



OHIO PHARMACISTS ASSOCIATION

2674 Federated Blvd., Columbus, OH 43235 • Phone: (614) 389-3236 • Fax: (614) 389-4582

Proponent Testimony for HB 110
Myriam Shaw Ojeda R.Ph., PharmD.
Fellow in Policy and Innovation, Ohio Pharmacists Association

Chair Oelslager, Vice-Chair Plummer, Ranking Member Crawley, and members of the House Finance Committee. My name is Myriam Shaw Ojeda, Fellow in Policy and Innovation at the Ohio Pharmacists Association (OPA). Thank you for giving me the time to speak in favor of HB 110 and the abilities this bill will provide to extend pharmacist-driven patient care in the realm of smoking cessation.

According to the U.S. Department of Health and Human Services, tobacco smoking is the leading cause of preventable diseases, disabilities, and mortality in the United States.¹ Nicotine, the highly addictive drug found inside all tobacco products, ensnares patients in a vicious reward circuit. With each puff of smoke, a patient steadily increases the risk for a vast number of adverse health outcomes, such as chronic obstructive pulmonary disease (COPD), heart disease, and many cancers.^{1,2} These threats have been exacerbated by the COVID-19 pandemic, which has cruelly taken a disproportionate toll on those with these types of pre-existing conditions.

The numbers related to smoking are sobering. Over 480,000 deaths per year in the United States are attributed to smoking.¹ In Ohio, smokers comprise 18% of the population, above the national average of 17.1%.³ Tobacco cessation has taken national prominence as a public health priority through several initiatives, including Healthy People 2020, the Million Hearts initiative, and the Centers for Disease Control and Prevention (CDC) 6|18 initiative.

Where do pharmacists enter into smoking cessation efforts? Pharmacists are the medication experts when it comes to managing any chronic disease, including tobacco addiction. They are well-positioned to initiate treatment of patients and support them throughout the quitting process. Therefore, there is a critical need to expand opportunities for pharmacists to take a proactive role in dispensing smoking cessation medications to patients.

Pharmacists spend six to eight years in training to practice pharmacy. During these years of study, they learn about pharmacology, optimal drug selection, chronic disease management, and ways to provide high-quality patient care. They receive the most amount of training in medication therapy compared to any other healthcare practitioner. This training positions them well to manage a patient's care when they seek to stop smoking.

An additional component that makes pharmacists ideal members of the patient care team is that they are highly accessible to their patients. Over 91% of Americans live within 5 miles of a community pharmacy.⁴ Thus, pharmacists can engage with their patients more often than other healthcare practitioners. The relationships fostered with patients are a crucial factor in successful quit attempts by patients.

Several entities have recognized the pharmacist's role in smoking cessation. Former Surgeon General Jerome M. Adams provided a smoking cessation publication titled Smoking Cessation: A Report of the Surgeon General.¹ The report outlined the positive effects of smoking cessation efforts in chronic disease occurrences, life expectancy, and healthcare costs. The report highlighted pharmacist-based smoking cessation services as being highly effective in terms of outcomes measured. The pharmacist's efforts also resulted in lowered healthcare costs.

Additionally, the Centers for Medicaid and Chip Services (CMCS) released a bulletin stating the value of pharmacist-led smoking cessation. They said that "CMCS encourages states to consider using these methods (expanded pharmacist involvement in smoking cessation) to promote access particularly to those drugs that can help address priority public health issues."

Other states have embraced statewide protocols for pharmacist-driven smoking cessation efforts. Colorado, Idaho, Indiana, and New Mexico allow pharmacists to initiate and dispense all medications approved by the U.S. Food and Drug Administration (FDA) for smoking cessation. Arizona, Arkansas, California, Iowa, Maine, Minnesota, and Missouri allow pharmacists to initiate nicotine replacement therapy. These states have similar regulations that the bill proposes for Ohio pharmacists. Ohio could join these states in expanding patient access to potentially life-saving smoking cessation efforts by their pharmacists

HB 110 outlines a physician-pharmacist protocol-based care model for patients who seek to quit smoking. It allows pharmacists to use their medication expertise to dispense smoking cessation medications under a physician-approved protocol without a prescription, much like what is currently done today with vaccines, naloxone, and epinephrine autoinjectors. This protocol recognizes the need for pharmacists embedded in their communities to work as extensions of physicians to tackle Ohio's smoking cessation issues.

The bill contains guardrails to ensure that this protocol ultimately protects the patient. In addition to the six to eight years of training, pharmacists and pharmacy interns will be required to undergo additional smoking cessation training approved by the Accreditation Council for Pharmacy Education (ACPE) or another board of pharmacy-approved program. Once initiated and approved by a physician, the protocol will contain a clear outline of treatment guidelines, including screening procedures, documentation requirements, and referral requirements for high-risk individuals. Parents or guardians of patients below eighteen will be required to provide consent before dispensing tobacco cessation drugs. If signed into law, the Ohio Board of Pharmacy would also promulgate rules to further calibrate practice guidance.

This provision allows for tremendous collaboration opportunities with the Ohio Department of Health (ODH) through their tobacco quitline. Pharmacists will provide written documentation of the screening, dispensing, and follow-up plans to each patient's primary care provider (PCP) or the patient if no PCP relationship exists. ODH, physicians, and pharmacists' ability to join hands in the fight against tobacco addictions could significantly reduce tobacco use rates in the state, which means healthier Ohioans and reduced medical costs.

The overall implications of allowing pharmacists to have increased involvement in smoking cessation efforts in Ohio will be realized in the overall improvement in health status and a resultant lowering of healthcare spending for patients. Thousands of patients will have a higher quality of life, a reduction of

premature death, and a higher overall life expectancy through the thoughtful, patient-centered medication expertise provided by their local pharmacist. The Ohio Pharmacists Association backs HB 110, especially through the provision allowing the expansion of pharmacist-led smoking cessation services. I now welcome any questions.

Myriam Shaw Ojeda
Ohio Pharmacists Association
mshawojeda@ohiopharmacists.org

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