Submitted by the Access Center for Independent Living (ACIL), Dayton, Ohio
Breaking Silences Advocacy Committee
Testimony H.B. 324
November 18, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide testimony regarding House Bill 324.

My name is Maria Matzik, and I am the Education and Advocacy Specialist for the Access Center for Independent Living (ACIL) in Dayton and the host of the Breaking Silences Advocacy Committee.

The Access Center for Independent Living (ACIL) is a non-profit, non-residential Center for Independent Living serving people with disabilities in the Dayton region. As a 501(c)(3) organization, ACIL does not take positions for or against legislation.

The Breaking Silences Advocacy Committee was created in response to the 2020 COVID-19 pandemic and the lack of emergency preparedness for individuals with disabilities. The goal of this committee is to establish relationships with local and state officials as well as to partner with community organizations around disability related issues.

Our purpose today is to offer information, lived-experience context, and disability-related considerations relevant to HB 324 as currently written.

Overview of HB 324 as Understood by ACIL
HB 324 proposes several regulatory requirements related to medications associated with what the bill defines as "severe adverse effects," including:

- A threshold where medications with >5% severe adverse events may require restrictions;
- Limitations on retail and mail-order distribution of such medications;
- Mandatory in-person examinations and scheduled follow-up visits;
- Data reporting requirements that incorporate multiple sources, including patient self-reports, insurance claims, and FDA materials.

The following information is provided to help clarify how certain provisions may interact with common disability-related needs, clinical practices, and medication-safety principles.

1. Understanding the 5% Adverse Event Threshold

Adverse event rates differ significantly between:

- Common medications (e.g., antibiotics, anti-inflammatories)
- Less frequently used, higher-risk medications (e.g., chemotherapy agents)

A single percentage threshold may not account for these differences. Clinically:

- Some medications treat high-risk or life-threatening conditions.
  For example, a chemotherapy drug may have a comparatively high adverse-event rate, yet withholding treatment would also carry significant risk.
- Adverse event data often describe correlation rather than causation.
  Complications may arise from the underlying condition rather than the medication itself.

When multiple data sources are combined, and when the highest reported rate is used, this can result in statistical inflation of adverse-event percentages.

2. Variability and Subjectivity in Adverse Event Reporting

Adverse event systems involve:

- Clinical reporting, which requires medical assessment;
- Insurance claims data, which may reflect coding differences rather than clinical cause;
- Patient self-reports, which may vary widely in interpretation or detail.

"Severe adverse event" classifications can differ based on:

- How providers document events,
- How insurers categorize encounters,
- How patients describe their experiences, and
- Whether the event can be confidently linked to the medication.

The variability of these data sources may affect how a medication is evaluated under HB 324.

3. Considerations Regarding Telehealth

Telehealth has become an important component of modern health care, especially for:

- Individuals with mobility limitations,
- People who are immunocompromised,
- People without reliable transportation, and
- Individuals managing chronic or complex conditions.

For some, telehealth is not a convenience but a primary method of accessing medical care.

Restrictions requiring in-person appointments could increase logistical and financial burdens, particularly for people with disabilities, rural residents, and individuals with chronic illnesses.

4. Access to Medications via Mail-Order Pharmacies

Mail-order delivery supports:

- Individuals unable to drive,
- Patients living in rural areas far from a pharmacy,
- People who manage multiple prescriptions requiring synchronized refills.

Mail-order systems can also reduce costs for patients by allowing 90-day fills and insurance-preferred delivery methods. Limiting these services may increase expenses or impede access.

5. Interaction Effects and Polypharmacy Considerations

People with disabilities, older adults, and individuals with chronic illnesses often use:

- Multiple medications,
- Specialized therapies, or
- Complex treatment regimens.

When medications interact, adverse events may occur even though the individual drugs are safe when used alone. Evaluating adverse events without accounting for drug-to-drug interactions may lead to misinterpretation of causality.

6. Potential Administrative and Financial Effects

The bill's requirements may create:

- Increased patient costs due to mandatory in-person follow-ups,
- Higher insurance costs associated with limiting mail-order services,
- Higher provider workload (additional visits and documentation),
- Scheduling pressures that may reduce appointment availability for other patients.

Understanding these potential impacts may help inform further discussion about implementation feasibility.

7. Lived-Experience Context from the Disability Community

Many individuals in the disability community rely on complex medication regimens. Experiences include:

- Managing conditions that require frequent adjustments and monitoring,
- Navigating transportation barriers that make in-person visits extremely difficult,
- Relying on telehealth for routine stabilization,
- Using mail-order pharmacies to maintain independence and continuity of care.

For example, individuals who have chronic spinal fluid leaks, immune-related conditions, or mobility impairments may depend heavily on telehealth and remote pharmacy services. These tools can mean the difference between consistent treatment and interruptions in care.

The Access Center for Independent Living, and the Breaking Silences Advocacy Committee, appreciates the committee's attention to medication safety and patient well-being. Our goal is to ensure that disability-related impacts, access considerations, and clinical complexities are fully understood as HB 324 is evaluated.

Thank you for the opportunity to provide testimony. We are available to answer questions, supply additional context, or share further disability-related insights as needed.

Respectfully submitted,

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