Submitter: John Hyde

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB3013

I have been a pharmacist for 30 years having graduated from OSU in 1989. I have practiced in independent/chain retail, PBM/Mail Order, HMO, hospital and home infusion.

Pharmacist reimbursement has and continues to be a challenge for all settings. The large retail chains have painted themselves into the corner of making up low reimbursements with volume and front end sales. They have even diversified with purchasing a managed care/PBM (CVS/Caremark) or the medication supply chain (Walgreens/Amerisource Boots Alliance) in an attempt to stem the continued race to the bottom. Small retail pharmacies have had to agree to these contracts or find other revenue sources for their operations to complement their business.

When I was attending OSU there were many discussions about having pharmacists getting paid for our time. In the past our time/knowledge was lumped into a product. This was fine when reimbursements covered our professional knowledge. That is not the case anymore. As reimbursements have declined there has been a renewed interest in this concept. It stems from the fact that we spend similar amounts of health care dollars for a small number of patients who have poor outcomes to their medication therapies as we do to total pharmaceutical costs. Could be correct diagnosis, correct therapy but there are drug interactions, patient doesn't take because of cost, patient is non-compliant with refills, too high or too low dose.

While I understand the concerns with the power PBM's have over the profession of pharmacy I see the real issue of needing more encouragement for Pharmacy Medication Management programs and reimbursement pathways for our time within our managed care umbrella. Pharmacists are in a unique position to save real health care dollars managing for better therapy outcomes. We could give away the medications for free and still be talking about around $500 billion in unnecessary health care costs from the very small numbers of patients with poor medication therapy outcomes.

Therefore, I am in opposition of these bills. I am of the belief that the government should be using more carrots less stick. Make it monetarily beneficial for managed care to continue to support and implement these pharmacy medication management programs. After all we all want the right medication therapy for the right medical diagnosis that fits or patient's social economic circumstances and managed for the right outcomes keeping them from needing more expensive health care services when the therapy fails.

Regards,

John Hyde RPh, MSHA/MBA