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House District 20

Insurance Committee Sponsor Testimony on HB 448  
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Chair Brinkman, Vice Chair Lampton, Ranking Member Miranda, and members of the Insurance Committee, thank you for giving me the opportunity to testify in support of HB 448.

People with visual impairments or people who are blind face difficulties in safely managing their prescription medications that others do not face. Individuals who are blind or have visual impairments are at risk for at-home medication errors, like taking the wrong pill, missing a re-fill date, or ingesting an expired medication. Any of these preventable mistakes can be harmful or even deadly to these folks.

HB 448 requires a “licensed terminal distributor” of “dangerous drugs,” such as a retail pharmacy and a mail-order pharmacy, to notify a purchaser of a prescription drug at retail that a “prescription reader” can be made available for that purchaser, and, if the person purchasing the drug specifically requests a prescription reader, the pharmacy shall provide a prescription reader for at least the duration of the prescription. For in-person transactions at retail pharmacies, this notification must be made to the person *if* the retail pharmacy has reason to believe that the purchaser is blind or visually impaired or is purchasing the drug for someone else who is blind or visually impaired. For mail-order transactions, the mail-order pharmacy must provide this notification to all purchasers.

A prescription reader is simply a device that audibly conveys the information that is already required by law or rule to be contained on a label affixed to a container in which prescription medication is dispensed. The information audibly conveyed shall also include any cautions which may be required by federal or state law, including information about drug interactions, contraindications, and side effects.

Ohioans with visual impairments now have to utilize unreliable methods to differentiate which pill bottles contain their prescriptions, like tying objects to bottles (which do not always stay attached), or leaving different prescription bottles in different places around their home to tell them apart. In light of our heightened concerns now about securely storing painkillers and other opiates, these methods are not ideal. Without access to a prescription reader, blind people and those with visual impairments do not have access to reliable prescription instructions and information, which can prove harmful or even deadly. Increasing access to audible prescription readers will greatly benefit those who are blind or have visual impairments.

Since the enactment about thirty years ago of the Americans with Disabilities Act, federal law has required accessible prescription labeling and made it the obligation of pharmacies to provide accommodations and means of effective communication with their patients. Pharmacies are not supposed to charge the patient for these accommodations, like a prescription reader.

Additionally, Section 1557 of the Patient Protection and Affordable Care Act requires that a covered entity must provide auxiliary aids and services to individuals with disabilities, free of charge and in a timely manner, when necessary to ensure an equal opportunity to participate and benefit from the entity's health programs or activities.

The problem is that many, if not most, pharmacies in Ohio have not implemented accessible prescription labeling, so it is up to states to enact statutes to enforce these measures. Some large pharmacies, like CVS and Walgreens, have taken steps to provide better access to prescription information and cautions for visually impaired persons. Walgreens supplies its blind and visually impaired customers with a free prescription reader called a "Talking Pill Reminder," which retails for about \$9.99 per device. This is a small, round device which attaches to the pill bottle with buttons that the user presses to play a recording conveying information about the medication in the bottle. CVS provides a free prescription reader to its patients called a "Spoken Rx," which utilizes a type of radio frequency identification device tag on a pill bottle. The visually impaired patient is provided with a Spoken RX stand-alone speaker at no cost to the patient, as well as a free smartphone app (to those with a smartphone), to scan a barcode which then audibly announces the required information and warnings. CVS has not publicly released the cost of this type of prescription labeling access.

There are also some companies, like En-Vision America, which have created programs like its "America's Pharmacy Freedom" program, which loans a prescription reader called a "ScripTalk" to a patient indefinitely, at no charge, which the patient can use at any participating pharmacy. This device utilizes a battery-operated base station that can read any prescription label with a radio frequency identification tag containing electronically imbedded information.

The problem is that the steps taken by CVS, Walgreens, and En-Vision America are the exception not the rule. Blind or visually impaired people should not have to shop around for a pharmacy that will provide them with critical prescription labeling information in a format they can access. And not everyone has access to CVS or Walgreens or to a pharmacy which participates in En-Vision's America's Pharmacy Freedom program. If we do not enact laws like HB 448 requiring pharmacies to make prescription drug readers available to all who need them, our society will ultimately bear the burden of the costs of preventable emergency room visits, or hospitalizations due to medication errors, or visually impaired people having to hire care givers to help them with their medications, or blind people having to rely for medication help from friends and neighbors, who would then have access to their private medical information.

The notice required to be provided by the pharmacy to the visually impaired patient does not apply in certain circumstances. The notification is *not* required when the drug is furnished by a licensed health professional, like when a physician provides the drug to a patient in his or her office. And, the notification requirement does *not* apply to: institutional pharmacies, like pharmacies within residential care facilities, hospice care programs, and, ambulatory surgical

centers, etc.); pharmacies in jails or state correctional institutions; or, pharmacies operated by governmental entities.

HB 448 further requires a health benefit plan and the Medicaid program to provide coverage for prescription readers provided by a licensed terminal distributor of dangerous drugs. Some pharmacies, like CVS and Walgreens, already provide access to prescription readers to their visually impaired patients, as required by federal law and rule. For those that don't, this bill would require the patient's health insurance provider to cover these expenses. Some plans already cover such costs. And, as stated earlier, the costs to our society and to insurers of *not* covering these expenses are ultimately much greater, considering the extraordinary costs of emergency room visits, hospitalizations, and home health care costs, compared to the relatively nominal costs of many of the prescription reader devices available on the market today.

Finally, I would point out that other states, like Nevada in 2018, have passed similar legislation, which was signed into law by that State's Republican Governor. I have met many times with individuals representing the National Federation of the Blind, Ohio, who informed me of the urgent need for this legislation. Ohio should follow Nevada's lead and take an important step forward to improve access to audio prescription readers. I urge passage of HB 448. Thank you and I will now take any questions that you may have.