



House Bill 558
Proponent Testimony
Ohio House Health Committee

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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 Trisha Jordan and I am a Director of Pharmacy at The Ohio State University Wexner Medical Center.

As one of America's top-ranked academic health centers, our mission is to improve people's lives through innovation in research, education, and patient care.

The OSU Wexner Medical Center strongly supports HB 558. This important legislation would allow charitable pharmacies and hospitals to expand our ability to provide life-saving medications to patients at no cost to the patient.

Ohio State has a very robust medication assistance program. Our coordinators explore all options for medication access including co-pay cards, other manufacturer assistance programs, and grants that cover the cost of medication. Unfortunately, there is still a gap in access, particularly for underinsured and low-income patients. To help address these needs, we established a drug donation repository program in Fall 2019 with the approval of the Ohio Board of Pharmacy. We have used the oral chemotherapy donation repository program to fill this gap for our cancer patients. In the past year, we have dispensed 28 oral chemotherapy prescriptions to patients with a financial need.

In addition to filling this gap, an unforeseen benefit of the program has been the joy with which patients have donated their medication. In oncology, this is often due to unfortunate disease progression, and patients see the opportunity to donate the medication they can not use to another patient as an important way to give to others. This sense of community and desire to help others is what has led to the success of the repository program at Ohio State.

One patient's spouse made a long-lasting impression on our pharmacy team. Following a long battle with cancer, the patient passed, and her husband expressed the desire to ensure his wife's medication did not go unused and expressed the sentiment of not wanting his wife's death to be in vain. They had just received a refill of her medication prescription which was worth over \$30,000. He couldn't bear the thought of simply throwing it away. Although he had lost his wife, he hoped the medication could help another family in need.



Within a few months, our medication assistance program received a referral for another patient with the same type of cancer. Despite having Medicare, the patient's copay was \$3,882 for the first month of treatment and \$1,700 per month thereafter. Initially, the medication assistance team was able to secure grant funding to assist with the monthly copay but over time those funds were exhausted. Fortunately, the medication that had previously been donated was able to be used while we sought other assistance options. By using the repository medication, the second patient didn't miss a single dose of treatment.

The safety of our patients is our top concern. As pharmacists, safety and efficacy are the most important things we evaluate for medication therapy. To ensure the safety of our patients, we utilize a seven-step inspection process by an Ohio licensed pharmacist. This includes inspecting for physical signs of drug tampering or adulteration, ensuring there are no drug samples or controlled substances, ensuring the medication is not less than 6 months from expiration, and verifying the medication name and strength against national drug databases.

As success of the program grows, we have received countless requests from our providers to expand access to other disease states. In addition to Oncology, there are many other disease states with medications that are cost prohibitive for patients. We strongly believe that we can replicate the success of our oral oncology drug donation repository program to other disease state to allow for all patients with a financial need to have access to the medication they need at no cost to the patient.

One example of where expansion of the program would provide great patient care benefit is with our pulmonary hypertension patients. Many drug manufacturers have hospital to home programs that allow patients to initiate therapy upon hospital discharge while awaiting insurance approval for the medication. For medications that do not have this program, patients are forced to pay very high out of pocket costs or to change to an alternative, and often less optimal, therapy that offers this financial bridge program.

With expansion, hospital-based repository programs would be able to help such a patient and countless others. Medication access at the point of transition from hospital to home is crucial to the well-being of our patients.

I urge the committee to support HB 558.

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.