Ohio State Medical Association

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Opponent Testimony to the Ohio Senate Health Committee
Ohio State Medical Association
SB 230 - Pharmacists
Presented by Monica Hueckel, VP, Advocacy

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Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, my name is Monica Hueckel and I am here on behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students. We would like to thank the committee for the opportunity to testify with our concerns regarding SB 230 today.

SB 230 would allow pharmacists to administer and evaluate certain diagnostic tests and then dispense medications based solely on those test results. This has been referred to by proponents as "test and treat," but at its core, this legislation is essentially prescriptive authority for pharmacists. *It would result in pharmacists being permitted to test, prescribe, and dispense drugs at the point of service – while under Ohio law, physicians cannot even do all three of these items.*

Both physicians and pharmacists have critical roles in the team-based approach to health care, but through their education and training, they are prepared to take on distinct, separate patient care responsibilities. Proponents have stated that under this legislation, pharmacists would be able to simply follow a "flow chart" for action to treat patients based on test results, but medicine is NOT a flow chart. There are simply too many complex factors at play in every individual human body for the practice of medicine to ever be approached so simply.

Some of the tests SB 230 will allow a pharmacist to administer can produce false negatives, which physicians, due to their many years of education, training, and clinical practice experience, are able to identify and address appropriately based on how each patient presents. Test results alone do not suffice for developing a conclusive diagnosis or ruling out complications. For certain vulnerable patient populations, such as the elderly, these concerns are even more significant.

This proposal has been presented as a method to address access, but we believe this approach is trying to apply a bandage to a much larger and more complicated issue. Ohio has many areas that are considered "pharmacy deserts." We have physicians, nurses, and PAs prescribing drugs, but in some locations, very few places for patients to pick up those drugs. Some communities that have pharmacies, are overwhelmed by demand and other issues, leading to a wait time of several days for patients to obtain their needed medications. There are multiple reasons why pharmacy deserts exist in our state, and none of those reasons are addressed by legislation allowing pharmacists to act like physicians. If the legislature wants to help pharmacies, it should direct its focus to concerns such as dwindling dispensing fees and issues with pharmacy benefit managers.

Real solutions to this problem are not easy. Throughout the years, we continue to hear claims that scope of practice expansions are the answer to fix access issues. We have already expanded the scope of practice of Ohio pharmacists throughout the past several years; they are now permitted to give vaccinations, immunizations, do chronic disease management, and perform other health services. The outcome? Ohio's vaccination rates continue to decline. We continue to rank in the bottom quarter of states for health value, driven significantly by high rates of chronic diseases. Expanding the scope of practice for pharmacists has not made a positive difference in these areas. The argument that SB 230 will help with access and better health outcomes is just a sound bite, without the results to back it up.

OSMA is also concerned that SB 230 would actually create more access issues with primary care. Our primary care physician members tell us that they need to see, on average, about 18-20 patients a day in order to remain financially stable and keep their practice doors open. These daily patient care loads include a mix of patients being seen for multiple comorbidities, and patients with acute illnesses. Both types of patients need high quality primary care services. Physicians rarely receive more reimbursement for the chronic, multiple comorbidity patients due to administrative hassles and continuously being shortchanged by insurers, but these patients can take significantly more time in the day to see.

If the patients with acute illnesses are funneled out of the physician's workload and they see only the patients with more complex care needs, they will not be able to keep up financially. SB 230, creates a system of pharmacists not just being reimbursed as if they were physicians, which this bill would allow, but a system that delivers incomplete, ineffective, and highly "transactional" healthcare, which will only result in a sicker population and increased healthcare costs.

Lastly, Ohio does not need patients to treat pharmacies like doctor's offices. Everyone knows the risks of entering a physician's office or hospital with regard to potential exposure to infectious diseases. While sick patients already may go to pharmacies to get their medications, prolonged time at and increased utilization of pharmacies by sick patients means more exposure time and heightened risk of disease spread for other healthy people who are present in pharmacy locations such as grocery stores, who are simply there to buy food for their families.

In conclusion, devaluing the practice of medicine is not a solution.

OSMA is thankful to members of the committee for your attention to our comments and concerns on this legislation, and appreciates the opportunity to be a meaningful contributor to the legislative process. I would be happy to answer any questions the committee may have.