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September 13, 2017

**TESTIMONY ON HOUSE BILL 231
BEFORE THE HOUSE HEALTH COMMITTEE**

**LORA MILLER, DIRECTOR OF GOVERNMENTAL
AFFAIRS & PUBLIC RELATIONS**

Good morning Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee. Thank you for the opportunity to appear today and present comments and provide insights concerning House Bill 231. Thank you as well to bill sponsors Ginter and Sprague for your commitment to combating the opioid crisis plaguing our great state.

The twelve companies that comprise the Chain Drug Committee of the Ohio Council of Retail Merchants have significant concerns regarding the scope of the bill, the overall costs associated with implementation and the lack of empirical evidence to support the efficacy of such a mandate. Please permit me to elaborate.

- The bill is overly broad in its intent to reach addictive narcotic or opiate drugs by including all controlled substances. For example, Schedule III includes drugs such as Tylenol with Codeine and testosterone used to treat erectile dysfunction, depression and breast cancers. Schedule IV includes Eluxadoline (Viberzi) to treat irritable bowel syndrome with diarrhea and Ambien and Tramadol for sleep and pain. Schedule V includes Robitussin AC for coughs, Lyrica for fibromyalgia and diabetic neuropathy, and Lotomil for diarrhea.
- The bill is an unfunded mandate that would prove costly to pharmacies. The fiscal note prepared by the Maryland Department of Legislative Services for similar bills introduced earlier this year states, "...pharmacies will be required to purchase and provide such vials at an estimated cost of \$3.00 to \$5.00 per vial (based on State of Illinois estimates; such vials retail for \$18.00)." There is also the additional cost of printing and distributing the educational statement on prescription drug abuse and diversion required by the bill. Neither of the Maryland bills achieved committee passage.

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- Even though the bill would allow patients to choose if they want the lockable or tamper-evident container, pharmacies would still have to carry the inventory at a substantial cost. There are less costly alternatives available such as pill adherence containers and even lockable boxes at hardware stores. Additionally, many pharmacies already sell these products over-the-counter, however, very few patients purchase them. Given the continual increase in drug costs, it is not prudent to add additional costs with no proven efficacy for prohibiting diversion or abuse.
- Many prescriptions are sent to the pharmacy electronically with no patient interaction prior to being filled. If the patient must be offered the option of purchasing a lockable or tamper-evident container, the patient will have to wait while the pills are placed in the vial, the label is printed and affixed and the final check by the pharmacist is conducted. If this process has already occurred prior to the arrival of the patient to pick up his or her prescription and the patient requests such a container, the dispensing process would have to be repeated.

There are also the unanswered questions of:

- How would this work with mail order prescriptions?
- Who is responsible for the extra cost of the special containers—the patient or the payor?
- Where are pharmacies supposed to store the new containers in an already over-crowded area?
- What about controlled substances dispensed in liquid form, requiring a larger container?

The members of our organization are very aware of the addiction problems plaguing our country, Ohio in particular, and are committed to adhering to protocols, guidelines and mandates intended to curb abuse and diversion. The very real concern they all share is adding to the overall cost of all controlled substance prescriptions, as well as adding to the time of an already complex dispensing process, based on the theory that these containers could potentially help prevent some vulnerable teens often predisposed to addiction from becoming addicts because they fear being discovered. Teens intent on obtaining a high will search for and likely find it elsewhere, which is a terribly sad reality of our times.

Mr. Chairman, Vice Chair Gavarone, Ranking Member Antonio and members of the committee, thank you for your time and thoughtful consideration of my testimony. I will do my best to answer any questions you may have.