



SB 230 Opposition Testimony

David Ceraolo, MD

The Academy of Medicine of Cleveland & Northern Ohio

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, thank you for this opportunity to provide opposition testimony related to Senate Bill 230, and raise our concerns about the impacts it may have on the practice of medicine in Ohio.

The Academy of Medicine of Cleveland & Northern Ohio represents more than 7,300 physicians and medical students in Northeast Ohio. For more than 200 years, we have worked to protect public health and promote the highest quality practice of medicine for all Ohioans.

We appreciate this body's dedication to filling gaps in rural healthcare and understand the role of the pharmacy test-to-treat program in Ohio's federal rural health grant award.

As an organization of physicians, we have some concerns that we hope will be addressed in subsequent versions of this bill and related regulations to ensure patient safety.

Pharmacists are experts in drug mechanisms and interactions and indispensable members of the healthcare team.

However, pharmacy training does not adequately cover diagnoses and management of patient health status, which is why working in a team-based model is so critical.

We urge this committee to consider amending SB 230 to require the involvement of the State Medical Board in writing the protocol for the treatment of respiratory conditions in conjunction with the Ohio Board of Pharmacy.

We believe that, working together, these two boards can determine the type of reporting requirements and documentation that needs to happen to ensure that patient health records are consistent between pharmacy and medical settings.

Furthermore, we believe that any change to the scope of practice for pharmacists should be limited to those pharmacists who operate in consult agreements with physicians.

Patients deserve to have their full medical history considered by anyone who is diagnosing a condition or prescribes medications.

There are, for instance, several complications and conditions associated with group A streptococcal infection that a pharmacist may not be trained to look for or to follow up with patients about.

This is especially worrisome for children, who are at higher risk for associated illnesses like scarlet fever, rheumatic fever, and post-streptococcal glomerulonephritis.

These conditions need to be treated by a physician, and we believe that requiring a consult agreement helps ensure that there is oversight by a medical doctor should these complications arise.

Part of why we value physician-led, team-based care is because there is so much complexity to managing the health of individuals.

When we seek to simplify those processes by allowing just one provider to test, assess, and sell medications directly, we remove the important checks and balances that exist in the health system.

Physicians rely on their pharmacist colleagues' expertise to properly care for patients; we ask that as you consider this bill, you ensure that pharmacists are still relying on physician expertise for diagnosis and treatment.

Thank you for the opportunity to comment on this legislation.