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Utah House Health and Human Services Committee State Capitol 350 North State, Suite 350 PO Box 145030 Salt Lake City, Utah 84114

To Members of the Utah House Health and Human Services Committee:

On behalf of the Alliance for Pharmacy Compounding, I am writing to provide comments regarding HB 123 on Pharmacy Accessibility Amendments, specifically the requirement for pharmacies to provide prescription labeling for blind, visually impaired, or otherwise print disabled individuals.

We wholeheartedly support the principle of ensuring equitable access to prescription information for individuals with disabilities. Accessible labeling, bag tags, and medical guides, including audio formats, are essential for patient safety and empowerment.

While APC fully supports the requirement to offer accessible labeling options, we believe the financial implications of this regulation have not been adequately considered. Many pharmacies, particularly small businesses, face significant challenges in absorbing the costs associated with providing these services without additional reimbursement. To our knowledge, no financial impact study has been conducted to evaluate the burden this would place on pharmacies, nor is there precedent for requiring businesses to deliver such additional services at no cost.

We respectfully request clarification in HB 123 on who is expected to cover the additional cost of providing these essential services. This approach would balance the important goal of accessibility with the operational realities faced by pharmacies, ensuring sustainable implementation of the regulation without risking a reduction in pharmacy access for all patients.

Thank you for considering our perspective on this important matter. Should you have any questions, please do not hesitate to contact me at scott@a4pc.org.

Best,

Scott Brunner, CAE Chief Executive Officer

The Alliance for Pharmacy Compounding is the voice for pharmacy compounding, representing more than 500 compounding small businesses – including compounding pharmacists and technicians in both 503A and 503B settings – as well as prescribers, educators, researchers, and suppliers.