

June 7, 2024

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

My name is Brian Latham, and I am a pharmacist who has been practicing in Ohio since 1999 in the hospital pharmacy setting. I support the practice of pharmacy at several hospital pharmacy locations in the state. I feel that the language and requirements stated in the proposed House Bill 73 is dangerous and will be a disservice to the patients that we care for in Ohio.

The use of medications off-label has been in practice for years and is already a common practice for prescribing medications to patients. As new drugs come to market, limited clinical trials in select patient populations may not lead to labeled prescribing for all patients or potential conditions. As new clinical studies are performed on current FDA approved medications, we learn that some medications may work for other indications and conditions. Often the manufacturers will not go back for FDA approval of these indications as clinical trials are costly and may not benefit the sales and marketing of the approved product. However, it may become a common practice to prescribe medications for these alternate, studied purposes. All FDA approved medication have proposed mechanisms of action, drug metabolism, and safety profiles on file and this information helps to guide a pharmacist's ability to discern if the drug will interact with other medications that a patient is currently prescribed or affect their underlying health conditions negatively. House Bill 73 binds the pharmacist's ability to perform their clinical due diligence for patient safety and prohibit their clinical input/judgement for medications that may negatively impact a patient when required to dispense a drug that has a negative impact on a patient.

Allowing a patient without background medical training to decide their therapy could be dangerous with the countless drug interactions and safety profiles that may impact their care. A care decision should be a discussion of the benefits and negative effects that may occur with a treatment option, involving scientific evidence and taking to account a patient's condition. It should not be a relationship with a prescriber who may not have the full scope of the patient's medical record that may be hundred's of miles away and has never seen a patient in-person. When outside prescribers are granted temporary hospital privileges for the purpose of prescribing a medication with very limited evidence it can be dangerous for the on-site providers (physicians, nurses, pharmacists) who are treating the individual, making these clinicians prone to unknown effects from these untested medications. A hospital care team is in sync with the needs and treatment of patients and temporary privileges for this purpose only splinters the care provided.

The internet is full of advertising claims and promises of medications and supplements treating conditions with limited proof or testing. The pedigree and integrity of these on-line companies is difficult to regulate and medication ingredient content and claimed effects have been shown countless times to be incorrect from testing being performed on their actual content. Requiring these types of supplements and medications to be used in the hospital is dangerous as the content and storage of these internet-obtained medications/supplements cannot be validated.

My oath as a pharmacist and mission is to provide welfare for humanity and applying my knowledge, experience, skills to ensure optimal outcomes for patients. This is accomplished through an interdisciplinary collaboration with other healthcare providers. HB73 compromises the ability for myself

and other healthcare experts treating our patients in Ohio with this ability to ensure patient safety is upheld for the patients we are administering care.

I appreciate the opportunity to provide written testimony in opposition to House Bill 73 and for your consideration in understanding the repercussions that this bill would have on medical and pharmacy practice as a detriment to patient safety.

Thank you,

Brian Latham, PharmD, MBA

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