

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 **Tara Nagaraj** and I am a **Clinical Pharmacy Specialist in ambulatory care**. I am writing to express my concern that House Bill 73 will harm Ohioans and negatively impact patient safety.

Concern: *Off Label Prescribing already exists, this bill is not about allowing off-label dispensing, it is about "requiring" pharmacists to dispense any off-label prescription they receive. (Includes specific concerning examples which may occur)*

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. House Bill 73 does not expand access to off label prescribing because it is already a widely utilized practice, what House Bill 73 does is remove patient protections by requiring pharmacists to dispense any prescription for an off-label use of a medication that they receive, even when it would harm their patient. Patients have a very real need to access the medications which will be of benefit to them, including medications being used off-label but I trust my pharmacist to watch out for me and my family and keep us safe. House Bill 73 sponsors suggest that the bill preserves patient access to medications that might help them, but these medications are already available to us via off-label prescribing and dispensing, it instead removes protections that are keeping us safe from irresponsible and inappropriate prescribing of off-label prescriptions. In preventing pharmacists from refusing to dispense medications on the grounds of scientific objection, House Bill 73 removes the last line of defense for patients and, in doing so, will undoubtedly lead to harm. I would like to provide an example of this. In 2018, it was found that a physician, Dr. William Husel, who worked at Mount Carmel in Columbus, Ohio was charged with 14 counts of murder. He was using excessive doses of fentanyl to Mount Carmel ICU patients between 2015 and 2018 to speed up their deaths. These doses would be considered as "off label". It was written in reports that he coerced pharmacists to approve the doses and nurses to administer. If pharmacists and other health care providers didn't speak up against him, then he would have continued to do so. If this law is passed, more situations like this could occur where providers inappropriately and dangerously prescribe medications to patients.

Concern: *Emboldening dangerous prescribers, providing them with temporary privileges and turning Ohio patients into research guinea pigs.*

I agree that it is incredibly important to ensure that patients have access to medications that can help them; however, House Bill 73 creates legal infrastructure for our most vulnerable patients to be exploited by dangerous or inappropriate prescribing. With so many individuals I know falling victim to misinformation, especially since the proliferation of social media, I can see exactly how House Bill 73 will open the flood gates for these bad actors here in Ohio. House Bill 73 opens the door for providers outside of a patient's treatment team to mislead vulnerable patients, earn their trust, and then force hospitals to entertain temporary privileges for these providers. This allows these providers to go around a patient's treatment team, prescribe medicines that are inappropriate in terms of dose or risk of side effects, and force a pharmacist to dispense these medicines. Nothing would stop these outside providers from prescribing chemotherapy to treat a bloodstream infection, using experimental medication cocktails without any scientific support, or using doses of medicines that turn them into toxins. House Bill 73 would turn patients into research guinea pigs for prescribers who want to perform research upon them, without going through the appropriate channels set in place since the Nuremburg code was

established in 1948. This conduct would only be possible because of House Bill 73 and due to House Bill 73, there would be no way to stop any external provider willing to engage in this sort of dangerous and inappropriate prescribing.

Concern: Medication ordering, shortages, and stewardship.

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 it also encourages the sort of 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 scientific appropriateness, availability, and established guidance for optimal use. I have seen many disingenuous advertisements for supplements, probiotics, 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 as well, for a variety of off-label indications ranging from high cholesterol to weight loss to dementia. The responsible use of antibiotics is the most critical aspect to preventing the development and spread of antibiotic resistance. If we look back in history, it is not particularly hard to imagine the perils of a world without effective antibiotics, house bill 73 would remove the safeguards that we currently have, to ensure that our antibiotics continue to be effective for me, my children and generations to come.

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.

Tara Nagaraj, PharmD, BCACP