

## *From the Desk of Timothy Soult, D.O.*

April 1, 2010

RE: Rules Promulgated by the Oklahoma State Board of Pharmacy for Collaborative Medication Therapy Management

Dear Administrative Rules and Agency Oversight Committee \_\_\_\_\_:

The purpose of this letter is express support of the proposed rules and regulations promulgated by the Oklahoma State Board of Pharmacy which include rules that define and facilitate collaborative efforts between physicians and pharmacists in medication therapy management of patients. Collaborative medication therapy management (CMTM) is an aspect of patient care that can help expand access to the best possible pharmaceutical care for all Oklahomans. Collaborative treatment of patients by pharmacist and physicians, within hospitals and certain clinical settings, has occurred for years. I have been involved in such collaboration and it is my experience that such arrangements not only improve patient care, but have helped reduce pharmaceutical costs, reduce duplication of treatment therapies, and perhaps most important, have promoted patient compliance with drug therapy, which has been proven to reduce the overall costs of health care.

Through this letter, I would like to respond to certain misconceptions and misstatements that have been offered by some health care providers in opposition to the Board's proposed rules and regulations. The rules do not expand the role of pharmacists into the practice of medicine. **The proposed rules specifically prohibit any such encroachment into the practice of medicine.** The rules only allow a pharmacist to perform certain functions which are directly authorized and controlled by a collaborating physician. Anything a pharmacist is permitted to do under the proposed rules requires the treating physician's specific authorization. Nothing in the proposed rules allows a pharmacist to order lab test, change medications, or alter the dose of a medication, unless specifically authorized by the patient's collaborating physician, as part of the physician approved protocols.

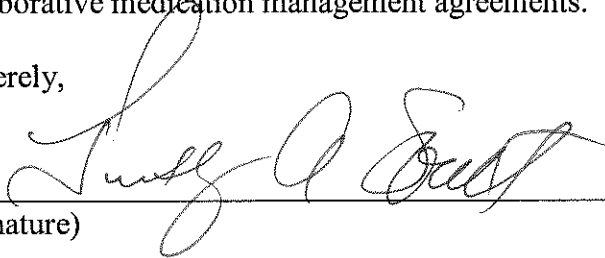
In all due respect to the opinion of others, pharmacists are generally very well trained and quite capable of assisting physicians in managing the pharmaceutical care of our patients. Pharmacists often serve as the last check and balance between the patient and the medications they receive. Pharmacists are a vital component of the health care delivery system and there is nothing in the proposed rules and regulations that that expands the scope of pharmaceutical practice into the practice of medicine. The proposed rules simply memorialize and clarify the scope of pharmaceutical care and will better regulate practices that have been going on in hospitals and certain clinics for many years.

Please do not be misled by false claims that these rules will allow pharmacists to become physicians. That is simply not true. Health care budgets will not be adversely impacted; however, if properly used by physicians, pharmaceutical costs and patient compliance will be better controlled.

It is worth noting that collaborative agreements under the proposed rules and regulations are voluntary for both the physician and the pharmacist. No physician is obligated to enter into a collaborative agreement, and no pharmacist can engage in any of the practices authorized by the rules unless there is a collaborative agreement. If a physician does not want to participate in collaborative agreements, he or she does not have to do so.

I encourage the legislature and governor to please let each physician determine what is best for his or her practice and patients, and not be led astray by the false claims that have been made by a few health care providers. In all due respect to those health care providers who have expressed an opposition to the proposed rules related to collaborative medication therapy management, as a physician I think I know what is best for my patients and I should be allowed to make that determination. I am concerned that the opposition is unwarranted and is based on unrealistic fears. The proposed rules should not be perceived as a power-grab by pharmacy and I believe they will prove to benefit not only my patients, but also other physicians who voluntarily desire to participate in collaborative medication management agreements.

Sincerely,



(Signature)

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