

Chair Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the House Health Committee, thank you for the opportunity to provide proponent testimony on HB 558. My name is Lydia Bailey and I am the Operations Manager and Clinical Pharmacist for St. Vincent de Paul Charitable Pharmacy in Cincinnati, Ohio.

The catalyst for this bill started in 2019 when Ohio passed an amendment to the repository law allowing cancer medications to be donated by a patient to a pharmacist who would inspect the medication. The heart behind this change was to improve Ohioans' access to unaffordable, life-saving medications. HB 558 continues to accomplish exactly that on an even more tangible scale.

Each of us testifying to you today made sacrifices so that we could work in underserved care. We did it because the feeling of using your talents and resources to help those who truly need it is incredibly impactful. It is a calling. Patients look us in the eyes and tearfully say we've saved their life. That they skipped meals before coming to our pharmacies. That they got evicted before coming to our pharmacies. That they lost organs and limbs before coming to our pharmacies. But now, because of the medicine and education we are able to give them for free, their lives are changed. These are the stories we live for.

But these are not the only stories. Patients also look us in the eyes and tearfully ask what they should do when we don't have the medicine they need. They wheeze in front of us because they've been out of their inhalers for weeks. They tell us they will have to go without their life saving insulin. They tell us they hope they don't die from a blood clot because we don't have their anticoagulant medicine. These are the stories that break our hearts.

But it gets worse. Last week I spoke to a gentleman whose doctor had just changed the dose of his inhaler. He happened to have a 6 month supply of his previous dose saved up. They were never opened. They didn't expire for 2 years. He came to our pharmacy to donate the perfectly good, very expensive inhalers. He knew someone could use them. I had to tell him to throw them away. He looked at me confused and said, "I thought you guys needed donations to be able to help people." The next person in line was my patient suffering from asthma. She needed her inhaler to breathe and I didn't have it. She looked at me confused and said, "I thought you guys were here to help me." It was the exact same \$400 inhaler that was just placed in my drug destruction barrel. These are the stories that are actually gut wrenching and it's not something that happens every once and awhile. It happens every day. We call back almost 100 people every month who are asking to donate unused, unexpired, life-saving, expensive medication only to tell them it has to go to waste. But it doesn't need to be this way, and we have a precedent in Ohio with cancer drugs and examples from other states that agree.

We have the training, the resources, and the need right in front of us. Help us do our jobs.

Chair Lipps and members of the committee, thank you again for the opportunity to testify. I would welcome any questions you might have at this time.