Written Testimony

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 Mark Doles and I am a patient care pharmacist. I work in population health at a large health system in central Ohio. My role is to help patients maximize their health while decreasing overall cost of healthcare. I am writing to express my concern that House Bill 73 will harm the Ohio patients whom I care for.

On its face, this bill seems to accomplish nothing. It's focused on prescribers' authority to prescribe any FDA-approved medication for anything they feel appropriate. This is called off-label prescribing, and is very common with current laws and regulations. Off-label prescribing is indeed an important component of standard care. Many medications used for pregnant or pediatric patients for instance are used off-label. Prescribers do not need additional authority to prescribe off-label. The key phrasing that causes concern for me is the requirement of pharmacists to dispense any off-label prescription they receive. As a pharmacist it is my job, my duty, to ensure that my patients' medications are safe to use and will not harm them. The oath of a pharmacist, which has hopefully been read in its entirety during these proceedings, indicates that "I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients." If this bill passes, I would be prohibited from following my oath and protecting patients. If this bill passes, a pharmacist would be required to dispense:

- A medication that lowers the seizure threshold to a patient with epilepsy (e.g. bupropion)
- An immunosuppressant even if the patient didn't have the appropriate screenings beforehand (e.g. rituximab and hepatitis B screening)
- A medicine that can cause life threating allergic reaction, even if the patient wasn't tested for the appropriate risk factor beforehand (e.g. abacavir and HLA-B*5701 allele testing)
- A medication even if the dose is too high, too low, or isn't available (the bill requires pharmacists to dispense FDA approved medicine as the "drug" not the dosage strength)

I give the above examples not to overcomplicate this testimony, but rather to detail that these are very real situations that happen regularly. Ironically, the text of the bill allows pharmacists to not dispense a medication if there is a life-threatening contraindication, however it specifically prohibits requirement to have any sort of testing which may be used to identify such a contraindication.

I think something important to identify is that this bill focuses on the relationship between one prescriber, one patient, and one pharmacist. But what about patients with multiple prescribers? As a pharmacist, I can confirm that sometimes one prescriber helping a patient may not have the whole picture. Current state, the pharmacist can help protect the patient by exercising their judgement. If this bill passes, this ability would be taken away.

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.

Sincerely,

Mark Doles, PharmD, BCPS