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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 build on my colleague’s testimony in opposition to House Bill 73 (“HB 73”).

My name is Christine Alexander-Rager and I am MetroHealth’s Chief Physician Executive and Clinical Officer at MetroHealth.

I want to quickly emphasize a couple of points raised by my colleague. MetroHealth’s pharmacists and physicians work very closely to effectively treat our patient population. Our physicians know that pharmacists ensure safe treatment of a very complex patient population – over 80% of those we serve are either uninsured, or on Medicaid or Medicare. We work together to treat patients safely and to create efficient and effective policies and procedures for treatment and develop empiric protocols for common problems. When questions arise or patients take a turn for the worst, we turn to pharmacists to help optimize individual care plans for complex patients, monitor health outcomes, and gain insurance approvals. In short, pharmacists make our lives easier and are a critical part of the care team.

I also want to echo my colleague’s sympathies to the families who lost loved ones to COVID-19 unnecessarily. As a physician, I can tell you that during peak COVID-19, we were adjusting to new studies daily and trying our best to adapt patient care. We’ve learned a lot since and I’m confident that we have solid protocols in place now for COVID-19.

Unfortunately, because HB 73 is not limited to COVID-19 treatment, the risk from the bill impacts all patients. Let me highlight a few of the more problematic risks from a physician perspective –

- First, MetroHealth doesn’t oppose off-label prescribing. Physicians and pharmacists can frequently optimize care plans by using a medication for a purpose for which it is not indicated. Unfortunately, this bill short circuits the process by requiring pharmacists to dispense any off-label medications, regardless of whether they are appropriate for the patient, as my colleague noted. But I’m also concerned this provision will create a massive new burden on physicians – impacting many drugs dispensed in Ohio and thus delaying routine treatment. Pharmacists don’t diagnosis and prescriptions don’t usually come with diagnosis. The only way a pharmacist outside the hospital will know if the medication is for off-label use would be to contact the prescriber to get the diagnosis. Once pharmacists have that piece of information, they can then determine if they need to follow HB 73 policies or carry on with their normal practice. Prescribers don’t have time to field these calls. We are already overburdened and drowning in paperwork. And our patients cannot afford to have their medications delayed. This provision will add costs to the healthcare system and delay treatment for routine conditions, Consider the treatment of an ear infection using an eye drop prescription. Mom and child will have to wait at the pharmacy counter while the pharmacist contacts the prescriber for a diagnosis.
- Next, I’m very concerned with how the bill will affect my patients’ safety. Clinicians would effectively be required to provide any prescription medication, at any dosage and frequency that



their patient requests while in the hospital -- or else the hospital will be mandated to grant temporary privileges to an outside physician. I'm concerned that bad actor physicians will use this provision to mislead patients with savvy marketing, monetize a harmful process for patients and splinter care teams. Additionally, the bill dilutes important checks and balances within the healthcare system, like using labs to help diagnosis a condition before choosing a course of treatment and limiting the full exercise of a pharmacist's professional judgement and training. The liability and administrative burden that will accompany this bill will make it harder to find prescribers and pharmacists who will use medications for non-FDA intended purposes. The result – more pressure on an already strained healthcare workforce and more delays for patients who already wait too long for care.

Thank you for allowing me to testify today.

We are happy to answer any questions that you may have.