



Western Medicine, Inc.
Family Physicians
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Proponent Testimony, SB 265

I am writing in support of SB 265 which would support health-insurers to cover pharmacist-provided benefits. I have a clinical pharmacist that we have considered a provider in our office for the last 2 years.

In our office, she works through a collaborative practice agreement to treat various chronic conditions, she has her own schedule, and has the authority to manage medications, and order laboratory tests. At this time, since pharmacists don't have provider status, we have to use "incident to" billing to cover her time and services. We also have engaged her in our Care Management services for CPC + to help cover her services as well.

Our office is now able to provide better care for chronic conditions such as diabetes and we have improved our ability to treat high-risk patients. We are in a rural area where patients don't have as many options locally for specialty services, so we try to provide as many as we can in-house. By a patient visiting our specialized pharmacist for diabetes it decreases health-care cost to the system and the patient. Unfortunately, billing seems to be the challenge when I talk to my colleagues about replicating this model across other primary care offices.

We have also engaged our pharmacist in our transitions of care services by having her do medication reconciliation with patients via phone within two days post discharge. This has helped to prevent hospital readmissions. By passing SB 265, more patients will have access to services provided by a pharmacist, which has been proven to decrease cost and improve quality of care. This change will allow it to be clearer to billing personnel how a pharmacist can be reimbursed for cognitive services outside of dispensing medications.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Dean'.

Jacob T. Dean, MD

President/Physician- Western Medicine, Inc