Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of Senate Health Committee, thank you for the opportunity to provide my personal opponent testimony on House Bill 73.

My name is Sue Fosnight, and I am a clinical pharmacist that practices both in the inpatient setting and within a physician's office in the outpatient setting. In my daily activities, I work with health care teams to optimize the efficacy and safety of medication regimens. I have been a practicing pharmacist for many years and have a deep respect for both the power of medications to heal as well as to cause harm.

I am concerned that Ohio House Bill 73 will cause patient harm. This bill aims at bypassing several safety measures that have been put in place by hospital, medicine, and pharmacy regulatory agencies. It also contradicts state and federal laws guiding practice.

I read the proponent testimony which brought back to me the horrors of the COVID-19 pandemic, especially in the initial stages of the pandemic. While reading this testimony, the reality of overworked providers that likely did not spend enough time to explain the pros and cons of particular off-label medications to patients and patients' families was very evident. In addition, the reality of overworked providers who likely did not have the time to critically review the overwhelming amount of literature that was available about possible off-label uses of medications for COVID-19 at that time was also evident. I also had family members in various hospitals at that time and was concerned about the care they received from overworked providers and at times just not enough providers.

One of the medications discussed in the proponent testimony is ivermectin. As a clinical pharmacist, I have been trained to and routinely provide an un-biased critical eye in reviewing literature related to medications. I will use the situation around this medication as an example.

Ivermectin is medication used for years for parasitic infections. It can have significant toxicities including cognition changes, impaired consciousness, and delirium. These toxicities were reported with the use of this medication as a one or two dose regimen. I remember that early studies on the use of ivermectin for COVID-19 brought us some hope. One of the first randomized clinical trials using a much higher dose (5 doses) than currently used in a small number of patients (twenty-four patients that received the ivermectin versus twenty-four patient that received placebo) showed a positive result. This study showed that viral clearance was significantly faster in the ivermectin group. This same study did not show a significant difference in the time patients spent in the hospital. It also did not report side effects, the need to go to intensive care, or survival in each group. This study only included patients 18 to 65 years old that did not have chronic disease. So, although the initial quick look of the headlines provided some hope, realizing that this study was small, did not include the population most at risk for Covid, and had no report on the adverse neurological effects with using such a high dose, dampened this hope. Multiple subsequent studies indicated no benefit of the use of this medication for COVID-19. This illustrates a situation that repeated with many other medications throughout the pandemic.

There are procedures that are already in place to use off-label medications, medications that are not part of a hospital's inventory, and medications supplied by a patient to an institution. I question if requests for off-label uses mentioned in testimony were pursued through procedures established at the hospital where the request occurred.

Instead of this bill, we need to find better ways to communicate effectively and efficiently in critical times such as a pandemic. We also need to find ways to help prevent the severe staffing shortages that occurred during the pandemic.

Some wording in this bill especially concerns me. The bill states that: 1) The prescriber is not required to obtain or show a test result for a particular disease, illness, or infection before issuing the prescription for the patient's use of the drug at home or for outpatient treatment or in a hospital or inpatient facility. 2) The patient is not required to have had a positive screen or test result for a particular disease, illness, or infection before the prescriber issues the prescription. 3) The patient is not required to have been exposed to a disease, illness, or infection before the prescriber issues the prescription for the patient's prophylactic use of the drug. Without this information available, I am concerned with how the prescriber can evaluate the benefit versus risk of the medication for the patient and how the pharmacist would be able to do this evaluation as well. Without the needed information to ensure the safety of the medication for a patient, I will always have a moral and ethical concern with the use of the medication.

I note that this bill states that the pharmacist must dispense this medication. This takes away the checks and balances that are in place through current regulations to protect our patients. Pharmacists have a professional responsibility to not dispense in certain situations where there is concern for harm. Hospitals have policies in place for emergency consultation to pharmacist and physician leaders when necessary. In addition, the bill proposes immunity “from administrative or civil liability for any harm that may arise from the dispensing or use of the off-label drug”. Despite this stated immunity, this will not free me from my obligation to keep the patient safe! I believe providers should not be able to knowingly place a patient at risk of harm if they know this risk does not outweigh the benefit. Also, of note, this immunity does not include immunity from federal law repercussions.

Lastly, I am concerned that some of those supporting the bill may have the ability to profit from the bill being passed by becoming on-line providers that, for a fee, will be available to prescribe these medications. I certainly have seen this method take advantage of vulnerable patients!

As mentioned previously, instead of this bill we need better communication in critical times such as a pandemic and methods to prevent the severe staffing shortages that occurred during the pandemic! We also need for hospitals to educate all providers on the methods established by current regulations to provide off-label and non-stocked medications to patients!

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,

Susan M Fosnight RPh, BCGP, BCPS