

June 12th, 2024

The Honorable Stephen Huffman
Chair, Ohio Senate Health Committee
The Ohio Senate
Ohio Statehouse,
Columbus, OH 43215

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Ohio Senate Health Committee, thank you for the opportunity to provide opponent testimony on House Bill 73.

UC Health serves as the only verified adult Level 1 Trauma Center for the Greater Cincinnati region, and our academic medical centers at University of Cincinnati Medical Center and West Chest Hospital proudly provides world-class care to all injured and critically ill patients in our communities. Our tripartite mission to provide lifesaving clinical care, generate innovative research, and educate the next generations of medical providers all underscore our goal to improve the comprehensive care of trauma patients in the greater Cincinnati region. We are innovators, relentless in our pursuit of the best in medicine and able to care for the most complex and critically ill patients. We hold the highest standard of patient care, clinical research and medical education to improve outcomes.

Prescribing off label medications is a practice that occurs daily in healthcare facilities across the State and Country, and we support the practice of prescribing off-label medications. The provisions and mandates of House Bill 73 go far beyond the prescribing of off-label medications and while we do not support this bill in its entirety and do not believe this bill will enhance patient outcomes or safety, we will focus on two provisions of this bill we find to be most troublesome.

Unverified Outside Medications

With respect to Section (C)(3) of Sub. H.B. 73, states that a pharmacist must make a good faith effort to obtain the drug and document such efforts if an in-hospital prescriber issues a prescription for a drug that is either not in stock or not on the hospital's formulary. Further, if the drug is available, it must be given. If the pharmacist or hospital is not able to source the drug, but the patient has access to the drug at home or through another source, the bill requires the hospital to allow the patient to bring the drug into the hospital and use it. There is no way to ensure a drug brought into a hospital by a patient or family is the drug that the patient or family state it is or if the packaging accurately labels the drug. Additionally, many medications must be stored and handled in a sensitive manner with respect to temperature control, light control, and additional factors. Hospitals cannot verify that those storage requirements were maintained during obtaining and transporting the medication to the hospital. Additionally, requiring a drug to be used in the hospital without regard to clinical contraindications, drug interactions, allergies, and dosage checks required by law will result not only in violations of existing law but could also result in adverse outcomes for patients. Requiring a hospital to dispense a drug without allowing for legally required patient safety processes and professional practice by highly trained clinicians is not in the best interest of patients.

Temporary Privileges

Section (C)(4) of Sub. H.B. 73 provides that if there is not a prescriber in the hospital willing to prescribe a particular drug, then the patient's outpatient prescriber must be allowed to immediately apply for "temporary privileges with oversight." If the outpatient prescriber is not granted privileges, the hospital must report the denial to the Ohio Department of Health. If the outpatient prescriber is granted privileges, they must be authorized to participate in the patient's care to administer and monitor the prescribed off-label drug until the patient can be transferred to a hospital where the outpatient prescriber is credentialed.

The process for granting temporary privileges is rare and often requires more than five days depending on the documentation needed, references to be checked, medical education and license verification, and the speed with which the physician responds to requests for information. Medical education verification on its own can take weeks in some cases depending on the State or Country the physician obtained their medical education. This process is dependent on factors outside of the treating hospitals control and HB 73 establishes those applications not processed in five days be reported to the Ohio Department of Health. Additionally, a physician that is granted temporary privileges might not have the opportunity to fully review the patient chart, care plan, and coordinate with all members of the care team. This could pose additional safety concerns as the outpatient physician may not have the full history of the patient. This could lead to adverse side effects from any medication that is not approved through coordination of all members of the patient care team.

We strongly oppose House Bill 73 in its entirety and specifically for the reasons listed above. If House Bill 73 were to be enacted, Ohio would have lasting devastating effects to the quality and safety of healthcare in the State. We urge the committee vote no on this legislation and please do not hesitate to reach out should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "PANCIOLI". The signature is stylized with a large, looped initial "P".

Arthur Pancioli, MD FACEP
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