**Sangita Patel, R.Ph.**
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**Testimony on HB 166**

Chairman Dolan, Vice Chair Burke, Ranking Member Sykes, and members of the Ohio Senate Finance Committee. My name is Sangita Patel, and I have been a pharmacist for more than 20 years. My pharmacy, Clinic Pharmacy, is located in the heart of Columbus, where many of the most challenging patients reside. Our pharmacy has served the community since 1975.

Although we serve many patients, approximately 65% of the business comes from Medicaid patients.

For those of you who may not have experienced providing care in underserved communities, Medicaid patients can require special levels of care for a pharmacist, as oftentimes, their unique challenges also mean unique needs. Because of the lack of resources, opportunities, transportation, and understanding, treating a Medicaid patient requires a lot of time and attention. Our team works above and beyond everyday to make sure each patient is provided with the best care. The process of educating the importance of proper medication use, the importance of adherence, and the importance of overall wellness is a very time consuming, and the efforts are ongoing. Especially for patients who do not regularly see other health care providers.

Our pharmacy staff will call patients to remind them to come in for their life-sustaining meds. This is very challenging with the constant change of telephone numbers. Our pharmacy offers many atypical services that better help the patient manage their drug therapy regimen, including complimentary blister packaging, enhanced counseling services, and delivery of medications. We do what we can to meet the patient where their needs are.

The role of a pharmacist has changed from count, fill, lick, and stick to providing medication therapy management, immunizations, and provider status.

As we continue to thrive and offer high levels of care, it is unfortunate that our reimbursements for our services have plummeted in recent years. With the decrease of dispensing fee of $0.35 over the past several years and below cost reimbursements from the PBMs within the Ohio Medicaid program, our business is facing serious financial challenges. Another challenge we face is continued PBM audits to recover monies for endless trivial reasons – another risk we take on when trying to care for patients.

And finally, the other challenge is PBMs forcing patients to their pharmacies or mail order pharmacies, especially with specialty medications, thus subjecting patients to unnecessary wait times, which could jeopardize patient health if they so not receive their medication in a timely manner, which is not an uncommon occurrence.

I have several examples of our daily reimbursement issue.

First, patient A receives medications in a blister pack. Of the 8 medications, one is clozapine, which requires additional steps of entering blood work in the REMS program. This patient also utilizes our delivery services. The total cost of medications is $57.69 and total reimbursement is $60.31. For $2.62 we filled the medications, properly packaged them, called for and entered the blood work, and delivered them to the patient.

Second, patient B receives 25 medications for a total cost of $1983.60 and reimbursement is $2000.90. For $17.30, we will spend at least 45 minutes preparing the medications and communicating with the prescriber if clarifications are needed. We also incur the PBM audit risks or product expiration risks associated with each of these drugs.

How can I be expected to continue to provide a high level of service to the patients who need it the most, when the biggest drain on my business is also my biggest plan?

This industry has been struggling, and we are running out of time. These patients need our continued services, and changes need to occur very quickly before it is too late.

Yes, PBMs took advantage of the Medicaid system, but it was the Medicaid system that allowed those vendors the leash they needed to pull hundreds of millions of dollars out of the program. And in the end, it was pharmacies like mine who were exploited to make way for excess PBM profits. And here we are in 2019, three years after this problem started, and there still has been no action taken to restabilize the pharmacy market for Medicaid providers like me.

I don’t know politics, and I don’t know much about your budget, but I do know a lot about what it takes to care for a Medicaid patient. And regardless of who is at fault in Ohio’s PBM debacle, it is my pharmacy that is still reeling from a system that has run off the rails.

I ask this committee to do whatever you can to take back control of the pharmacy program, because it is unsustainable without a public policy solution.

Thank you for your consideration.