



## State of Ohio Board of Pharmacy - Testimony on Ohio HB 341

Chairman Lipps, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee. My name is Ali Simon and I am the Public and Policy Affairs Liaison for the State of Ohio Board of Pharmacy (Board).

I am submitting testimony on behalf of Ohio HB 341 and two amendments that the committee will review and consider today. The Board appreciates the important work done by Representative Ginter to expand access to medication assisted treatment. This bill would allow trained pharmacists to provide, pursuant to a prescription, long-acting injectable drugs used for addiction treatment. This continues an important trend of recognizing pharmacists' ability to safely administer injectable medication. Currently, trained pharmacists, pursuant to a physician protocol and prescription, can administer long-acting injectable medications including antipsychotics, vitamin B12, progesterone, and opioid antagonists.

The first amendment would make minor clarifications to the proposed office-based opioid treatment facility exemption to ensure that only facilities that are exclusively engaged in the treatment of opioid addiction using on-site administration of a controlled substance are exempted from licensure under ORC 4729.553. This proposed amendment would clarify the intent of the bill while also ensuring proper oversight over the provision of medication assisted treatment.

The first amendment also includes a reference to "personally furnishing" which is the legal term for prescriber dispensing of medications. Ohio Revised and Administrative Code refer to a pharmacist *dispensing* a dangerous drug and a prescriber *personally furnishing* a dangerous drug.

The second amendment permits the state's prescription drug monitoring program, the Ohio Automated Rx Reporting System (or OARRS), to share data with the Defense Health Agency's (DHA) prescription drug monitoring program. Recently, the DHA created a prescription drug monitoring program, similar to Ohio's OARRS system, to collect prescription data from all its locations. The DHA military hospitals and clinics treat active duty military and their families across the country.

Under current law, OARRS shares data with other state programs but does not specifically include a provision allowing for sharing between federal entities. The amendment would add a provision to ORC 4729.80 to permit sharing with the DHA in order to improve the overall care of our military service members and their families who may seek care outside of the DHA.

On behalf of the State of Ohio Board of Pharmacy, I thank you for the opportunity to provide testimony and offer support to the proposed amendments to Ohio HB 341. I am happy to answer any questions you may have at this time.

