



OHIO PHARMACISTS ASSOCIATION

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### **Proponent Testimony for SB 303**

**Antonio Ciaccia**

**Director of Government & Public Affairs, Ohio Pharmacists Association**

Chairman Manning, Vice Chair Brenner, Ranking Member Maharath, and members of the Senate Local Government, Public Safety and Veterans Affairs 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 303, legislation that will facilitate better collaboration among healthcare providers and ensure continuity of care for patients suffering from chronic conditions.

In the 131<sup>st</sup> General Assembly, I had the great fortune of working with then-Representatives Steve Huffman and Nathan Manning on HB 188, which passed both chambers unanimously and was signed into law at the end of 2015. The law had two central pillars:

1. Ensure that if a patient ran out of refills on a needed medication – and their doctor could not be reached for a reauthorization of the prescription – that pharmacists would be able to refill the medication at their discretion, in order to get the patient the medicine they rely on without having to wait for the new order to arrive at the pharmacy.
2. Expand upon the ability for physicians to form “consult agreements” with pharmacists, which allows a physician or group of physicians to partner with a pharmacist or team of pharmacists to manage drug therapy for patients with chronic diseases.

That second portion of the law that deals with consult agreements, specifically gives physicians the ability to select certain patients within their practice, and allow them to work with certain pharmacists – at the physician’s discretion – and delegate the ability to order and analyze certain lab tests; administer medications; and remove, modify, or add medications to a patient’s drug therapy regimen. These abilities are only authorized for physicians and pharmacists that maintain ongoing communication and collaboration, and are only allowed for patients that have an ongoing relationship with their specific physicians. All of this was done to ensure legitimate, continuous dialogue between all parties.

Thus far, the law has worked very well – allowing doctors to delegate when they feel appropriate, whether it be to better prioritize the way they meet the needs of their patients or to tap the added expertise of the pharmacist for managing stubborn diseases like diabetes, high blood pressure, asthma, and more. Across the state, physicians have entered into consult agreements with pharmacists in health systems, FQHCs, clinics, and community pharmacies to help expand access to enhanced clinical services.

However, the current law also has some limitations. Currently, many physicians collaborate with clinical nurse specialists, certified nurse-midwives, certified nurse practitioners, and physician assistants as a means to manage some of their patients with chronic diseases, and the narrow scope of the current law – which extends pharmacist consult agreements to physicians only – restricts the ability for those mid-

level providers to tap pharmacists, just as physicians can, to manage the patients that their collaborating physician may have already delegated to them.

SB 303 will fix this current gap in collaboration between health professionals by extending the current ability for physicians to form consult agreements with pharmacists, and allowing their collaborating clinical nurse specialists, certified nurse-midwives, certified nurse practitioners, and physician assistants to also enter into those consult agreements with pharmacists as well – all while keeping the physician in charge of the overall care of the patient.

This ability to tap pharmacists to manage chronic diseases is essential, especially in the face of the current pandemic, where many patients and healthcare practices have seen traditional care delivery disrupted. Across Ohio, as COVID-19 has added new pressures that have up-ended the typical workflow in healthcare facilities, and the need to engage and collaborate with other healthcare professionals has never been greater.

SB 303 represents a responsible way to eliminate regulatory burdens, without materially impacting the pharmacist scope of practice. SB 303 will ensure that pharmacists are positioned to step up when physicians and nurses need them most.

We would like to thank Senator Steve Huffman and Senator Nathan Manning for continuing the good work that they started in the House back in 2015, and we appreciate the members of this committee for your swift consideration of this important measure that will increase local access to care.

Thank you for the opportunity to give our support for SB 303, and I'll happily answer any questions you may have.

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