November 19, 2019

Ohio House Health Committee

Proponent Testimony HB 214

Submitted by: Sheri Albers

Chair Lipps, Vice Chair Manning, Ranking Member West, and Members of the Ohio House Health Committee: Thank you for the opportunity to submit testimony in support of HB 214. I am a member of the National Federation of the Blind of Ohio. We are the only organization that believes in the full capacity of blind people, and has the power, influence, diversity, and determination to help transform our dreams into reality. We believe in blind people because we are blind people. Our democratically elected leaders and our diverse nationwide membership are made up of blind people, our families, and our friends. We are bound together by our belief that the blind are capable of achieving our dreams and living the lives we want, and by the love and respect we have for one another and for all blind Americans. We support one another, act with courage and determination when we encounter barriers or experience setbacks, and engage in collective action to improve our lives.

The National Federation of the Blind of Ohio is in full support of prohibiting blindness from denying or limiting care of minors. We believe that HB 188 will accomplish this task of battling low expectations and misconceptions of the capabilities of blind parents. Without this bill,

Here is the problem as we see it. Pharmacological advances in recent years have resulted in doctors’ prescribing more and more powerful medications for high blood pressure, high cholesterol, diabetes, COPD, heart abnormalities, and above all pain management, to name a few. These medications have exact and varied dosage instructions: once a week, after meals, six times a day, etc. Moreover, the side-effect warnings are dire: bleeding, thoughts of suicide, sleep-walking, nausea, and the like. The result is that careful and responsible patients and their care-givers must constantly consult the literature that comes with medications.

Considering these truths and the fact that 7,300,000 adult Americans in 2015 identified themselves as having visual impairments, along with the growing aging population, there is a significant percentage of Americans that cannot independently identify their medications or read the literature that comes with them.

The only reliable way of providing accessible paper information about dosage and background information about medications to people with low vision is for someone to put it into large print or Braille. But many visually impaired people cannot read print of any size or contrast, and less than 10 percent of all blind adults read Braille.

For this reason, I have no choice but to depend on memory: trying to recall what shape and size my pills are, marking pill bottles with rubber bands and paperclips, and placing medications in various locations. Then I have to try to remember the dosage instructions and my personal systems for telling medications apart. This is so clearly dangerous that many people give up managing their medications or settle for the possibility of making serious, even life-threatening errors. The social cost of this situation is serious and growing. Some people have no choice but to give up their independence for the supervision of nursing homes. The cost of medication errors is incalculable.

In this post-Americans-with Disabilities-Act era of the established right of disabled people to equal access to information, blind people should have the information about their medications that everyone else takes for granted. The right to have full access to medical information is one more manifestation of the right to independence already granted in the Americans with Disabilities Act but not yet available in the real world.

HB 214 is the solution. Luckily technology advances today provide the needed solutions. The Access Board has developed best practices for providing Braille, large print, and audible prescription information. We believe that making audible prescription information generally available is the best way of solving the equal access problem. Every retail and mail-order pharmacy in Ohio should notify each blind or visually impaired person to whom a drug is dispensed that a prescription reader is available to the person and should provide on request such a label attached to the container that the recipient can read with a device provided by the pharmacy. This device will convey audibly all the information contained on the label.

The National Federation of the Blind of Ohio would like to thank the committee for their hard work on this vital legislation that would protect the rights and safety of blind and visually impaired individuals throughout the state of Ohio.

Sincerely,

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