



OHIO PHARMACISTS ASSOCIATION

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Testimony for HB 231

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Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee, my name is Antonio Ciaccia, Director of Government & Public Affairs for the Ohio Pharmacists Association (OPA). I thank you for the opportunity to respectfully voice our opposition to HB 231 in its current form.

I first would like to thank Representatives Ginter and Sprague for maintaining an ongoing dialogue with our association on their proposed legislation – this bill is one that my members have had considerable deliberation on, as we agree that when it comes to curbing prescription abuse, all options should be considered. While HB 231 represents improvements from initial idea proposals, it is still in many ways administratively burdensome, unnecessarily costly, inappropriate for many pharmacy practice settings, and all the while offering questionable benefits in the war on prescription drug abuse. It's for reasons like these that the sponsors of similar legislation in Maryland withdrew their bill this year after input from the pharmacy community.

If you'll recall from hearings on HB 231 earlier in the year, the bill aims to promote usage of "locking" or "tamper-evident" prescription vials and devices. In pharmacy, we are well aware of some of these emerging devices aimed at getting a better handle on pilfering – one of many methods that some opioid abusers can utilize to illegally obtain prescription drugs.

While we are supportive of attempts at innovation and very much supportive of pharmacies working with vendors to develop business agreements that promote better, more value-added pharmacy practice, we are opposed to mandates to this degree that would require every pharmacy in this state to purchase products that have thus far been largely rejected in the marketplace – especially involving products that are not nearly as effective as they purport to be.

First, do not believe that by simply calling something "lockable" that it all of a sudden makes it so. One of the first "locking" vial companies that came to pitch our association on their product was quite impressive at first glance. Of course, a resourceful student intern of mine figured how to open the vial – without physically breaking or compromising the bottle – within just a manner of minutes; all without the assistance of tools or that pesky Internet. Apparently, it wasn't an anomaly. One particular purveyor of "locking" prescription vials is so confident in their own company's design, that they've graciously posted several YouTube videos on their own website that shows exactly how to easily break into competitor vials. Keep in mind, all of this can be found very easily online – without having to dive into the secretive forums and online tools that experienced drug users use to self-educate and bypass hurdles to feed their addiction. And it's worth noting that these devices aren't unbreakable or unmovable. Any drug-seeker can still break open the vial or swipe the whole bottle.

Regardless of the lack of effectiveness of the theoretically locking prescription vials, there is of course the question of administrative burden for pharmacy. One particular locking vial company met with me and my staff to discuss the benefits of their product. I took time with them and asked several reasonable questions so that I could better educate members on the device: How much time does it typically take to educate patients on how to use the product? How often do patients forget their lock combination? Things to get a better sense of the time burdens incurred by offering a new product in an already-busy pharmacy practice. A year later, I still haven't received that data.

Specifically in regards to the language in the bill, HB 231 would require pharmacists to purchase and subsequently provide a commercial for "locking" or "tamper-evident" prescription vials on every dispensed controlled substance, which is generally over a quarter of all prescriptions dispensed at a pharmacy. While we oppose this mandate for unnecessarily burdening Ohio pharmacies, there are many pharmacy practices where such a mandate is impossible to implement or is fundamentally damaging to practice logistics. Pharmacists practice in a diverse number of sites (mail order, hospital, compounding, long-term care, traditional retail, oncology, ambulatory care, Coumadin clinics, etc.), and a good share of those would be unnecessary or inappropriate for an across the board mandate like this. Many pharmacies now offer compliance packaging – where medications are individually split into single dose punch-packs or other patient-specific packaging that's intended to ease confusion and improve patient adherence. This would impede these enhanced services.

From a cost standpoint, our members' main concern is one that members of the legislature should be well familiar with when it comes to pharmaceuticals. Currently, locking or tamper-evident prescription vials start around triple the cost of a regular vial and can go northwards of \$10. Even at its cheapest current price, we are well aware of what usually happens when government mandates the purchase of a product – inevitably the cost goes up. While these products may seem relatively inexpensive on their face, this bill would give these vendors a captive market of buyers, which in our industry, we know will result in price hikes.

While I am not a pharmacist, I have spent my whole life around the profession, and I worked as a pharmacy technician in Northeast Ohio as a young adult. I can tell you that patients are extremely fickle when it comes to their prescriptions. Every extra dollar a prescription costs increases the likelihood that the patient will forgo the medication. I've seen patients leave medications where the co-pay was two dollars. Many patients can't afford the medicine, let alone a more expensive bottle. With a significant share of opioids being dispensed to Medicaid patients who are already conditioned to expect little to no out-of-pocket expense, we can say with a relative degree of certainty that they will refuse to cover the added cost.

In speaking with pharmacies that have piloted locking tamper-resistant vials, for the most part, patient interest was mild at best, and in most instances, turnover lagged well below other products. Again, this is not to say the vials are worthless, but I believe pharmacists should not have to interrupt their workflow on every controlled substance to promote a product that patients aren't interested in. Many pharmacies choose to offer small safes or other lockboxes for patients to store all of their medications in. Singling out single-serve options like individual vials or lids will put pharmacist and patient focus on products that in many instances are less appropriate, less effective, and collectively more expensive.

Lastly, even if HB 231 was workable, I believe the bill fails to address a pharmacist's liability if they give a patient a lock combination over the phone in good faith, only to discover that it was someone else. I would not advise any pharmacist to offer these vials without those basic liability protections.

The demands on pharmacists by insurers, pharmacy benefit managers, and government grow seemingly by the day. Meanwhile, pharmacy margins are at historic lows. Many Ohio pharmacies have informed

me that reimbursement levels from Medicaid managed care organizations don't even cover the cost of a normal prescription vial, let alone a more expensive one. Last year, Ohio lost 90 community pharmacies, and we've lost more already this year. There is a litany of other patient interactions I would prioritize over this one, and the niche product promotion mandate will only further detract from the pharmacist's core responsibilities. At a time when many Ohio pharmacies need a floatation device, HB 231 in its current form would toss them a brick.

In summary, my members believe the sponsors' hearts are in the right place with HB 231, and it is encouraging to see emerging marketplace ideas aimed at reducing prescription drug abuse, but mandates like this have questionable returns, and further set a bad precedent to begin requiring pharmacies to purchase particular products and promote them to patients – especially ones that are currently available to customers on websites like Amazon.

The current language of HB 231 is in need of many changes, and thus, we are opposed to the bill. We reiterate our commitment to working with the sponsors to find agreeable language that avoids costly mandates. Thank you for your time, and I'll happily answer any questions you may have.

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