

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 Courtney Coffman, and I am a clinical pharmacy specialist (clinical pharmacist). I work in the ambulatory care setting, in multiple environments such as anticoagulation and pharmacotherapy clinics as well as in primary care offices. Based on my specialties, I have a wide breadth of patients under my care, including cardiology, hematology and oncology, endocrinology, and more. As a clinical pharmacist, I also have a unique opportunity to provide care collaborating with my provider counterparts, with an emphasis on medication safety and tailored therapeutic regimens to optimize patient care. I work via collaborative practice agreements, which give me the freedom to utilize my clinical knowledge to manage and modify therapies for a variety of disease states. Through my profession, my mission is to empower patients, be an advocate for those who cannot advocate for themselves, and overall assisting my patients in leading healthier lives. I am writing to express my concern that House Bill 73 (HB 73) will harm the Ohio patients whom I care for.

**My concern regarding HB73 lies in ‘requiring’ pharmacists to dispense any off-label prescription they receive.** I would like to emphasize that I do not oppose off-label prescribing; a large facet of my practice relies upon the ‘gray’ area of medicine in which therapies are used outside of labeled indications. House Bill 73 will not allow for the expansion of off-label prescribing as this is already a common place of practice; however, it does remove patient protection and safety considerations that are at the forefront of myself and my colleagues’ practice. This bill would require pharmacists to dispense medications despite concerns of potential harm for a patient. As pharmacists, we work tirelessly to build safeguards, educate our fellow healthcare teams as well as patients, and continuously educate ourselves to ensure appropriate therapies are utilized for patients; we take an oath promising our dedication to our patients and their safety. I have a duty to ensure that the medication I play a role in prescribing and dispensing is safe for use and will not lead to harm. This is not only the foundation of my practice but is the key facet of medicine as a whole. House Bill 73 hurdles safe prescribing practices and overall patient safety, and I have serious concerns that this will lead to devastating patient harm. For example, if this law passes, I would be required to fill a medication for a diabetic patient that could interact with other medications and cause critical hyperglycemia and even death. These medication safety concerns would fall to our most critical patient populations, including geriatric patients, children, pregnant women, and more. I would no longer be able to use my expertise, regarded as the ‘medication expert’, to do exactly as intended and protect the patients I care for. By passing this house bill, the harsh reality of upholding a ‘law’ or choosing between life and death could very well rely in my hands. House Bill 73 sponsors suggest that this bill preserves patient access to medications that might help them, but the reality is, our patients already have access to these medications via current off-label prescribing practices. I cannot emphasize enough how significant the negative impact of this bill is- it will cause many people to fear for their licenses, fear for their ability to safely practice medicine, and fear for their own healthcare. If this bill passes, there will be no way to negate critical safety concerns as a fallout.

**Further, HB73 creates loopholes that allows for our patients to be guinea pigs to poor prescribing practices.** I, alongside my healthcare teams, agree that it is incredibly important for patients to have access to medications and a voice in their care. However, HB 73 allows for vulnerable patient populations to be exploited by dangerous prescribing. There is a difference between off-label prescribing with a clinical intention, and inappropriate prescribing with no therapeutic, clinical, or evidenced based medicine foundation. HB 73 opens the opportunity for providers outside of a patient’s care team, who

have limited knowledge of the patient's history or risk of the situation, to mislead patient care. Further, the nature of forcing hospitals to entertain privileges from any entity is incredibly dangerous. Experimental cocktails and drugs, therapeutic regimens turned into toxins, and the lurking dangers of drug and disease interactions are a volatile threat to our patients. The allotment of utilizing medication therapies as 'experimental' without going through the proper channels not only circumvents the Nuremburg code established in 1948 but poses a massive risk to our fellow Ohioans.

**I am proud to be a member of a strong, patient centered interdisciplinary healthcare team.** I rely on the knowledge brought forth to patient care from each member I practice with. It is in my opinion that team-based care is essential to providing optimal, **safe** patient care. Further, my teams have worked hard to develop our core functionality to best serve our patients. Allowing outside providers to interject themselves into patient care will wreak havoc on quality, team-oriented patient care. This will challenge communication and interdisciplinary teamwork, which poses a major threat to patient care and has historically caused catastrophic harm.

**HB 73 also directly contradicts current pharmacy practice law.** HB 73 contradicts the current legal standard for pharmacy practice. For example, per OAC 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 also perform drug utilization reviews, which require assessment of clinical and scientific justification behind a patient's therapies to ensure a medication is safe and effective. Through mandating a pharmacist to fill a medication with HB 73, it would override each of these longstanding expectations and foundations of practice. Again- pharmacists would be forced to abandon their legal duties, abandon their dedication to their profession, and will create irreconcilable legal conflicts.

**Please also consider the impact HB73 would have on medication ordering, shortages, and stewardship efforts.** Every health system has procedures in place to procure medications that are safe and effective for patients while meeting the policies of their institution. By forcing them to order medications despite these protocols, a tidal wave of negative effects will occur. Logistically, a health system cannot stock every medication ever made. Additionally, the financial burden that this would imply may be detrimental. Even beyond the logistical nightmare- a race for every health system to supply any medication at any whim would create even further devastation of medication supply chains in a time that we already are facing critical shortages, to a point that may be irreversible. Further, HB73 requires medications to be supplied to the patient regardless of a procured medication or utilizing a patient's own supply of medication 'as long as it can be identified'. Health systems also have procedures in place to ensure patient safety- this bill would overturn these practices and would potentially create harm in light of disregarding proper medication storage, expiration, alteration, or appropriate use while a patient is hospitalized.

**In summary, I strongly oppose House Bill 73 as it is a matter of true patient safety from the perspective of a medical professional.** 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,

***Dr. Courtney Coffman, PharmD***

Ambulatory Care Clinical Pharmacy Specialist