



State of Ohio Board of Pharmacy - Testimony on Ohio HB 341

Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee. My name is Cameron McNamee and I am the Director of Policy and Communications for the State of Ohio Board of Pharmacy (Board).

I am submitting testimony on behalf of Ohio HB 341 and one amendment that the committee will review and consider today. The Board appreciates the important work done by Representative Ginter to expand access to medication assisted treatment. This bill would allow trained pharmacists to provide, pursuant to a prescription, long-acting injectable drugs used for addiction treatment. This continues an important trend of recognizing pharmacists' ability to safely administer injectable medication. Currently, trained pharmacists, pursuant to a physician protocol and prescription, can administer long-acting injectable medications including antipsychotics, vitamin B12, progesterone, and opioid antagonists.

House Health Committee made minor clarifications to the proposed office-based opioid treatment facility exemption to ensure that only facilities that are exclusively engaged in the treatment of opioid addiction using on-site administration of a controlled substance are exempted from licensure under ORC 4729.553. This change clarified the intent of the bill while also ensuring proper oversight over the provision of medication assisted treatment.

HB 341 was also amended to allow the state's prescription drug monitoring program, the Ohio Automated Rx Reporting System (or OARRS), to share data with the Defense Health Agency's (DHA) prescription drug monitoring program. Recently, the DHA created a prescription drug monitoring program, similar to OARRS, to collect prescription data from all its locations. The DHA military hospitals and clinics treat active duty military and their families across the country.

Under current law, OARRS shares data with other state programs but does not specifically include a provision allowing for sharing between federal entities. HB 341 adds a provision to ORC 4729.80 to permit sharing with the DHA in order to improve the overall care of our military service members and their families who may seek care outside of the DHA.

To further enhance the Board's ability to quickly respond to licensees that pose an immediate threat to the health and safety of the public, the Board is requesting an amendment seeking an exception in ORC 121.22 for all summary suspension activities. The amendment, drafted on the advice from the Attorney General's Office, seeks parity with the other healthcare regulatory boards as it relates to conference calls for emergency suspensions of licensure, including:

- Occupational Therapy, Physical Therapy, and Athletic Trainers Board;
- Nursing Board;
- Chiropractic Board; and
- Medical Board.



Currently, the Board of Pharmacy has the authority to suspend a license without a prior hearing should a licensee present "a danger of immediate and serious harm to others." The legislature has authorized the Board to conduct such business via conference call to allow for a quick response. Examples of summary suspensions include drug theft, adulteration of drugs, unsanitary compounding practices, harm to children, etc.

The ability of the Board to conduct such business quickly is critical. The Board has an exception to the Open Meetings Act (ORC 121.22) to quickly convene a conference call for the summary suspension of pharmacists and pharmacy interns. However, such exemptions were not added when, over the course of the last ten years, the Board received summary suspension authority via conference calls for other licensees including pharmacies, wholesalers, suspending OARRS access, pharmacy technicians, medical marijuana (dispensaries, employees, patients/caregivers), and home medical equipment service providers.

Without this amendment, it makes it difficult for the Board to act quickly to stop activities by its licensees that pose a danger of immediate and serious harm to others. As stated previously, the amendment simply seeks to provide the Board of Pharmacy will the same exceptions granted to most other Ohio healthcare regulatory boards in order to safeguard the public.

On behalf of the State of Ohio Board of Pharmacy, I thank you for the opportunity to provide written testimony on Ohio HB 341.