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Dear Esteemed Legislators,

I am writing in support of SB 265 which would support health-insurers to cover pharmacist-provided benefits. I have been a clinical pharmacist since 2009. I trained here in Columbus, Ohio at the VA Ambulatory Care Center. At the VA, pharmacists have been an integral part of primary care for over a decade.

Outside of the federal system, pharmacist have a harder time engaging with primary care due to the lack of provider status. Oftentimes, it depends on how someone in the billing department interprets the current law, which then determines how a pharmacist can practice in that setting. After residency I moved to a federally qualified health-care center and implemented diabetes clinical services and shared medical appointments for diabetes but was unable to develop a service that would fully reimburse the site for my services. My salary was supported at the time by a School of Pharmacy, and this clinic was a training site for our students. I was improving patient care, but I was not able to explain to my students how they could create a sustainable model to do this after graduation in a similar setting. I was training them for a model that our healthcare system hasn't fully embraced.

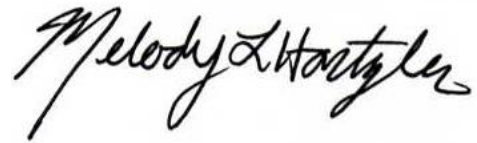
For the last two years, I have been working alongside a private practice group of family medicine providers. I have been able to become an integral part of chronic disease state management and transitional care management services. I function similarly to a mid-level provider in our office since the expansion of the pharmacist-physician consult agreement. Despite this, the only way to bill for services is to bill "incident to" with direct supervision even though the scope of practice and authority is given to me by the consult agreement does not require that. It also makes it harder to track my contributions to the practice on the billing side.

With the chronic disease epidemic on the rise, pharmacists are positioned to take the skills and training they receive in school and post-graduate training, to work alongside our primary care providers that are overwhelmed with disease state management. As a professor, I am always trying to teach my students to be innovative and solve the next health-care problem. I truly believe that allowing pharmacists to bill cognitive services as providers will continue to develop innovation and help offices and health-care systems hire pharmacists to continue to reduce the chronic disease burden across the state. Not only could pharmacists be useful in metabolic chronic disease, but with the pain management epidemic, pharmacists trained in pain management could certainly be a key to success in our current crisis.

By passing SB 265, you are allowing more patients access to patient care services provided by a

pharmacist, the profession has been training students to serve in this way, we now need the support of our legislators to be able to be reimbursed and create sustainable practices that address the needs of healthcare in our state.

Melody L. Hartzler, PharmD, AE-C, BCACP, BC-ADM

A handwritten signature in black ink that reads "Melody L. Hartzler". The signature is written in a cursive, flowing style.

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