

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide testimony on HB 558.

My name is Mike Espel. I'm here today in support of HB 558 and the Charitable Pharmacies in Ohio. My entire 47-year career as an Ohio pharmacist has been in underserved care, both in the public and private sectors. I served as the Director and founder of SVDP Charitable Pharmacy for the last 15 years of my career until retirement in 2021. I'm passionate about underserved care and the work done by Charitable Pharmacies.

In 2005, the legislation to allow the existence of Charitable Pharmacies in Ohio was passed by the legislature. The SVDP Charitable Pharmacy began in September 2006 as an initiative of Leadership Cincinnati. Over the years, I worked with the founding directors of the other Charitable Pharmacies here today, CPCO and Beacon as well.

Many of you might be wondering what it takes to have a successful Charitable Pharmacy program. It starts with committed pharmacist professionals that don't mind working for less than their peers on a shoestring budget. Imagine a pharmacy giving expensive prescription medication away, how can you have the budget to purchase it? The answer for most is to have diverse sources of donated medication. It takes a lot of creativity and ingenuity to do it effectively. Diverse sources are important because over time, some go away and others need to be found. When Ohio passed Karon's Law allowing Charitable Pharmacies to collect unused medication from nursing homes, it was very helpful after accommodations were implemented by the Ohio Board of Pharmacy.

HB 558 would further allow the collection of unused medication from individuals under the careful provisions of the law. There is precedence for this in other states. It would allow the collection of certain expensive life-saving medications that are desperately needed at a time when donated brand drug sampling is drying up, and purchasing of these drugs is not feasible due to their expense. These medications would include anticoagulants, inhalers, insulin, and two other medications used for diabetes.

Underserved patients utilize Ohio's ER's and hospitals to a large extent and many of them upon discharge are unable to afford the treatment for the problem that sent them there in the first place. Ohio is blessed to have three Charitable Pharmacy programs that collectively filled over 200,000 prescriptions in 2020. They create a network of care that has reduced this burden. Passing this law will further enable them to see more patients and provide better care. They will describe in more detail their programs and experiences.

From a personal perspective, I've witnessed the joy of patients receiving their lifesaving medications who otherwise would not have and the despair of patients that I was unable to help that likely became an unnecessary casualty. I am still haunted by the images of those patients.

This law is a win for Charitable Pharmacies, their underserved patients, and the individual donors who don't want their unused expensive medication to go to waste.

Please support this initiative to improve Health Equity in the underserved, Ohio's most vulnerable population!

Members of the Committee, thanks again for the opportunity to testify. I would welcome any questions at this time.

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