**SB 265 Proponent Testimony**

**Anthony Ciaccia, R.Ph.**

Senator Matt Dolan has graciously introduced SB 265, which if passed, would recognize pharmacists as providers, just like most other health care professionals in Ohio law. I support this bill without hesitation. Over the last 10 to 15 years, pharmacists have routinely become more involved in direct patient care. Their training and education over the last 15 years has developed into a 6-8 year doctorate-level degree. Having been a hospital pharmacist for over 35 years, I see how well prepared graduates are in filling more of a service-oriented role. Their expertise and skills have become more critical in helping to provide more comprehensive patient care. With patients being prescribed medications at unprecedented levels, more than ever, patients require the services of someone who has a high level of pharmacological training who is dedicated and devoted to help keep patients safe and informed. The complexity of drug therapy has risen so much, that without these services, patients are at risk of using their medications inappropriately, resulting in poor disease management and adverse outcomes which have proven to raise the burden of healthcare.

Traditionally, pharmacies have been paid for their service through collection of a dispensing fee that is meant to cover nearly all pharmacy overhead and expenditures. Patients need advanced levels of service that a pharmacist routinely provides, but for those services, pharmacists are not always compensated. Without a sustainable business model, continued pharmacist accessibility to patients is threatened. It is imperative that pharmacists are compensated for the advanced services they provide, in order to continue the level of care patients need. As pressures on drug pricing have grown, this squeeze has cut into gross margins of pharmacies, meaning that extra services that may have been offered freely due to the financial freedom that some of those dispensing revenues provided, have either been eroded or cut altogether. While we understand these pressures and the need to evolve and better account for pharmacist services beyond traditional dispensing fees, the current model has not allowed that evolution, largely due to the lack of provider status.

In the last two years, our pharmacy at St. John Medical Center has been provided pain control services for over 350 admitted hospital patients, with the support of our pain specialist Dr. Abdallah Kabbara. Despite the value of the service that our pharmacy team offered, not once has our facility been compensated for those services. Our hospital has been supportive of this non-reimbursable service, recognizing that patients require appropriate care, especially in the midst of an opiate crisis that sees more drug-seeking patients admitted. Dr. Kabbara’s patient load has grown so much that he and his nurse practitioner now only have time to devote to their patients in his outpatient clinic, leaving a gap for our admitted patients. To compensate, pharmacists have taken on managing patients by recommending and implementing treatment plans. A nurse practitioner operating in that same space would be compensated for the services provided, but pharmacists, who are arguably just as equipped for this specific service, are not.

This is one example of how pharmacists have become far more service-oriented – assuming the role of a physician extender, much like nurse practitioners. Not all hospitals can afford to utilize their pharmacists to deal with this complex issue due to the lack of reimbursement. About a year ago, our hospital leadership wanted to know if pharmacists could be compensated for these activities. The answer was no. Though they have been supportive of this role, they have capped the amount of hours of pharmacist time they can devote, and the financial pressures have them considering pulling us out of this service line. With many physicians and nurses disinterested in providing care focused on opiate management, patients are just as vulnerable in a hospital to the dangers and overuse of these medications. Recognizing drug-seeking behavior can be just as challenging in a hospital as it is in an outpatient setting. Other challenges include how to provide appropriate pain control to an abuser that had surgery, or an elderly patient with allergies or that is on many other medications. Not everyone is trained or is comfortable managing opiates and other drugs in these cases, but this is exactly where pharmacists can be the most essential member of the health care team.

The Joint Commission’s current standards require that organizations establish policies regarding pain assessment and treatment, and to conduct educational efforts to ensure compliance. A pharmacist can help to achieve these standards in facilities that may not be able to have a physician or nurse practitioner champion. A pharmacist in these areas can help to fight the opiate epidemic, but we may not be given the opportunity because we are not recognized as a provider eligible for compensation like other practitioners. With the opioid epidemic, we need to leverage all health professionals to fight this issue. Pharmacists can contribute. SB 265 can help to fight the opiate problem and keep our patients in better health.

Lastly, consider that even the American Medical Association has acknowledged that the role of a pharmacist is often missed as a key partner. They recognize that embedding a clinical pharmacist into a collaborative relationship with physicians and nurses can help to provide better health care results. Without provider status, all of this is just theory. It is time for pharmacists to be recognized in Ohio as providers.

Thank you for your consideration.

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