



To: Members, House Health Policy Committee

From: James L North, MD, CPE, Director of Medical Operations
Barbara Petee, Chief Advocacy and Government Relations Officer

Date: April 29, 2021

Re: Senate Bill 166

Position: Support

Good morning, Chairman Kahle and members of the committee. I just wanted to take a moment to say a direct thanks to Chairman Kahle for taking up the important issue of Senate Bill 166. ProMedica is located in her district and we greatly appreciate her efforts to improve the lives of her constituents. I hope to help you understand how the bill can address the challenges hospitals, providers and patients face.

I am Dr. James North, Director of Medical Operations ProMedica Physicians Group. As an integrated health and well-being system, ProMedica operates 13 acute care hospitals in Michigan and Ohio. We see more than 4.7 million patient encounters at our hospitals, ambulatory surgery centers, and more than 400 post-acute facilities. ProMedica Physicians Group includes 900-plus providers serving more than 1.5 million patient visits annually. Nationally, with our acute, post-acute, physician, and insurance service lines, ProMedica has nearly 56,000 employees and more than 2,100 physicians with privileges system-wide.

Our physicians work as part of a patient care team that includes other prescribers including physician assistants and advance practice registered nurses to ensure patients receive excellent care in a timely manner. However, having hospitals located on the Michigan/Ohio border presents, at times, a unique set of challenges. Currently, Michigan pharmacies are unable to fill prescriptions written by physician assistants and advance practice registered nurses who are not Michigan licensed. This means the routine use of maintenance medication is often disrupted which, in some scenarios, leads to adverse patient events. The most impacted populations of this restriction are citizens who live near the state border, 'snowbirds' and college students.

I am a Board Certified Family Physician who has practiced in Northwest Ohio since 1989. To give real-life examples of how patients are impacted, my care team and I practice just over the Michigan border in Sylvania, Ohio and have many patients who reside in Michigan and use Michigan pharmacies. Multiple times a month a Michigan Retail Pharmacy asks me to resend a prescription for a Michigan resident patient. The pharmacy will not dispense the original prescription, sent by a certified nurse practitioner, based on current Michigan law. These are frequently refilled medications for chronic conditions including diabetes, high blood pressure, asthma and chronic lung disease.

Missing or skipping doses of chronic medications can be dangerous. On one occasion, a delay occurred for refill of prescription beta-blocker for a patient with high blood pressure. Stopping or missing this medication could have resulted in rapid swings in pressure, side effects and potentially a stroke. Fortunately, this occurred at a time when the pharmacy was able to reach me and have the prescription resent under my name before the patient missed a dose.

Being located near the border of two states, our Ohio hospitals are frequently the closest acute care site for Michigan patients frequently. As a result, advance practice nurse practitioners, who work as part of our hospital team, will frequently write medications at discharge for Michigan patients.

To provide another example, we recently discharged a patient who was supposed to continue a blood thinner medication but was unable to refill the prescription sent by a certified nurse practitioner to a Michigan Pharmacy. The pharmacy ended up contacting me, as the Primary Care Provider, to resend the prescription.

My last example is a particularly problematic case in which a patient, who receives care in Ohio, yet lives in Michigan, picked up a script at her Michigan pharmacy. Knowing the Michigan law, the Advanced Practice Provider asked a physician on the care team to send the prescription on her behalf. Because the patient did not recognize the name of the prescriber, she did not take her heart medication. It took a month for the issue to be resolved for the patient.

SB 166 would address this issue and allow Michigan pharmacies to dispense **only** non-controlled substances prescriptions written by Advance Practice Providers licensed out of state. Thank you for your time. I am happy to answer any questions.