
HP 73 Opponent Testimony

06/10/2024

Dear Chairman and Committee Members,

Thank you for your dedication to advancing the health and wellbeing of the Ohioans and for providing the opportunity for me to testify in opposition to Ohio House Bill 73 in its currently written form.

As a clinical pharmacist at a free clinic that provides free healthcare to the thousands of uninsured and underserved of Miami and surrounding counties, “access to healthcare” is a reality that I must navigate every day. Partnered with Ohio prescribers, I work to enable some of the most vulnerable and at-risk Ohioans access to care (free of charge) that otherwise would not be available to them; whether that be due to cost, national shortage, or other factors. These are my friends, neighbors, and members of my church congregation. They are factory workers, contractors, and retirees; much like Dave and Angie’s tragic story, their needs appear unresolved by the traditional healthcare system. Addressing barriers to care like these is something that I am passionate about and what motivates me to come to work each day.

But I fear that this bill as written risks creating a litany of unintended consequences in its attempt to address the circumstances around Dave and Angie’s experience with the healthcare system and their untimely deaths. In an effort to enshrine access to off-label prescribing, I believe that the bill fails to acknowledge or address the situation and is too general and too autocratic in its language which will risk unintended consequences. Consider:

1. Off-label prescribing is legal in Ohio and occurs often. In my experience, pharmacists in Ohio are generally vocal proponents of off-label prescribing when the evidence leans more towards “help” than “harm”. I would suggest that any barriers to accessing off-label therapies for COVID-19 were not the result of hesitant pharmacists but rather the state board of pharmacy which, during the pandemic, expressly forbid Ohio pharmacists from dispensing ivermectin and hydroxychloroquine for off-label use due to a national shortage. This bill as written
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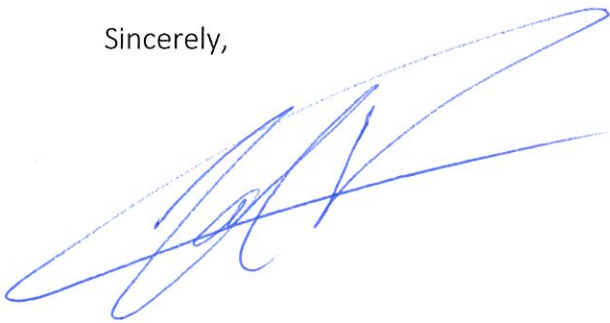
appears to try to solve the problem of “Ohioans could not access off-label medicines during the pandemic” without acknowledging that the issue was triaging the short supply of these medicines for those Ohioans infected with nematodes in the case of Ivermectin or suffering from crippling Lupus or rheumatoid arthritis in the case of hydroxychloroquine

2. The word “shall” instead of “will” forces pharmacists to dispense in any situation where the intended use has been stated is “off-label”
 - a. I would like to ask the committee to recall the atrocities that the Opioid Crisis had on Ohioans where we had many bad actors all too eager to violate their Hippocratic Oaths in order to exploit Ohioans for personal gain. If writing “for off-label use” (with no requirement for testing or other objective measure to support that claim) becomes a “golden ticket” to access otherwise dangerous or inappropriate drugs, it becomes all too easy for bad actors to again exploit vulnerable Ohioans and spread irrevocable harm in our state. Deaths, not saved-lives is the more likely result of the current language
 - b. Should it be concerning that the bill’s language addresses the sweeping and autocratic behavior of decentralized entities such as the World Health Organization by adopting language that is itself sweeping, autocratic, and disconnected from the intricacies and nuances of individual situations? Should it give us pause that the bill exchanges one tyrant for another that also dictates how an individual pharmacist must practice in a specific situation without regard to their training and professional judgement that might urge caution or outright refusal in a specific circumstance?
 - c. Although alleviating pharmacists from liability in any forced dispensing is appreciated, the ethics of “just following orders” is a poor ethical tool for those involved; consider the conclusion of the Nuremberg trials with those who were “just following orders”. The language appears to shield pharmacists from legal peril but does nothing to address ethical distress of a pharmacist forced to violate their oath of “advancing the wellbeing of humanity as their primary concern” by dispensing a dangerous drug that they in their professional capacity believe will harm and not help
3. As a father, I have witnessed what can occur if a pharmacist fails to perform their role as the last check in the prescription process. My infant son was dispensed what would have been a lethal dose of an antibiotic after suffering back-to-back infections of flu, COVID-19, and then strep over the course of six weeks. At his last appointment where he was diagnosed with strep, our board-certified pediatrician ordered what could have been a lethal dose of an antibiotic due to what is my understanding to have been an error in their equipment that had

been mis-calibrated by a third-party contractor that morning. The dispensing pharmacist who should have questioned the error instead bypassed software alerts to the dose that was more than twice the maximum dose for an eight-month old child because it was ordered by a pediatrician whose qualifications are already described. I caught the error at home (myself being a pharmacist) when measuring the dose and immediately contacted the pediatrician's office. The pediatrician at once recognized that the dose dispensed was not what they had intended and were rightfully horrified. They provided a revised dose that resulted in his being cured of the strep infection. This morning as he launched his breakfast at his nearest sibling as I wrote this, I could not help but feel exceptionally thankful that his chair is not empty today. If a pharmacist declining to exercise their oath and apply their training nearly resulted in the hospitalization or death of an eight-month-old child in Ohio, what might the ramifications be with this bill as currently worded in requiring pharmacists to act in a way that ignores their purpose and training?

Let me be quick to acknowledge my bias; I am a licensed pharmacist. But I am an Ohio resident first, husband and father, community member. I am the only college graduate in my family and the chairs at my holiday gatherings are seated by life-long factory and retail workers. My first job was working as a farmhand in Clark County and I carry that rural, "common-sense" with me to this day. I would ask that the committee reviewing this bill apply a similar "farmhand common-sense" to their consideration of how this bill is written in order to ensure that Ohioans continue to have access to high-quality healthcare and live their best lives in this state.

Sincerely,



Dr. Joshua Pearson, PharmD, RPh

