



**Representative Al Cutrona**  
59<sup>th</sup> Ohio House District

**Representative Gail Pavliga**  
75<sup>th</sup> Ohio House District

Cutrona

Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee, thank you for the opportunity to provide sponsor testimony for HB 193.

As the Chief Operating Officer for an infectious disease medical practice, I have been on the receiving end of a call from a pharmacy asking if one of my doctors had written a suspicious script for a Schedule II drug. Thankfully, the fraudulent script was caught and the prescription was not given, but I hate to think what would have been done with that prescription if it weren't for the diligence of the pharmacist at the counter.

Since introducing this bill, I have received emails from other doctors who have had the same thing happen to them. This bill will completely eliminate this problem from ever occurring again in the future. The bill is extremely simple; it requires all Schedule II prescriptions to be made electronically, except in emergencies. Never again will a pharmacist have to worry whether a script for a Schedule II drug is a fraudulent one.

I would like to thank you all again for the opportunity to testify and will now turn it over to my joint sponsor to provide her testimony.

Pavliga

In Ohio, we are still facing a grave opioid crisis that has only increased in the face of the Covid-19 pandemic. This bill provides a simple solution to help bring a remedy to the situation.

Under this legislation, all Schedule II drugs will have to be prescribed through electronic means, except in certain emergency circumstances. This will help prevent situations where individuals try and obtain Schedule II drugs from pharmacies with stolen or fraudulent scripts.

As we work through the legislative process on this important piece of legislation, we will also be working with other organizations, such as the Ohio State Medical Association along with a few national groups to learn best practices. At this point, about half the states around the country have implemented mandatory e-prescribing of scheduled II drugs, which actually gives us the ability to connect with those states and learn what has been working and what modifications might need to be made. For instance, several of our neighboring states have the requirement in place, but have

exemptions such how to address a lack of broadband or connectivity issues or what to do if the electronic health systems are down. Looking at policies that are already in place around the country will give us an opportunity to truly pass a law that will be all encompassing. There is also a federal requirement for mandatory e-prescribing for schedule II-IV drugs for Medicare Part D and Medicare Advantage that was set to go into effect Jan. 1, 2021 but with the pandemic, was delayed to give physician offices time to update electronic systems. The new requirement is set to go into effect by Jan 1, 2022. Many states that have passed the requirement have also delayed their effective dates to align with the federal requirement. We will be tracking this development as we work on our bill as well.

By preventing this type of fraud, we will greatly decrease the amount of prescription opioids making their way into the public through improper means. It is my hope that you will join us in helping bring an end to the opioid epidemic that our state faces. I would like to thank you again for the opportunity to testify, and we welcome any questions that you may have.

