



**State Representative Derek Merrin
District 47**

**House Bill 101 – Sponsor Testimony
Health, Human Services, and Medicaid Committee
June 27, 2017**

Chairman Burke, Vice-Chairman Beagle, Ranking Minority Member Tavares, and members of the Health, Human Services, and Medicaid Committee. Thank you for allowing me to present testimony on House Bill 101, the “Epinephrine Accessibility Act”, which passed unanimously by the Ohio House of Representatives. National media has reported on the sky-rocketing cost for EpiPens, which are a brand of epinephrine auto-injectors used for severe, life-threatening allergic reactions. The price for EpiPens has increased about 500% in recent years, standing at a \$600 retail price – and the drug expires after about one year. EpiPen sales account for about 90% of the epinephrine auto-injector market. Mylan Pharmaceuticals, the drug maker of EpiPen, is exploiting its virtual monopoly in the epinephrine auto-injector space. For those at-risk of anaphylactic shock, epinephrine delivered by an auto-injector is a necessity, and the price has become a barrier to access and attainability.

House Bill 101 allows pharmacists to substitute a prescribed brand-name epinephrine auto-injector for a pharmaceutically equivalent epinephrine auto-injector from a competing manufacturer. For example, if a physician prescribes EpiPen that retails at \$600, a pharmacist would be able to substitute a less expensive alternative, that retails as low as \$100. The patient must consent to substitution, and the prescribing physician’s ability to direct the pharmacist to dispense a specific product is still protected. The patient and physician remain in control. Under current state law, pharmacists are prevented from substituting branded epinephrine auto-injectors.

By allowing pharmacists to substitute epinephrine auto-injectors, consumers could save hundreds of dollars annually. Most importantly, consumers that cannot afford the life-saving medication, would be provided less expensive alternatives. While developing House Bill 101, I have had pharmacists inform me that EpiPens have a high abandonment rate, which means patients do not pick-up the prescriptions. Those pharmacists have told me that they attribute this abandonment to the high price of the drug. Pharmacists have related many personal stories to me about parents that decline to redeem EpiPen prescriptions because of the price, walking out of the pharmacy without the potentially life-saving medication their child needs. House Bill 101 would empower pharmacists to educate, inform, and counsel consumers on the multiple epinephrine auto-injectors available. Consumers would be better positioned to make the best choice for themselves and their families.

This legislation also allows pharmacists, under a protocol with a physician, to dispense epinephrine auto-injectors to those 18 years or older without a prescription. However, the pharmacist would need a record that the consumer had previously been prescribed epinephrine. The Ohio Board of Pharmacy, with consultation of the Ohio State Medical Board, would establish guidelines and requirements for a protocol that would govern the conditions under which pharmacists can dispense epinephrine. This provision could save consumers from unnecessary, time-consuming visits to physician offices and costly co-pays to obtain a prescription that an adult has been reliant on for many years. House Bill 101 is modeled after the Naloxone legislation that sought common-sense reform to increase access to a life-saving drug.

In the 131st General Assembly, Ohio enacted House Bill 200 that enabled a clinical nurse specialist, nurse practitioner, or certified nurse-midwife with a certificate to prescribe epinephrine. This law, which passed both chambers unanimously, set a standard that a personal evaluation or medical exam is not necessary to prescribe epinephrine auto-injectors. The legislature has duly recognized that epinephrine is an emergency, life-saving medication and should be readily available to the public. It is important to note that epinephrine is a non-addictive, non-controlled substance, and not deemed a drug of abuse. Epinephrine auto-injectors contain a safe, fixed dosage of epinephrine that has proven to save thousands of lives. Also, the legislation eases the ability for restaurants, colleges, amusement parks, and sports facilities to obtain the product, if they fear there is a risk for allergic reactions on their premises.

The Epinephrine Accessibility Act is common-sense reform that will increase access and affordability of epinephrine auto-injectors. This legislation is a free-market solution to the exorbitant cost of the EpiPen. By easing access and government restrictions, consumers will have a better opportunity to obtain epinephrine auto-injectors at a lower cost. I respectfully ask for your support for this legislation and welcome any questions committee members may have.