



February 10, 2017

The Honorable Jeff Wardlaw  
Chairman  
Arkansas State House Public Health, Welfare and Labor Committee  
3418 Highway 160 E  
Hermitage, Arkansas 71647

Dear Chairman Wardlaw:

**The American Osteopathic Association (AOA) and the Arkansas Osteopathic Medical Association (AOMA) are writing to encourage you to oppose SB 162.** This bill expands the scope of practice for pharmacists by eliminating the requirement that pharmacists only administer medications from an enumerated list, and instead allows them to administer all medications except as may be limited by the Board of Pharmacy. The bill also allows pharmacists to initiate therapy and administer and dispense drugs and devices, as long as the pharmacist notifies the patient's primary care provider or advises the patient to consult a physician if the patient does not have a primary care provider. The AOA and AOMA are concerned that this increase in pharmacists' scope of practice, without commensurate increases in education, training or certification competency requirements, may put the health and safety of Arkansas patients at risk.

The AOA represents nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at [www.osteopathic.org](http://www.osteopathic.org). AOMA is a professional organization that represents over 300 DOs providing patient care in Arkansas.

**The AOA and AOMA support the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care.** A 2012 study by the University of Washington and the research arm of a nonprofit health-care provider Group Health showed that team-based care improved patient outcomes and reduced costs.<sup>1</sup> Adults with depression, combined with either diabetes or heart disease or both were overseen by a team that included nurses supervised by a primary care physician. At the end of the two-year study, patients overseen by a team were less depressed and had improved levels of blood sugar, cholesterol and blood pressure. Patients who were not seen by a team failed to realize the same health benefits.

While we value the contributions of pharmacists to the health care delivery system, we believe any expansion of their authority to provide direct patient care without appropriate oversight should be directly related to additional education and competency demonstration requirements. Expanding pharmacists' ability to initiate therapy and administer and dispense drugs and devices, with only discretionary physician involvement, could result in harm

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<sup>1</sup> Katon W, Russo J, Lin EB, et al. Cost-effectiveness of a Multicondition Collaborative Care Intervention: A Randomized Controlled Trial. *Arch Gen Psychiatry*. 2012;69(5):506-514. doi:10.1001/archgenpsychiatry.2011.1548.

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to patients. Further, allowing the Board of Pharmacy, whose membership consists of mainly pharmacists and has no input from fully-trained and licensed physicians, to self-determine which drugs or devices are appropriate for administration by their peers eliminates external oversight and accountability for decisions which could put patient safety at risk.

**We urge you to protect the safety of Arkansas patients by opposing SB 162.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at [nschilligo@osteopathic.org](mailto:nschilligo@osteopathic.org) or (800) 621-1773, ext. 8185.

Sincerely,



Boyd R. Buser, DO  
President, AOA



Gary S. Edwards, DO, FACOFP  
President, AOMA

CC: Mark A. Baker, DO, AOA President-elect  
William J. Burke, DO, Chair, AOA Department of Governmental Affairs  
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