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 Dragovich, and I am a clinical pharmacist at Summa Health in Akron and an assistant professor of pharmacy practice at Northeast Ohio Medical University in Rootstown. I work with a team of internal medicine physicians to provide care for patients admitted to Summa hospital. Every day I review patients' medical history, labs, and medications to collaborate with my team and provide the best care for patients admitted to our service. I also work closely with patients on admission and discharge to ensure they have access to their medications, are educated on what they are taking, and that they are not having any side effects. I am writing to express my concern 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, what House Bill 73 does is remove patient protections by requiring pharmacists to dispense any prescription for an off-label use of a medication, even when it would harm our 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 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. This is the foundation of my pharmacy practice, my concerns 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. For example, if this bill were to pass, I would be required to fill a prescription that causes seizures, even in a patient who has a history of epilepsy. I 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. 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; to use medicines that are unsafe in our older patients, pregnant patients, and children; and many more harmful situations. 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 offlabel prescribing and dispensing, it instead removes protections that are keeping patients 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.

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 scientific 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.

In doing transitions of care work, I have learned that the best way to provide care, especially for our most vulnerable patients, is through a coordinated interdisciplinary team effort. A coordinated team will ensure that all members are acting with up-to-date information, that all interactions between medications and disease states are known and thoughtfully considered, and that the best overall plan is established and implemented through a consensus of the most qualified individuals accessible in a patient's care. In permitting external providers to obtain temporary privileges, House Bill 73 fractures the care of our most fragile patients. Through allowing external individuals to assume complete and isolated control over an aspect of a patient's care, House Bill 73 puts Ohio patients at risk of communication errors which occur when a medical team is splintered. It will lead to errors due to the lack of clear communication, collaboration, and coordination which will occur when multiple exclusive parties are making medical decisions in the context of acute illness with moment-to-moment changes; it is times such as these when consistent information exchange is of the utmost importance. This privilege-related aspect of the bill has many extremely concerning implications, and adding an unnecessary layer of complexity to an already complicated process will lead to errors and harm to Ohioans.

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.

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