



OHIO PHARMACISTS ASSOCIATION

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October 28, 2021

Maureen M. Corcoran, MSN, MBA
Director
Ohio Department of Medicaid
50 W Town Street #400
Columbus, OH 43215

Re: Diabetes prevention and self-management training

Dear Director Corcoran,

On behalf of The Ohio Pharmacists Association (OPA) and the American Pharmacists Association (APhA), we write this letter of overall support along with several recommendations for the recent rules the Ohio Department of Medicaid (ODM) filed with the Joint Committee on Agency Rule Review (JCARR) regarding diabetes prevention and self-management training. We appreciate the opportunity to provide our support and recommendations of ODMs proposed rule filed with JCARR, Ohio Administrative Code (OAC) 5160-8-53 “Diabetes prevention and self-management training”.

We were excited to see ODM establishing a program for diabetes prevention and self-management training, especially as over 11% of Ohio adults have been diagnosed with diabetes¹ and nearly 9% of Ohio adults have been diagnosed with prediabetes.² The impact of pharmacists in managing and preventing diabetes has been extensively published in scientific journals, government reports³, and media outlets. Systematic reviews have shown that pharmacist care is associated with significant improvements in hemoglobin A_{1c} and significant cost savings of up to \$85,000 per patient per year.⁴

We would like to thank ODM for their inclusion of pharmacists in the list of providers that can render and be reimbursed for diabetes self-management training (DSMT) services under OAC 5160-8-53(B)(1). This inclusion is supported by published literature and will be valuable in

¹ Diabetes. *Ohio Department of Health*. Available at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/diabetes/diabetes>

² Screen, Test, Refer Addressing Prediabetes in Ohio: Action Steps for the Healthcare Team. *Ohio Department of Health*. Available at https://odh.ohio.gov/wps/wcm/connect/gov/a827615c-4763-453a-9055-78566482447d/Screen%2C+Test%2C+Refer.+Addressing+Prediabetes+in+Ohio+Infographic%2C+2019.pdf?MOD=AJPERES&CO NVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-a827615c-4763-453a-9055-78566482447d-mzJF5ub

³ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

⁴ Abdulrhim S, et al. The impact of pharmacist care on diabetes outcomes in primary care settings: An umbrella review of published systematic reviews. *Prim Care Diabetes*. 2020 Oct;14(5):393-400. doi: 10.1016/j.pcd.2019.12.007.

increasing access to DSMT to Medicaid beneficiaries. Given the extensive evidence and the inclusion of pharmacists as providers of DSMT, we were surprised to see pharmacists excluded from the list of providers and billing providers of the National Diabetes Prevention Program (NDPP). The Centers for Disease Control and Prevention (CDC), who administers the program has provided substantial guidance on the role of the community pharmacist in NDPP.⁵ Additionally, pharmacists that practice in clinics with physicians, physician assistants, and advanced practice registered nurses have a role in providing services to patients enrolled in NDPP. However, the current writing of OAC 5160-8-53 will limit the provision of the proven valuable care by pharmacists to patients enrolled in NDPP.

The CDC's Division of Diabetes Translation (DDT) supports states to prevent, delay and improve the outcomes of individuals with type 2 diabetes.⁶ Funds provided by the CDC to the states can be used for strategies to improve and prevent chronic conditions such as diabetes. CDC Strategy A.3: "Increase pharmacist engagement in medication therapy management and DSMES" includes the recommendation to include pharmacists in NDPP.⁷ Given the proven therapeutic and economic value of the pharmacist in providing care to patients with diabetes and the CDC's intention that pharmacists be a part of NDPP, we would recommend the following changes to OAC 5160-8-53:

- Adding line (iv) to OAC 5160-8-53(C)(1)(a) which includes the following underlined language: "A pharmacist:"
- Adding line (viii) to OAC 5160-8-53(C)(1)(b) which includes the following underlined language: "A pharmacist:"

We believe that by making the above changes Medicaid beneficiaries will have greater access to this important program that can prevent, delay, and improve outcomes of patients with diabetes. Thank you for your time and consideration of these suggestions.

If you have any questions or require additional information, please don't hesitate to contact Stuart Beatty, PharmD, BCACP, FAPhA OPA Director of Strategy and Practice Transformation by email at sbeatty@ohiopharmacists.org or E. Michael Murphy, PharmD APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

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⁵ Action Guide for Community Pharmacists. *Centers for Disease Control and Prevention*. Available at <https://www.cdc.gov/diabetes/prevention/pharmacist/action-guide.html>

⁶ DP18-1815 Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke. *Centers for Disease Control and Prevention*. Available at <https://www.cdc.gov/diabetes/programs/stateandlocal/funded-programs/dp18-1815.html>

⁷ Pharmacy. *Centers for Disease Control and Prevention*. Available at <https://www.cdc.gov/diabetes/programs/stateandlocal/resources/pharmacy.html>