



THE BUCKEYE INSTITUTE

Expanded Access to Medical Care

Interested Party Testimony
Ohio Senate Health Committee
Ohio Senate Bill 230

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As Prepared for Delivery

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Committee, thank you for the opportunity to testify on the policies in **Ohio Senate Bill 230**.

My name is Rea S. Hederman Jr., I am vice president of policy at **The Buckeye Institute**, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

The United States will soon face a physician **shortage** of 86,000, and Ohio will suffer along with the rest of the country. With fewer doctors than needed, quality medical care will prove harder to find, especially for those living in rural areas of the state.

Senate Bill 230 can help by improving access to competent care and reducing critical wait times for patients. The legislation takes advantage of **readily accessible** pharmacies that are far more accessible than hospitals to **low-income and rural communities**. Offering faster access to care will help patients avoid expensive doctor visits and hospitalization, **saving** themselves and their care providers **time and money**.

Sponsored by Senator Mark Romanchuk, Senate Bill 230 permits pharmacists to test patients for respiratory illnesses like strep throat, influenza, and COVID-19, and then dispense proper prescription medications under protocols authored by the State Board of Pharmacy. Health Committee Chair, Senator Huffman, a practicing physician, **supports** the bill as a commonsense way to “provide better and more accessible health care to rural Ohio.”

Ohio pharmacists are highly trained health professionals with specialized drug expertise who are generally more likely than physicians to **detect** prescription errors. Expanding their scope of practice puts that training to better use.

In 2019, **Idaho** became the first state to allow pharmacists to independently test and treat patients with minor respiratory issues. Since then, Idaho’s Board of Pharmacy has not **received** any safety concerns and **13 states**, including **West Virginia** and **Michigan**, now allow pharmacists to independently test and treat patients. An additional 16 states and the District of Columbia also permit pharmacists to perform this function, provided they have a collaborative practice agreement with a physician.

Ohio should follow the Idaho model and improve access to care for its citizens. Senate Bill 230 does not allow pharmacists to replace or even compete with physicians. Nor does it remove referrals or collaborations. Rather, much like **House Bill 52**, which wisely helped address worker shortages by authorizing broader practices for medical professionals, Senate Bill 230’s mutually beneficial design allows pharmacists and doctors to cooperate more fully, easing physician burdens, and delivering low-risk, quality patient care at an **affordable cost**.

Thank you for the opportunity to testify on this important issue. I would be happy to answer any questions that the Committee might have.

About The Buckeye Institute

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