



OHIO PHARMACISTS ASSOCIATION

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Testimony for SB 119

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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 give our support for SB 119, which will help address Ohio's prescription drug abuse epidemic and fill gaps in care delivery to patients battling addiction.

When I first heard Scott Weidle speak about what happened to his son Daniel, I was disheartened to hear how the system had failed his son. Here you had a patient who got the right diagnosis, got the right therapy, and was on the right path – yet the system fell apart midway through.

In hearing the story, I was reminded of an issue that we had worked on in the previous General Assembly with Representatives Nathan Manning and Steve Huffman, as well as Senators Dave Burke and Gayle Manning. HB 188, which also sought to address instances when the system falls apart, flew through the legislature as a common-sense reform that granted an inch of policy change for a mile of patient benefit.

In HB 188, which was ultimately signed into law by Governor Kasich, Ohio addressed a gap that took the life of North Ridgeville resident Kevin Houdeshell. On December 31, 2013, Kevin ran out of insulin and when he went to the pharmacy for his medication, he was told that he was out of refills and that the prescription had expired. The doctor could not be reached for a new prescription, and at the time Ohio law only allowed a pharmacist to dispense up to a 72-hour supply of medication in emergency circumstances. Kevin left the pharmacy without his insulin, and after trying to unsuccessfully reach his doctor, he went days without his medication. Meanwhile, he went about his daily life as his blood sugar numbers climbed upward. On January 8, 2014, he died due to complications from his diabetes.

In working with lawmakers, the Ohio State Medical Association, and the Houdeshell family; HB 188 changed the law to ensure that patients aren't stranded again. Ohio now allows pharmacists to dispense up to a 30-day of a medication or the smallest unit possible (if it exceeds a 30-day supply) in emergency situations, just like the one Kevin Houdeshell experienced more than four years ago. Today, HB 188 has become a national model that has been replicated by more than a dozen states, with several bills also currently pending in state legislatures.

In hearing the story of Daniel Weidle, we looked for ways to apply "Kevin's Law" in a similar fashion to ensure that gaps in care delivery for medication assisted treatment are minimized. In the language that has been adopted into SB 119, I believe we have another national model for other states to replicate.

While many of you have heard of Vivitrol, what you may not know is that Vivitrol is a long-acting injectable form of naltrexone, which in its oral form, has been used to treat opioid dependence and alcohol use disorders for decades.

While oral naltrexone is still a safe, highly-effective drug, patient compliance and proper adherence to therapy regimens is a challenge. Long-acting injectable naltrexone through Vivitrol is a reliable way to ensure proper compliance within the drug's therapeutic window.

While Vivitrol is not the only way to treat addiction, it is commonly prescribed, and thus, access is incredibly important for patients on stabilized therapy, much like Daniel Weidle.

In SB 119, we will ensure that if patients experience accessibility issues when they are due for their next injection of Vivitrol, they will have options available to them. If a patient's doctor closes their doors, if a patient experiences an insurance coverage gap, if a patient is travelling away from their home clinic, or if a patient just simply can't make it to their doctor in a timely manner; all they would have to do is show up to any pharmacy, and as long as the pharmacy can verify that the patient is on some form of naltrexone therapy, the pharmacist can dispense a five-day supply of oral naltrexone to bridge the patient to their next injection point. Or if the pharmacy has extra Vivitrol in stock, they would also be able to administer the drug provided they operate within established protocols currently required in Ohio law.

This legislation will now ensure that no patient is left stranded, and no matter what, when in a pinch, patients undergoing naltrexone therapy will have access to every pharmacy in the state of Ohio to act as a trampoline back into the system when that system breaks down.

We believe SB 119 (and its House companion, HB 167, sponsored by Representative Jay Edwards will serve as another model for other states to emulate, and we are certain that this legislation will save lives.

We would like to thank Senators Bob Hackett, Jay Hottinger, and Dave Burke for their work in crafting and refining the language in the bill, as well as Jay Edwards for his instrumental work over here in the House. These lawmakers should be applauded for taking this innovative approach to filling access gaps and to ensure no patient is without options and contingencies. We also want to thank the Ohio State Medical Association for working with us to find agreeable language – this would not have been possible without their efforts.

With more than 2,000 community pharmacies in Ohio, passage of SB 119 or HB 167 would exponentially increase access to a safety net of naltrexone providers that will help to ensure that when there is a need or demand, a supply will be available. Ohio's pharmacists, who already serve on the front lines of our health care system, are well-equipped to fill this gap, and we applaud the legislature for thinking outside the box in the development in this legislation, which will be the first of its kind in the country.

Thank you for the opportunity to give our support for SB 119, and I'll happily answer any questions you may have.

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