

H.B. 73 proposes to authorize the prescribing of off-label medications and if prescribed, to generally require their dispensing.

- The scope of H.B. 73 eliminates the checks and balances of safe and effective medication use including the professional judgement of the pharmacist.
- Off-label use of medications does not need to be authorized. Off-label use of medication is an accepted practice of medicine that has been successfully utilized by providers for decades. With this bill, pharmacists would be required to dispense a medication for off-label use even if the medication has no indication or evidence-based practice behind its use.
- Originally H.B. 73 did not put in place any exemptions for off-label use of controlled substances and other drugs that may be abused or at risk for diversion. Carving out controlled substances could be problematic as this may limit valid indications for prescribing controlled substances that would be considered off-label use.
- H.B. 73 conflicts with requirements obligating pharmacists to determine the legitimacy of a prescription and exercise professional judgement when dispensing and in some cases declining to dispense a prescription.
- H.B. 73 allows prescribing without test results or exposure to a disease. A pharmacist would be required to dispense a medication that could be considered clinically inappropriate potentially causing more harm than benefit.
- H.B. 73 does not extend immunity to pharmacists for not complying with existing regulations that are in conflict with bill. H.B. 73. This bill, while providing some level of civil and administrative immunity, does not extend to criminal immunity. The immunity does not appear to extend to pharmacy technicians or nurses who may administer these off-label medications.
- H.B. 73 conflicts with current state law governing the practice of pharmacy. The pharmacist ensures drugs do not adversely affect patients. The pharmacist's role under Ohio law is to conduct a prospective drug utilization review which includes identification of therapeutic duplications, drug-disease state interactions, drug-drug interactions, contraindications, incorrect drug doses, abuse and/or misuse, and inappropriate duration of treatment.
- Hospitals have mechanisms in place to resolve disputes if a pharmacist disagrees with the medication prescribed by the provider. In rare instances when the provider and pharmacist cannot come to agreement around the medication order, the hospital has quick mechanisms in place to escalate and resolve disputes. H.B. 73 circumvents these processes as the bill requires the pharmacist to fill the prescription even if the pharmacist believes this is not in the best interest of the patient.
- Hospitals have a formulary process to determine the appropriateness of medication use which includes off-label uses before allowing the medication to be stocked, ordered and administered. This bill would require the administration of medications not on the hospital formulary and circumvent the robust process used to determine medications are safe and effective.

H.B. 73 is too broad in scope and is legislating a process that does not need to be legislated. Pharmacists need to be able to apply critical thinking skills and professional judgement to provide our patients with the best care and avoid unnecessary harm.