3 June 2024

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee,

Thank you for the opportunity to provide my personal opponent testimony on House Bill 73. My name is Emma Rednour and I recently earned my Doctor of Pharmacy degree this past April from an Ohio pharmacy school. As a newly licensed pharmacist, I am writing to express my concern regarding House Bill 73 (HB73) and its potential consequences for Ohio patients.

Off-label prescribing is a common practice, and pharmacists have and will continue to support the appropriate use of off-label drug therapy. The practice of off-label use is a part of our pharmacy school curriculum and is widely accepted as a means to provide patient-centered care. This is especially true in pediatrics, where the incidence of off-label use is estimated to be 40% or more[1] due to the lack of data in this patient population. I have spent several years working as a pharmacy intern as well as completed multiple clinical rotations at a pediatric institution, where I learned the importance of using professional judgement to determine whether the benefits of an off-label drug outweigh the risks for each patient. Our teams of prescribers, pharmacists, nurses, and others were able to make decisions based on evidence from well-designed clinical trials to take the best care possible of our patients. Additionally, both patients and their families were involved in decision making as much as possible to build trust and respect. I personally witnessed this practice and saw immense value in the input provided by a patient's parent that helped our team take better care of them. Partnership between patients, families, and care teams as well as using scientific evidence and professional judgement is the best way to ensure patients are receiving medication therapy that is both safe and effective.

In many ways, HB73 threatens these collaborative efforts by overriding steps in the medication use process. Through establishing a pathway for external providers to obtain temporary privileges for our most vulnerable patients, HB73 creates the potential for outside providers to take complete and isolated control over a portion of a patient's care regardless of their expertise and knowledge of a patient's clinical status and history. This also creates potential to compromise the relationships between patients and their care teams while increasing the odds of miscommunication, medication errors, and potentially leading to worse health outcomes.

In addition, through removing various requirements for off-label prescribing and removing the ability for a pharmacist to refuse dispensing medications even when they have a scientific objection, HB73 discourages the principles of stewardship as well as the responsible and deliberate use of medications such as analgesics and antibiotics. Lack of stewardship leads to dangerous circumstances such as the opioid crisis that devastated Ohio families, or the rising rates of antibiotic resistance that creates infections for which there are no effective cures. Moreover, through challenging the principles of stewardly medication use, HB73 creates the

1. Allen HC, Garbe MC, Lees J, et al. Off-Label Medication use in Children, More Common than We Think: A Systematic Review of the Literature. J Okla State Med Assoc. 2018;111(8):776-783.

potential to worsen shortages of drugs that are facing supply issues. Without effective prevention of, management of, and response to medication supply issues, patients will ultimately suffer from worsened access to such medications. All of these are potential consequences that should be considered before moving this legislation forward.

We are taught in school that our job as pharmacists is to keep patients safe from harm above all else; this is not only an obligation imbued by our oath but is also a legal responsibility established in Ohio law under OAC rule 4729:5-5-15 that defines the standard for pharmacy practice. HB73 does not improve access to off-label drugs but rather takes away the ability for a pharmacist to refuse dispensing a medication in the case of scientific objection. This, in effect, dilutes the ability of a pharmacist to ensure that a medication is safe before reaching the patient and is in direct conflict with existing state law. In its current state, except in the rare case of a life-threatening contraindication or allergic reaction, HB73 would force a pharmacist to dispense a drug to a patient regardless of whether they scientifically object to its safety. Although this may be an unintended consequence, it is one that will undoubtedly lead to harm. I am only beginning my career as a pharmacist, and I do not want to see our profession forced into choosing between upholding the law and protecting our patients. Thank you for your time and consideration.

Respectfully,

Emma Rednour, PharmD, R.Ph.

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