.B. 303

Local Government, Public Safety and Veterans Affairs Committee

May 6th, 2020

Chairman Manning, Vice Chairman Brenner, Ranking Member Maharath, and Members of the Committee, thank you for the opportunity to provide this written testimony in support of Senate Bill 303, which expands consult agreement privileges to advanced practice registered nurses (APRNs), including nurse practitioners, nurse-midwives, clinical nurse specialists and physician assistants (PAs). SB 303 will also expand a physician's ability to delegate lab test authority to pharmacists beyond blood and urine tests.

University Hospitals in Cleveland, Ohio, is a comprehensive health system recognized for providing quality and personalized coordinated health care. At University Hospitals we strive for excellence and always look for ways to improve medication management and coordination of care in any way we can. To that end, we believe that SB 303 would empower physicians, advanced practice providers, nurses and pharmacists to better work together to keep patients out of the hospital and healthy at home.

We commend Senators Nathan Manning and Stephen Huffman for their leadership in introducing SB 303, legislation that would help build better collaboration between healthcare providers. Due to their leadership in passing House Bill 188 of the 131st General Assembly, also joint sponsored by Senators Manning and Huffman, current Ohio law allows pharmacists to enter into consult agreements with physicians to manage drug therapies for patients with chronic health conditions, such as diabetes or hypertension. Senate Bill 303 is an extension of this prior work, and ensures that patients can work with the provider who most directly manages their health care protocols while removing unnecessary work being undertaken by physicians who must otherwise enter into consult agreements on behalf of advanced practice registered nurses and physician assistants. Practitioners are required to have a relationship with each patient in a consult agreement, and these providers must be in a supervising or standard care arrangement with a supervising or collaborating physician.

We appreciate that SB 303 is being considered after the State of Ohio Board of Pharmacy recently invoked emergency rules that temporarily expands pharmacist consult agreements to certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician

assistants in hospitals and institutional facilities. We believe this policy ought to be expanded and made permanent.

Partnerships between pharmacists, physicians and advanced practice providers empower team-based care, resulting in better health outcomes for patients. Pharmacists' training related to medication and accessibility to patients complement the services of other healthcare professionals. This coordination improves the efficiency and cuts down the fragmentation of patient care. The delegation of responsibilities to APRNs and PAs can expand available services to patients and increase the efficiency and coordination of care. For example, consult agreements can decrease the number of phone calls required to authorize refills or modify prescriptions, thus allowing each member of the health care team to complement the skills and knowledge of the other members and more effectively facilitate patient care, resulting in improved patient outcomes.¹

Ensuring appropriate medication use in a medically complex patient requires tremendous coordination of care among providers. According to the CDC, there is strong evidence that when pharmacists are part of the health care team, outcomes related to preventing or managing chronic diseases (e.g., blood pressure, blood glucose, cholesterol, obesity, smoking cessation) and adherence to medication improve.² One of the reasons that pharmacists can address emerging public health needs is that they are among the most accessible health care professionals in the United States. According to the CDC, an estimated 86% of the U.S. population lives within 5 miles of a community pharmacy.³

Medication management plays a critical role in preventing hospital readmissions. A number of factors are known to increase the risk of hospital readmission, including poorly executed transitions of care with inadequate communication of a patient's medications.⁴ Of course, there are many times when accurate and effective communication does occur with a patient, yet the patient may become confused. This is not difficult to imagine when you consider that patients are often managing a high number of medications at once. Of all medication-related hospitalizations that occur in the United States, 33%–69% are the result of medication nonadherence, which translates into health care costs reaching \$100 billion a year.⁵ Consider the following alarming data points:⁶

- Approximately 1.5 million preventable adverse drug events (ADEs) occur each year due to medication errors, at a cost of more than \$3 billion per year.

¹ Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. [Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team](#). Accessed May 4th, 2020.

² *Id.*

³ *Id.*

⁴ Coggins, Mark D. Improve Medication Management to Reduce Rehospitalizations; *Today's Geriatric Medicine* 9.3 (2016): 8.

⁵ Olga Z Rosen, Rachel Fridman, Bradley T Rosen, Rita Shane, Joshua M Pevnick. Patient Prefer Adherence. 2017; 11: 801–810. Published online 2017 Apr 20.

⁶ Coggins, Mark D. Improve Medication Management to Reduce Rehospitalizations; *Today's Geriatric Medicine* 9.3 (2016): 8.

- The average hospitalized patient is subject to at least one medication error per day.
- The occurrence of unintended medication discrepancies at the time of hospital admission ranges from 30% to 70%.
- Up to 19% of patients experienced an adverse event after discharge with roughly two-thirds of those attributed to medications.

“When used to their full potential, [pharmacy consult agreements] have the ability to increase access to care, expand available services to patients and increase the efficiency and coordination of care,” according to Jeff Durthaler, population health pharmacist consultant in the Division for Heart Disease and Stroke Prevention with the U.S. Centers for Disease Control and Prevention (CDC).

At University Hospitals we stand ready to improve medication management in any way we can. To that end, we believe that SB 303 would empower physicians, nurses and pharmacists to better work together to improve medication management and keep Ohioans out of the hospital. Thank you again for your consideration of SB 303.

Sincerely,

Erin Slay, MHA, BSN, RN
Office of Advanced Practice Providers
System Director, Advanced Practice
Director of Nursing UHPS
University Hospitals
11100 Euclid Ave.
Cleveland, Ohio 44106

Tod J. Grimm, RPh, MBA
Director, Ambulatory & Retail Pharmacy
Services
University Hospitals
11100 Euclid Ave,
Cleveland, Ohio 44106