

Dr. Leanne Murray, PharmD, RPh

Regarding Ohio Senate Health Committee Hearing on House Bill 73

June 12, 2024

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 Leanne Murray and I am a registered pharmacist in the State of Ohio. I have been a practicing pharmacist for eleven years and I primarily care for pediatric patients. I am writing to express my concerns that House Bill 73 will harm the Ohio patients whom I care for.

I would like to emphasize that I have no opposition to off-label medication use, because clinically appropriate off-label prescribing already occurs with an extremely high frequency. I regularly engage in off-label medication use in my practice. House Bill 73 does not expand access to off label prescribing because it is already a widely utilized practice. House Bill 73 does remove patient protections by requiring pharmacists to dispense any prescription for an off-label use of a medication that we receive, even when it would cause harm to our patient. I support and endorse the justified use of off-label medications for patients in situations where the benefits outweigh the associated risks. Patients have a very real need to maintain access to medications which benefit them, including medications being used off-label. As a pharmacist, I have a duty to ensure that the medication I am dispensing is safe for them to use and will not cause harm. This is the foundation of my pharmacy practice. My concerns with House Bill 73 are that it is moving past the safe use of off-label medications and requiring pharmacists to dispense medications that we recognize would lead to patient harm. For example, if this bill were to pass, I would be required to fill a prescription that can cause seizures even in a patient who has a history of epilepsy. I would be required to fill a prescription that interacts with the medications that they take daily, which could dramatically increase their risk of side effects or may eliminate the benefit that they are receiving from their other medicines altogether.

House Bill 73 sponsors suggest that the bill preserves patient access to medications that might help them, but these medications are already available to them via off-label prescribing and dispensing. It instead removes protections that are keeping patients safe from irresponsible prescribing. In preventing pharmacists from refusing to dispense medications on the grounds of evidence based clinical objection, House Bill 73 removes the last line of defense for patients and, in doing so, will undoubtedly lead to harm.

House Bill 73 directly opposes existing pharmacy practice law which establishes the legal standard for pharmacy practice. Per OAC Rule 4729:5-5-15, pharmacists have a corresponding responsibility to ensure proper prescribing and must ensure that all prescriptions are issued for a legitimate medical purpose. Pharmacists are also required to perform a drug utilization review, where we clinically review the patient and the prescription to ensure it is safe and effective for that patient. By mandating that pharmacists dispense medications regardless of whether they have a clinical objection, House Bill 73 would require pharmacists to dispense medications including those without a legitimate medical purpose and prevent us from adequately addressing issues identified during our drug utilization review. This would force pharmacists to abandon their legal duties, in addition to abandoning principles of their professional oath, and will create significant irreconcilable legal conflict.

House Bill 73 would require pharmacists to make a good faith effort to obtain any medication ordered by a provider regardless of a facilities medication stock or associated policies. This creates tremendous logistical burden on an already overworked health care system, is at-odds with existing best practices corresponding to the responsible use of medications, and risks creating medication shortages due to the undisciplined use of medications that are affected by supply issues. Allowing any individual provider to have complete control over the use of one medication means that organizations will not be able to effectively respond to medication supply issues and may make medications unavailable to patients who need them for the labeled indication. It also encourages the sort of irresponsible prescribing that led to the opioid epidemic in addition to ongoing antimicrobial resistance. Thoughtful prescribing of medications is key for the long-term health of our patients and state, but House Bill 73 abandons these principles by forcing individual pharmacists to obtain and dispense any medication ordered regardless of clinical appropriateness, availability, and established guidelines for optimal use. While I am a pharmacist, I am

also a patient and I have seen many disingenuous advertisements for supplements and other supposed remedies with claims of benefits extending far beyond what their potential effect and benefit might be. While this is dangerous, if House Bill 73 passes, prescribers could utilize antibiotics without evidence for a variety of off-label indications ranging from high cholesterol to weight loss to dementia. As a pharmacist, I would then be required to fill these medications.

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.

Dr. Leanne Murray, PharmD, RPh