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

My name is Alex Nelson and I have been a pharmacist for 10 years, working in retail and specialty pharmacy. I am writing to express my vehement opposition to House Bill 73, as it completely contradicts the principles underlying the practice of pharmacy.

The role of the pharmacist in the U.S. is outlined in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). A pharmacist's obligations as defined by that document are to ensure prescriptions are 1) appropriate, 2) medically necessary, and 3) not likely to result in adverse events. These are the three main things we are looking for in reviewing prescriptions. All three stem from the pharmacist's clinical knowledge based on medical evidence. I believe it is worth noting that the words "clinical" and "evidence" make no appearance in this bill.

Many have already pointed out that there are no current barriers to prescribing medications for off-label use, so I will not belabor the point. I will say, however, that this bill appears to be using the term "off-label drug" as a substitute for "drug without sufficient clinical evidence". We practice evidence-based medicine. If a drug is being prescribed off-label, then a prescriber should be able to easily explain why a particular drug was chosen for the indication. From my perspective, this is the purpose of the FDA labeled indication; to say that there is clear evidence to use a particular drug for a given indication. If a prescriber wants to use a drug off-label, it is reasonable for a pharmacist to ask "why?". This bill inverts the relationship and instead puts the burden on the pharmacist to answer "why not?". If a pharmacist declines to fill a medication, I would argue that this is a failure of the prescriber to provide compelling evidence for its use within a given clinical scenario. As a pharmacist I have absolutely no issue with using medications off-label; but we are healthcare practitioners and are responsible for our patients' safety. This bill would greatly impair our ability to uphold that responsibility.

I am aware that this bill stems from issues during COVID. I listened to the proponent testimonies and I am sensitive to the family members who lost loved ones during that time and want to take action so that no one else has to go through what they experienced. However, I wholeheartedly believe that this bill would have done nothing to improve any of those unfortunate outcomes. The larger problem I heard through these testimonies was a failure of the healthcare providers to appropriately and compassionately communicate to the patient or their caregivers the issues with the medications being requested. It sounds like the larger problem was with the "I'm the doctor and what I say, goes" approach that patients were confronted with. If you hope to alleviate authoritarian prescribing practices to work toward a more shared decision-making approach between patient and provider, limiting the pharmacist's ability to act as a safeguard is one of the worst things you could do. This bill would essentially allow prescribers to write for placebos, which would work against the admirable goal of eliminating this paternalistic approach to the practice of medicine.

I also hope the general population understands that NO drug comes without risks of side effects, which is why there must be a compelling reason for a drug to be prescribed. Shared clinical decision-making requires some acknowledgement from the patient of the expertise of the provider. If a contractor removed a load-bearing wall because a client demanded a larger living room, you would call that a bad contractor. How much worse is a prescriber who knowingly writes for an ineffective or potentially harmful drug due to a patient's demand?

I want to close by noting that doctors, pharmacists, and healthcare systems are not as rigid in their views as this bill would suggest. The health system that I work for did have hydroxychloroquine on their protocol in the early stages of the pandemic, but once the data showed a lack of efficacy, it was removed. Some of the proponent testimonies implied that this was due to healthcare systems opposing old, inexpensive, or unorthodox therapies. I wonder if they are aware that we still use leeches in certain clinical situations to stimulate blood flow. We are not opposed to old, inexpensive, or unorthodox approaches to therapies, but there must be good data or compelling clinical rationale behind it.

The passage of this bill would do irreparable damage to the practice of pharmacy in the state and would do nothing to prevent the issues that it seeks to address. Thank you for the opportunity to provide this written testimony in opposition to House Bill 73 and for your time considering the threat that it poses to Ohio patients.

Alexander Nelson, PharmD, AAHIVP