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HB 558 PROPONENT TESTIMONY – Senate Health Committee

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide proponent testimony on HB 558. My name is Lydia Bailey and I am a pharmacist for St. Vincent de Paul Charitable Pharmacy in Cincinnati. I'd like to start my testimony with an overview of this bill and then end with a personal story that this bill directly impacts.

St. Vincent de Paul Charitable Pharmacy has filled over 700,000 prescriptions valued over \$100 million since opening in 2006. Our program not only gives out free medication but also tracks metrics related to the health outcomes of our patients. We generate an estimated cost avoidance of over \$5 million per year to local healthcare systems by reducing ER visits and hospitalizations by 50%. We are sustainable by dispensing over 85% of our prescriptions with donated medications. Over 20% of those donated prescriptions come from the Ohio Drug Repository Program. This program is a critical piece in our success; however, donations must be from a licensed drug distributor and cannot have been in possession of the end-user, limiting certain high-cost useable product that could be collected.

In 2019 the Board of Pharmacy enhanced this program to allow orally administered cancer medications to be donated from the end-user. The intent of the revision was to improve access to life-saving medications that were unaffordable. We are here today to tell you that there are other expensive, life sustaining medications such as insulins, inhalers, anticoagulants, that should be added to the list of medications that can be collected through individual donation, which is what HB 558 is trying to do.

As of 2020, 38 states have a repository law in effect, and 19 of those states allow repository programs to accept donations directly from an end-user. Ohio can, and should, continue to move the bar forward with prescription access through this bill.

I can state this confidently because myself and the other charitable pharmacy team members represented here today can tell you first-hand experiences related to this legislation. During the House Health Committee testimonies, I shared a story about how I sent a patient away wheezing without an inhaler while the next person in line was trying to donate that exact same product, but, because of current law, I had to throw it away. Today I want to share how this law impacted me just last week. Mr. John and I were reviewing his medications during our clinical appointment, and I saw Eliquis, a medication used to treat and prevent blood clots, on the list. I asked, "what are you taking this medication for?" and he replied, "I had 2 clots in my lungs and a few in my legs and one broke off and caused a stroke this past spring. That's why I can't use my left arm



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real well. The doctors said I needed to take this pill for the rest of my life to make sure that doesn't happen again." I said, "that's correct, but I haven't filled this for you since July, where have you been getting it?" He said, "If you don't have it for me, I just don't take it." I asked him if he had tried retail and he said it was \$450/month. I asked him if he had tried samples from his doctor and he said they had none left. I asked him if he had considered a cheaper alternative blood thinner, but he had a bad reaction on that medication in the past. He ended the conversation with, "look, if I had the medicine, I would take it. I don't want to re-live that stroke."

But to add to that, just 2 days ago I received a voicemail stating, "my father just passed away and we have 6 months of medications that were sent to him but he never even opened. I know one of them is Eliquis and I think that's pretty expensive. I know he would be proud of us for donating it to someone who needs it." So put yourself in my shoes. Calling that family member back to tell her to throw away this medicine while picturing Mr. John living in fear of having another debilitating stroke every day he doesn't have that exact same medicine. And I make about 10 of those calls every day. This bill impacts our underserved patients, it impacts those trying to give back, and it certainly impacts the people caught in the middle-- the trained pharmacists like me who see the problem and the solution, and who have the skillset to ensure this legislation is carried out safely.

Passing H.B. 558 will save thousands of lives, it will allow hundreds of donors to reduce drug waste, and it will allow the pharmacists represented here to do our jobs.

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

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