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 Rachel Ferreira, PharmD, BCPS, and I have been a pharmacist since 2011. I am an inpatient clinical pharmacist and currently serve as the Operations Coordinator for Sterile Compounding at University Hospitals Cleveland Medical Center. Through my work, I care for my community by ensuring intravenous medications are safe and comply with the highest standards of practice set forth by USP. I am writing to express my concern that House Bill 73 will harm the Ohio patients whom I have sworn to protect.

This bill raises many serious concerns for healthcare providers, but I would like to focus on three. First, House Bill 73 directly contradicts existing pharmacy practice law. 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 and scientifically review the patient and the medication to ensure it is safe and effective. House Bill 73 will require pharmacists to dispense medications even if there is no legitimate medical purpose, and even if serious issues are discovered during the drug utilization review. House Bill 73 will require me to break existing law and abandon my professional oath.

Secondly, this bill purports to protect prescribers' right to use medications for offlabel indications and protect patient access to medications that may help them. However, this is already done extremely frequently, and includes most medications used in the pregnant and pediatric populations. As a member of the healthcare team, judicious offlabel prescribing is a practice I support. House Bill 73 will not expand access to off-label medications—all it will do is remove patient protections by requiring pharmacists to dispense any prescription for an off-label use, even when it would cause patient harm. This bill would prevent a pharmacist from being able to refuse to dispense medication on scientific grounds, removing a crucial defense for patient safety. I could be compelled to dispense a medication without appropriate bloodwork to determine if the dose is safe; I could be compelled to dispense medications that cause life-threatening adverse reactions without any proven benefit to the patient. As a pharmacist, my duty is to ensure that medications I dispense will be safe and this proposed bill will undermine this foundation of practice.

Finally, House Bill 73 will interfere with the critical mechanisms in place to protect the public during drug shortages. Drug shortages are an unfortunate part of my daily work and are such a significant challenge to healthcare that my institution (like most others) has a dedicated team to cope with their downstream effects. When news of a drug shortage hits, the team is mobilized and together with the attending physicians of the affected area of practice, a mitigation strategy is put in place to ensure the remaining medication is used in the most appropriate patients. House Bill 73 would require individual pharmacists to make a good faith effort to obtain any medication ordered by a prescriber, regardless of whether it is on shortage or not. In addition to being a logistical burden, allowing any individual prescriber to have complete control over the use of a medication threatens the delicate balance created by shortage teams to ensure access by patients who will benefit the most. It also creates the potential for unethical use, as prescribers will be able to demand medications in short supply for their "VIP" patients, exacerbating problems with health equity as patients with less access will be forced to go without.

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,

Rachel Ferreira, PharmD, BCPS