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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 Jordan DeWitt and I am a lifelong Ohioan who currently serves as Clinical Pharmacy Manager, and recently served as an ICU Pharmacy Specialist for 6 years following my 2-year critical care pharmacy residency. In my previous role, I served patients alongside the ICU multidisciplinary team, working closely with providers, nurses, and other team members to ensure acutely ill patients received the important and evidence-based care to get them on the road to recovery. In my current role, I support my clinical pharmacists to do the same, and work with providers and other multidisciplinary team members to ensure all patients arriving at our institutions have access to the top evidence-based care. I am writing to express my grave concern that House Bill 73 will harm the Ohio patients whom my team and I have the privilege to care for daily.

To begin, 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, especially during my time in the Intensive Care Unit as this patient population is often outside of the historical “healthy adult” studies to garner FDA approval. As part of my practice, I recommended off label therapy *daily* based on robust evidence, guidelines, and literature to my attending physician and collaborating prescribers. It is an area where I am likely more comfortable than most pharmacists navigating to ensure patients receive the care they need related to my experience and advanced training in Critical Care. House Bill 73 does not expand access to off label prescribing because it is already a widely utilized and accepted 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 we receive, even when it would harm our patient. Layered in this, is that inpatient treatment team members must accept these off-label prescriptions from non-treatment team providers in the acute setting. I support and endorse the principled use of off-label medications for my patients, if the benefit outweighs any substantial risk. Patients have a very real need to access the medications which will be of benefit to them, including medications being used off-label but as a pharmacist, I have a duty to ensure that the medication I am dispensing them is safe to use and will not harm them. In my personal practice as an ICU specialist, I have intimately witnessed what reckless and unmitigated prescribing, often for prescriber profits instead of medical care, not just off-label, can have on patient outcomes, often with untoward events requiring more intense monitoring, rescue therapy, and in the most unfortunate cases, patient death. This provides the foundation for my main concern with House Bill 73 begin with its moving past the safe use of off-label medications and requiring pharmacists to dispense medications that we recognize would lead to patient harm.

Further illustrating this point, if this bill were to pass, my team would be required to fill a prescription that causes seizures, even in a patient who has a history of epilepsy. Pharmacists would be required to fill a prescription that interacts with the other 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. Since most medications for children and for pregnant patients are considered "off-label" I would not be able to keep these vulnerable patient populations safe from prescriptions that would put them in harm's way. I cannot begin to imagine how any pharmacist or provider would feel, if forced to decide between upholding the law or keeping one of my pediatric patients safe from a prescription that I know will harm them. House Bill 73, however, would make this nightmare a reality. House Bill 73 would require pharmacists to dispense medicines even if they do not have necessary bloodwork to make sure that the dose is safe; to use medicines that can, for instance, cause low blood pressure, falls, seizures, internal bleeding, and more in situations where the medicine has no use or benefit; to use medicines at doses that will be toxic to the patient and lead to end-organ failure resulting in mortality. 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 and inappropriate prescribing of off-label prescriptions through influence from providers who have never practiced in the state. 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.

From an inpatient institution, the ramifications of House Bill 73 are further amplified. House Bill 73 creates legal infrastructure for our most vulnerable, acutely ill patients to be exploited by dangerous prescribing, which may have specifically lead to their admission. House Bill 73 opens the door for providers outside of a patient's treatment team to mislead vulnerable patients, earn their trust through deceptive practice and motivation, 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 and/or dangerous in terms of dose or risk of side effects, and force a pharmacist to dispense these medicines and the treatment team to accept the treatment. 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 effectively turn patients into research participants for these non-evidence-based 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.

From a legal perspective, House Bill 73 will directly oppose existing pharmacy practice law which establishes the legal standard for pharmacy practice. For example, 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 prescription to ensure it is safe and effective. Through mandating that pharmacists dispense medications regardless of whether they have a patient safety concern or 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, shifting the medical risk completely to the patient and historical risks assumed by the pharmacist via this legislation. 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. With historical examples, the

responsibility of prescribing medications and dispensing medications fell 50% on prescriber and 50% on the pharmacist. With this legislation, is the intention that now 100% liability falls on the prescriber regardless of legitimacy of the written prescription? My guess would be no, the pharmacist would still be disciplined and possibly prosecuted for following a law due to incomplete understandings of the practice of pharmacy should the inevitable adverse outcomes result should this law be passed. If so, this goes against nationally and state accepted standards to ensuring safe and effective access to care, thus causing further conflict for institutions who must adhere to national safety and quality standards but now fear prosecution due to local laws, a conundrum which will lead to the unraveling of the state of Ohio's medical providers and health systems.

Thank you for the opportunity to provide this written testimony in opposition to House Bill 73 and for your time considering the severe threat that it poses to Ohio patients, healthcare providers, and multidisciplinary team members being advocated for from those not from the great state of Ohio.

Sincerely,

Jordan DeWitt, PharmD, BCPS, BCCCP