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**House Bill 448 – Regarding Prescription Drug Readers**  
**House Insurance Committee Testimony**  
**March 30, 2022**

Chair Brinkman, Vice Chair Lampton, Ranking Member Miranda and members of the House Insurance Committee, thank you for your time and the opportunity to testify on this important topic.

My name is Teresa Kobelt and I am the Director of the Office of Policy at OCALI. By way of background, the General Assembly established OCALI in 2005 to serve as Ohio's clearinghouse of information, professional development and technical assistance for autism and low incidence disabilities, including deafness and blindness.

OCALI's Outreach Center for Deafness and Blindness exists to increase access, communication and equity for Ohioans who are deaf, hard of hearing, blind, or visually impaired. At the core of OCALI's work is the belief that all people can live their best lives for their whole lives.

Partnership is also at the core of OCALI's work. This testimony is offered not only by OCALI, but also on behalf of The Arc of Ohio and American Council of the Blind, Ohio.

Ten years ago, the US Congress passed the Food and Drug Administration Safety and Innovation Act ("the Act") (Pub. L. 112-144, 126 Stat. 993). Section 904 of the Act authorized the US Access Board, an independent federal agency that promotes equality for people with disabilities, to convene the Working Group on Accessible Prescription Drug Container Labels.

The 18-member stakeholder group included representatives from national advocacy organizations as well as industry groups. They were charged with developing best practices for making information on prescription drug container labels accessible to people who are blind, visually impaired, or elderly.

According to the working group, "Persons with visual impairments who cannot read print prescription drug container labels all too often report inadvertently taking the wrong medication, the wrong amount, at the wrong time, and under the wrong instructions... Without having ready access to their prescription drug container label information, persons with visual impairments are also at risk of taking expired medications, of not being able to obtain refills in a timely manner, and of being unable to detect pharmacy errors."

The Working Group recognized that key to providing accessible prescription drug container labels is patient-centered communication between pharmacists and patients with blindness or visual impairment and patient representatives. Because the extent of visual impairment varies from person to person, some patients may need prescription drug container labels in an audible format, while others may need braille, and still others may need large print.

In 2013, the group issued a report and recommendation, including 34 "best practices" that promote access to prescription drug container label information. Many of these "best practices" are

reflected in HB448. For example, the best practices include:

- Make available options for accessible prescription drug container labels in audible, braille, and large print formats via methods using, for example, hard copy, dedicated devices, and computers or smart devices.
- Explain to the patient the available accessible prescription drug container label format options, and provide the prescription drug container label in the format option selected by the patient.
- Do not impose a surcharge or extra fee to an individual to cover the cost of providing an accessible drug container label and equipment dedicated for prescription drug container label access.
- For all accessible label formats, including audible formats, ensure that all required information contained on the print prescription drug container label is provided on the accessible label in the same sequence as the print label.
- Include in accessible prescription drug container labels the information on warning labels added to the container at the pharmacist's discretion.

The Working Groups "best practices" were just that – best practices. They were not mandatory or legislated in any way.

In 2016, the US Government Accountability Organization (GAO) reviewed implementation of these best practices and issued "Prescription Drug Labels: Actions Needed to Increase Awareness of Best Practices for Accessible Labels for Individuals Who are Blind or Visually Impaired."

In conducting their audit, the GAO's interviewed:

- Four pharmacy benefit managers (PBM) that manage prescription drug benefits for the four largest private insurers that sponsor Medicare Part D plans based on enrollment as of March 2016.
- Nine of the ten largest chain pharmacy companies based on the number of retail pharmacy locations as of March 2016.
- Three of the largest pharmacy services administrative organizations (PSAO) based on the number of independent pharmacies in their retail pharmacy network as of 2011.
- Four state pharmacy regulating bodies (e.g., state boards of pharmacy) – California, Florida, Illinois, and Massachusetts.
- Eighteen randomly selected individual retail pharmacy locations (in California, Florida, Illinois, and Massachusetts).
- Seventeen other stakeholders, including the U.S. Access Board and National Council on Disability; pharmacy accreditation or standard-setting organizations; advocacy groups for individuals who are blind or visually impaired; industry groups that represent pharmacies,

pharmacists, or physicians; and vendors that develop and sell technologies that produce accessible labels.

The GAO found, three years after the Working Group issued its best practices, access barriers remained. HB448 addresses many of the barriers identified by the GAO.

Specifically, the GAO audit revealed individuals who were blind or visually impaired generally did not know which pharmacies could provide accessible labels, stemming from limited or no efforts to advertise accessible labels in pharmacies. Under HB488, licensed terminal distributors of dangerous drugs will be required to provide this notice.

The GAO also identified cost as a barrier to access. Some stakeholders indicated financial support for pharmacies, such as third-party reimbursement, could address costs that pharmacies incur to provide accessible labels that meet the best practices. These stakeholders stated that there is currently no direct financial support for providing these labels. Officials from four chain pharmacy companies told the GAO that pharmacies may be willing to provide accessible labels that meet the best practices if third parties, such as health plans, were willing to reimburse or share in the costs of producing these labels. HB448 provides for this reimbursement.

Lastly, stakeholders reported to the GAO that some pharmacies are not implementing the best practices, given an absence of requirements to do so by applicable corporate policies, contracts, state regulations, or accreditation standards. HB448 is certainly a significant step in implementing the best practices through state regulation.

We applaud Representative Brown and his cosponsors for their work on this issue and promoting access for people who are blind, visually impaired, or have other print disabilities. We support these efforts and look forward to the day where access exists, not only as it applies to licensed terminal distributors of dangerous drugs, but for all prescriptions and all healthcare.

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