

House Insurance Committee
Ohio House of Representatives
77 S High St
Columbus, OH 43215



June 12, 2024

OHC Supports HB 505: “The Community Pharmacy Protection Act”

Honorable Chairman Lampton, Vice-Chair Barhorst, Ranking Member Miranda, and Members of the House Insurance Committee,

On behalf of Oncology Hematology Care (OHC) we would like to request your support and approval of HB 505, which would prohibit excessive credentialing in pharmacy networks, require transparency on PBM acquisition costs and specialty pharmacy rates, and prevent in-network pharmacies from being reimbursed below their acquisition costs. Not only is this measure hugely important for community pharmacies, but it also would have a critical impact on physician practices like ours that provide medically integrated specialty pharmacy services.

Oncology Hematology Care, or OHC as we call it, is an independent, physician-led practice that delivers leading-edge technology and treatment options to cancer patients in the greater Cincinnati area. As one of the largest independent adult cancer practices in the nation, we have provided accessible and affordable cancer care to patients of all economic backgrounds in our community for nearly 40 years. OHC is our region’s premier source of treatment for nearly every form of adult cancer and complex blood disorder.

At OHC, our core value is to ensure that our patients receive the right care at the right time and in the right place. In our lengthy experience, when this goal is achieved, patient outcomes improve, quality of care is preserved, and unnecessary care costs are avoided. Aligned with this passion, OHC offers medically integrated care which includes having a specialty retail pharmacy that provides coordinated care services to OHC patients. We have a dedicated oncology pharmacy team in direct communication with the patient’s physician that helps provide patient education on treatment plans, side effects, dose adjustments, financial assistance counseling, and helps to monitor a patient’s treatment plan compliance better in order to improve outcomes. We receive accreditation from the Accreditation Commission for Health Care (ACHC) with oncology distinction and can provide our patients with their life-saving anti-cancer medications on average between 2 and 5 days faster than the average PBM affiliated mail order pharmacy.

While we at OHC are dedicated to achieving high standards of excellence and quality of care in our provision of pharmacy services to our patients, maintaining in-network status for all our patients across plan demographics is a constantly moving goal post. Achieving all the necessary accreditation to be in-network as a specialty retail pharmacy for all pharmacy networks in the state comes at a very high price. Most PBMs require specialty pharmacy accreditation by an external agency above and beyond the State Board of Pharmacy’s standards. Many require more than one accreditation – and each of these credentialing processes is very expensive. Streamlining the requirements for accreditation standards to agree with those set by State and Federal governing bodies would allow for more reasonably affordable standards as well as more savings we could reinvest into supporting our patients’ care.

Additionally, we applaud both the transparency that Vice-Chair Barhorst’s bill seeks to pursue into the pharmacy benefit under Medicaid as well as the effort it takes to ensure that those of us who provide pharmacy services to patients remain financially whole in doing so. At OHC’s Specialty Retail Pharmacy we retain and coordinate care for every OHC patient who chooses to go through our pharmacy regardless of whether their plan reimburses below our acquisition cost for their drug. All of our patients who choose our in-house pharmacy are choosing us in their

time of need and are choosing us because we can offer them the best outcomes overall through our care coordination. Therefore, we do not discriminate based on plan or reimbursement.

On average, 8% of the claims that we fill through our specialty retail pharmacy are reimbursed below cost; however, we are strong in our conviction that we would never turn these patients away. Many of these claims are on medications that have significant side effects, require close patient monitoring, strict scheduling, and are medications where patient outcomes benefit greatly from having access to continued follow-up and a direct point of contact in the care team. If HB 505 should pass with the provision prohibiting reimbursement below acquisition cost preserved, it would make a significant difference for our practice and our ability to serve our patients without dipping into our savings to cover the loss.

We strongly support this bill and thank you for bringing it forward for a hearing. If you have any further questions regarding the importance of protecting specialty pharmacy networking and reimbursement in the context of community oncology, please do not hesitate to reach out. We welcome the opportunity to be a further resource for you. Thank you for your time and we hope that you will consider joining us in our support for this measure.

Sincerely,

Randy Drosick, MD
Practice President
Oncology Hematology Care (OHC)