



**Opponent Testimony of Dr. Joe Marchiano  
Clinical Lead Pharmacist, Summa Health  
Before The Ohio Senate Health Committee  
Hearing on H.B. 73  
Wednesday, June 12, 2024**

Chairman Huffman, Vice Chairman Johnson, Ranking Member Antonio and Members of the Senate Health Committee, my name is Joe Marchiano and I am a clinical pharmacist for Summa Health located in Akron, Ohio. Thank you for the opportunity to testify in opposition to House Bill 73.

Summa Health is one of the largest integrated healthcare delivery systems within the state of Ohio. Encompassing a network of hospitals, community medical centers, a health plan, an accountable care organization, a multi-specialty physician organization, research, and the Summa Health Foundation, the system is nationally renowned for excellence in patient care and for exceptional approaches to healthcare delivery.

As a pharmacist employed by Summa Health, I work with a team of outstanding physicians, nurse practitioners, nurses, and social workers to ensure that our patients are taking the best possible medication regimen. This process, and the current medical landscape, requires the use of off-label medication on a daily basis; and patients are able to access these off-label medications every single day as a product of team-based decision making. I am speaking before you today to emphasize that House Bill 73 does not enable off-label prescribing, because off-label prescribing is a very widely used ongoing practice. What House Bill 73 does, per (C)(1) and (C)(2), is prevent pharmacists from refusing to dispense a medication when they have a scientific objection to the use of said medication. While any such disagreements are typically handled amicably between the provider and pharmacist, impasses do occur at times; and House Bill 73 accomplishes the equivalent of taking away a fire extinguisher from a firefighter.

As a pharmacist, I have taken a professional oath which I hold very seriously. This oath compels me to assure optimal outcomes for all of my patients, and to ensure that their medications are safe. It is for this reason that I work with providers to ensure that patients do not receive toxic doses of medicines based on their kidney or liver function, that I make sure that patients do not have the potential for serious drug-drug interactions, and that I ensure appropriate antibiotics are used based on the specific infection that a patient has. In all of these circumstances, House Bill 73 would require me, and all pharmacists, to override our professional oath as well as existing state law and dispense any unsafe medication if compelled to by an ordering provider and, for this reason, poses a fundamental threat to the safety of all Ohio citizens.



In purporting to expand access to safe medications, this Bill in effect will remove the very safeguards which protect our patients. As I mentioned, it is uncommon for a pharmacist to resort to outright refusing to fill a prescription. However, when these situations arise, they are often of critical importance and of a highly time-sensitive nature. For instance, I once refused to prescribe an IV medication for a hospitalized patient that would dramatically raise their blood pressure because the prescriber was unavailable and the patient's blood pressure was concerningly high. Once the prescriber was available, they thanked me for this action and described that they misremembered the effects of this medication. Had HB 73 been law at that time, it is very likely that the patient would have suffered a heart attack, stroke, or worse due to my being forced to dispense the medication.

I am not only concerned that HB 73 will remove my ability to refuse to dispense medications on scientific grounds, but that it will increase the amount of times where I might need to do so by permitting outside providers to prescribe any off-label medication for our most vulnerable patients. (C)(4) describes that any outside prescriber who happens to obtain the trust of a patient must be permitted to apply for temporary privileging at a hospital or nursing facility. While the premise of this is amicable it, in effect, will create an infrastructure for lone-wolf providers to go around a patient's medical team and write for medications that can harm patients. It will then prevent a pharmacist from refusing to dispense the medicine even if they scientifically object, if there are medication interactions, if a medication dose might be far too high for a patient's kidney or liver function, or if the medicine might cause side effects like internal bleeding, dangerously low blood sugar, or dozens of other situations. This will risk a dramatic increase in the amount of situations where a pharmacist might need to exercise their lawful right to refuse to fill a prescription but, because of HB 73, be unable to do so.

In this same way, HB 73 will splinter the care provided to our most vulnerable patients. In allowing for lone wolf prescribers to override the will of a patient's medical team, this generates the potential for communication errors and therapeutic conflict which places the patient in the center of harm's way. For these reasons, the temporary privileging aspect of HB 73 only stands to jeopardize the high standard of care to which Ohio's medical institutions and teams are held.

While these are my highest priority concerns pertaining to HB 73, there are several others including (C)(3) which would supersede existing practices regarding how patient home medications are processed and compel pharmacists to approve medications brought from home regardless of expiration, validation of storage conditions, purity, or necessity. This bill, unfortunately, stands to only compromise the care provided to the patients of Ohio.

For the safety of Ohio and its patients, I strongly urge you to oppose HB 73. Thank you for your time and I am happy to answer any questions that you may have.