For Dan and Judy Houdeshell, Jan. 8, 2014, is the date that their worst nightmare, as parents, had become reality. While on vacation in Florida, they received the phone call informing them that their 36-year old son, Kevin “Howdy” Houdeshell, had passed away in his home from ketoacidosis, a complication that diabetics prevent with routine insulin treatments.

Kevin Houdeshell, from a suburb of Cleveland, was diagnosed with diabetes at the age of 27, and he regularly took insulin to help manage his blood glucose levels. In Kevin’s final days, he faced an uphill battle while attempting to refill his expired insulin prescription, without success. As a pharmacist, I know firsthand how difficult it is for individuals dealing with chronic illness to monitor expiration dates for their various medication.

A failure to connect turns fatal

It is common for pharmacists to assist patients in renewing medications by contacting their physicians directly. However, when Kevin’s pharmacist tried to reach his physician, he was unsuccessful because the physician’s office was closed for the New Year holiday.

In the days following New Year’s Day, at no fault of his own or the physician, Kevin was still unable to connect with his physician because they had conflicting schedules.

After several days away from work, recovering from what he believed to be the common flu, Kevin stopped responding to friends’ and co-workers’ attempts to contact him. One of his friends stopped by the house to check on him, only to find that Kevin had passed away.

It is easy for individuals to be consumed by their symptoms and not realize the severe health implications they face. When my good friend and colleague, Sen. Gayle Manning, shared this story with me, I was deeply disturbed because I knew this tragedy was avoidable.

Our law was too rigid to accommodate individual emergencies — allowing pharmacists to dispense only up to a 72-hour supply in emergency situations. The law was originally intended to allow pharmacists to dispense refill prescriptions in cases of emergencies, such as natural disasters and major power outages. Also, many medications can be filled in 72-hour supply packages; however, others, such as insulin, cannot.

It was clear that more needed to be done to equip pharmacists to deal with these unique situations.

We brought together a coalition of doctors, pharmacists and patient advocacy groups to reach a consensus and help us produce legislation that included emergency refill provisions and expanded the scope of working relationships between physicians and pharmacists.

State Reps. Nathan Manning and Steve Huffman (a practicing pharmacist) carried the flag for this issue in the House, where they introduced companion legislation in the form of HB 188.

The legislation allows pharmacists to dispense emergency refill supplies to patients when the following criteria are met:

- The pharmacist is unable to contact the prescribing physician.
- The prescription is not a controlled substance
- The patient is on a consistent drug therapy program and it is documented that the patient has previously refilled the prescription with the pharmacist.
- The refill does not exceed a 30-day supply or the standard unit of dispensing.
- The pharmacist exercises his or her best professional judgment.

After passing the Senate in December 2015, HB 188 was signed into law by Gov. John Kasich later that month and took effect this month.

Under the new requirements, pharmacists can only dispense an emergency refill for a patient once per year. This ensures that the patient promptly schedules a follow-up visit with his or her physician immediately following an emergency refill.

I truly believe that the best public policy is derived from life experiences and constituent outreach. In my tenure as a member of the Ohio Legislature, I have worked on many different issues and bills, but working with colleagues and constituents to find reasonable solutions will always be the most rewarding.

During this process I have learned that Kevin Houdeshell’s story is not at rare or unique as one might think.

I encourage all my fellow lawmakers across the Midwest to review their corresponding laws and statutes to see if a similar resolution may be applicable in their state, as it could one day make the difference in saving someone’s life.

Ohio Sen. David Burke, a Republican from Marysville, was appointed to the Ohio Senate in 2011 and elected to a full term in 2012. He previously served as state representative from 2009-2011.

**Emergency prescription refill laws in Midwestern states**

- **As of November 2014, 12 states (none in the Midwest) and the District of Columbia had passed laws allowing prescription refills during a specified public-health emergency, such as a disease outbreak or natural disaster.**
- **Of the five states allowing prescription refills during a non-specified emergency, Kansas allows a seven- to 15-day supply, Ohio and North Dakota allow a 72-hour supply, and Indiana and Iowa call for a “reasonable quantity” to be made available. Effective March 24 of this year, Ohio will allow up to a 30-day supply under a law passed in December 2011.**

State has law allowing prescription refills without a doctor’s authorization during a non-specified health emergency

State does not have law allowing emergency prescription refills

As a pharmacist, I know firsthand how hard it is for those with a chronic illness to monitor expiration dates for their various medication.

Ohio man’s death sparks reform of state ‘rigid’ refill law

by Ohio Sen. David Burke

Restricting emergency refills of expired prescriptions can cost lives