



OHIO PHARMACISTS ASSOCIATION

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### **SB 265 Proponent Testimony**

**Antonio Ciaccia**

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Chairman Blessing, Vice Chair Reineke, Ranking Member Clyde, and members of the House Government Accountability & Oversight Committee, my name is Antonio Ciaccia, Director of Government & Public Affairs for the Ohio Pharmacists Association (OPA). I thank you for the opportunity to give our support for SB 265, legislation that passed the Senate unanimously, which would recognize pharmacists as providers, alongside nearly every other member of the health care team.

I would like to thank Senator Dolan for his outstanding leadership on this legislation, which will help integrate the medication experts into health care teams across the state, as well as lay the foundation for new, innovative care delivery models that will foster better efficiencies in health care, grow the size of the physician toolbox, and enhance patient access to needed services.

First, allow me to reveal my biases. I grew up with the best pharmacist in the world – my dad, Tony Ciaccia. Growing up in Westlake, Ohio, as a child, my dad often took me to the hospital pharmacy where he practiced full-time, as well as the independent pharmacy where he worked additional hours. While he was on the clock, I rarely witnessed much of anything all that interesting from the break room of the pharmacy, but it was after work was over where I learned the true value of the pharmacist.

In the evenings, it was not uncommon for my dad to be on the phone with a family member, friend, or neighbor discussing a serious medical issue that that individual or their child or their parent was afflicted with. I would listen with great interest, as my stereotypically-introverted pharmacist dad would talk up a storm about the various combinations of medications, their value, their lack of value, their interactions, when to take them, what to expect when taking them, and things they should check back with the doctor about. I always thought so highly of the value that others put on him – especially at times when as patients, they felt so vulnerable and lacking of trusted guidance.

Now, as a dad myself, I am constantly calling him or my sister, who is a community pharmacist in Tallmadge, for questions when my kids are sick and there's a new medication to give them.

These services are all the typical professional activities pharmacists have offered for decades, but they have only occurred after a prescription has been issued. Today, in addition to pharmacists administering immunizations and long-acting injectables, dispensing life-saving medications like naloxone without a prescription, conducting medication therapy management and comprehensive medication reviews, offering point-of-care testing, ordering and evaluating lab tests, and initiating drug therapy under physician consult agreements; pharmacists are now being utilized more on the front end of prescribing decisions.

In recent years, due to the many challenges associated with appropriate medication use, what health systems, doctors, and nurses have grown to appreciate is having a pharmacist help guide prescribing

decisions before the prescription reaches the pharmacy counter. You may not know this, but oftentimes, a physician may prescribe a certain medication, and send it down to the hospital pharmacy with the words, “pharmacist to dose.”

As someone who grew up around pharmacists my entire life, and know the value they bring to patients, I was frankly shocked that they have not had a seat at the table along with other members of the health care team with which they operate. This bill is not about increasing pharmacist scope, replacing other health care providers, or tacking on new line items onto a medical bill, but instead, it is about ensuring that doctors, hospitals, and health plans have one more tool in their toolbox.

Pharmacists have come a long way over the last few decades – a long time ago, pharmacists couldn’t make generic substitutions and were prohibited from telling patients what medications do or even the name of the medication dispensed. Today, pharmacists in general receive the second highest amount of education and training among providers, and they receive the most pharmacology training than any other health professional. Pharmacists have a scope of practice that exceeds that of other health care professionals, but while the scope has expanded, the laws associated with insurance and billing have not caught up. SB 265 will begin to change all that.

If you look at our nation’s most pressing health care issues: diabetes, heart disease, hypertension, mental health, addiction; almost all of them require a higher level of drug therapy management and scrutiny. By not recognizing pharmacists as providers, Ohio is leaving perhaps its most qualified team member on the sidelines when it comes to addressing the complicated medication-related challenges associated with these disease states. Just like when you have a legal problem, you’d want a lawyer; when you have a drug problem, you’d want a pharmacist.

As an organization representing Ohio pharmacists from a variety of practice settings, we believe pharmacists have much more to offer patients, and SB 265 will strip away the legal disincentives for utilizing them to their fullest potential, as well as be a catalyst for innovative and sustainable practice models that can help challenge the current system and yield better outcomes for the patients of Ohio.

I again would like to thank Senator Dolan, not only for the faith he has put in pharmacists like my dad, but more importantly, for thinking of new, creative ways to address Ohio’s most pressing health care challenges. The Ohio Pharmacists Association is proud to support SB 265, and we hope you will consider its passage.

Thank you for your time, and I’d be happy to answer any questions you may have.

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