



The Ohio Society of Health-System Pharmacy

To: The Ohio House Health Committee
HB 324: Opponent / Interested Party Testimony

Date: 10/8/25

To: The Ohio House Health Committee

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide testimony on House Bill 324. My name is Daniel Arendt, I am a pharmacist, and I volunteer as the director of legislative affairs for the Ohio Society of Health-System Pharmacy, an organization representing hundreds of Ohio's pharmacists, students, technicians, and associates, with a specific focus on representing those involved in health-system pharmacy practice.

While patient safety is always our top priority, the verbiage of the current bill augments the process by which we measure the safety of all prescription and over the counter medications, restricting their access via mail order delivery and telemedicine, which brings with it several known, and unknown consequences.

The bills language states that the “director shall base the determination (*of risk*) on the **greater of** insurance claims, patient reports of severe adverse effects to health care professionals, and any applicable data available from the United States Food and Drug Administration.” There is a significant amount of medical literature out there that can and should be reviewed while making these determinations but requiring that the decision be made based on the “greater of” may lead to decisions being made by outliers or studies with very little patient numbers, that may not adequately represent the actual risk. While we believe all data should be carefully evaluated, simply defaulting to whatever study finds the highest adverse event rate risks this bill impacting far more medications than intended. **We would encourage the reconsideration of this language to base the determination on a review of all available evidence, rather than a simple default to whichever shows the greatest risk.**

For example, if a study looks at 10,000 patients and determines the risk of an adverse effect is 2%, but another study of 5 patients finds one instance of that adverse event, I wouldn't necessarily assume the event rate to be 20%. I would want to know how they selected those 5 patients, if they were representative of the typical patient population

or a specifically high-risk group, how they determined/diagnosed the adverse effect etc. before deciding. I would still want that study to be evaluated and contribute to the overall body of evidence, but defaulting to the “greater of” verbiage would make this study the standard that the director would have to follow, which could have significant consequences, especially when the scope of the bill includes all prescription and OTC medications.

Secondly, for the medications that are found via this process to be “high risk” the bill limits the ability of pharmacies and others to distribute medications to patients by mail and requires an in-person examination if using telemedicine. This will have a negative impact on the accessibility of a variety of medications, especially if the process of measuring risk is based on whichever data shows the greatest risk, rather than a comprehensive review of all available evidence. These restrictions particularly impact rural Ohioans who may not live nearby major medical centers, palliative care patients that are homebound, and patients who lack transportation or caregivers who can pick up their medications for them. For many patients, telemedicine options are not only preferred, but they may also be the only practical means of receiving care, especially for those who must juggle numerous different provider visits and appointments, such as those with complex or rare disease states and those with functional impairments. Prohibiting mail order delivery and requiring in-person visits should ideally be removed from the bill, or at the least, have the medications impacted significantly narrowed in scope to prevent the development of additional barriers to care for some of Ohio’s most vulnerable patients.

Lastly, the bill prohibits pharmacies from selling OTC medications that cause severe adverse effects but the FDA requirements for OTC status require manufacturers to show evidence that prescription status for that medication is [“not necessary for the protection of the public health by reason of the drug’s toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, and . . . the drug is safe and effective for use in self-medication as directed in proposed labeling”](#) With this in mind, we would suggest the removal of OTC drugs from the legislation as drugs should not be approved for OTC status with serious adverse event rates exceeding 5%, if there are concerns that an OTC drug does have those event rates, we would instead encourage the FDA re-evaluate the data to determine whether or not the medication should retain its OTC status.

Sincerely,

A handwritten signature in cursive script that reads "Daniel Arendt".

Daniel Arendt Pharm.D., BCPS

Legislative Affairs Director - The Ohio Society of Health-System Pharmacy