



**Christina Wadsworth, PharmD**  
**The MetroHealth System**  
**HB 73 -Opponent Testimony**  
**Senate Health Committee**  
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Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to testify in opposition to House Bill 73 (“HB 73”).

My name is Christina Wadsworth and I serve as MetroHealth’s Director of Clinical Pharmacy Services. MetroHealth is a super safety-net provider located in Cuyahoga County, which includes the City of Cleveland and its surrounding suburbs. Founded in 1837, MetroHealth has served Cuyahoga County longer than any other Cleveland healthcare organization.

Pharmacy services are among the essential services MetroHealth provides the Cleveland area. MetroHealth’s pharmacy services are not provided in silos - every day our over 400 pharmacists and technicians work as a care team alongside MetroHealth physicians to prevent disease and treat chronic conditions and vulnerable and sick patients. This interdisciplinary team-based care permeates the health system, including at our Level I Adult Trauma Center, our adult and pediatric trauma and burn center, our five hospitals, and our network of community-based health centers.

What reportedly happened to patients in Ohio hospitals during the height of the COVID-19 pandemic is awful and my heart goes out to those patients and families, especially those who lost loved ones. Healthcare has learned a lot since peak COVID-19 in 2020 and 2021, and if this bill focused only on the use of off-label drugs to treat COVID-19, I likely wouldn’t be here today. Unfortunately, HB 73 is not limited to COVID-19 and would put all our patients who rely on us for quality healthcare treatment at-risk in several ways. That’s because HB 73:

- Requires pharmacists to dispense any off-label prescription they receive. MetroHealth supports clinically appropriate off-label prescribing, which studies show already occurs often. So while the bill would not expand access to off-label prescribing, it would remove a key protection for patients by requiring the dispensing of off-label drugs, even if they’re potentially harmful. Pharmacists would lose their ability to prevent over or under-utilization, therapeutic duplication, drug-drug interactions, incorrect drug dosage, non-life-threatening drug-allergy interactions, abuse or misuse, inappropriate duration of treatment, or food-nutritional supplements drug interaction. The bill turns pharmacists into a pass-through for prescriptions and would significantly reduce their critical role in the care team. Studies report that pharmacists provide up to 7 interventions PER patient. The bill removes the pharmacist as the last line of defense for safe treatment.
- Mandates giving external providers temporary privileges which will disrupt interdisciplinary care approaches to treat vulnerable and complex patients. The team-



based approach ensures coordination, up-to-date information, communication, and the establishment of plans that are patient-centered. Allowing outside providers to control an aspect a patient's care while in the hospital will splinter the team and put patients at risks for errors and harm.

- Requires pharmacists to make a good faith effort to obtain any medication ordered by a provider regardless of the hospital's medication stock or associated policies. This would increase the number of non-formulary medicines that do not have patient safety checks. It is at-odds with existing best practices regarding the responsible use of medications and may create shortages due to the undisciplined use of medications subject to supply issues. Requiring any non-FDA approved medication to be administered in the hospital risks patient harm.
- Requires hospitals to use any medication supplied by a patient if it can be identified. MetroHealth already has permits the appropriate use of patient-supplied medications. By replacing our long-standing process with an unknown process, HB 73 would create unnecessary risks of harm to patients. It fails to ensure that a medication was stored properly, is not expired, has not been altered, and needs to continue while the patient remains hospitalized.
- Limits labs prior to initiating treatment. This flies in the face of standard treatment procedures to collect cultures prior to initiating antibiotic treatment to ensure the antibiotics can be used safely. For example, before using specialty infusion and oncology medications. it is standard to check patients for liver and kidney disease and screen for underlying infections like Tuberculosis. Not requiring these checks will put patients at risk.

Thank you for allowing me to testify today. I appreciate the Committee's time and attention to HB 73 and its impact on patient care.