



June 12, 2024

The Honorable Steve Huffman
Chairman
Senate Health Committee

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee:

On behalf of Nationwide Children's Hospital, thank you for allowing me to provide written opponent testimony for HB 73, which would create significant concerns for pediatric patient safety if enacted.

My name is Matt Sapko and I am the Chief Pharmacy Officer at Nationwide Children's Hospital, which I have held for 3 years. Before this role, I trained at Nationwide Children's and held various leadership positions over the past 13 years.

Nationwide Children's Hospital is a national pioneer in establishing culture and operations focused on preventing patient harm. Along with our fellow Ohio children's hospitals, we created Solutions for Patient Safety in 2009, which is now an international network of more than 140 pediatric institutions. Together, we have saved more than 26,698 children from serious harm.

Some of our most important initiatives involve reducing adverse drug events and preventing medication errors. Our experience and success in large-scale quality improvement initiatives, and our commitment to improving outcomes and the elimination of preventable errors, inform our opposition to HB 73.

When children are admitted to a hospital, a single attending physician maintains ultimate responsibility for their care. The attending physician's responsibility is for all aspects of care, including medication management. In coordination with consulting physicians, advanced practice providers, pharmacists, and other team members, the team critically evaluates which medications a patient should be administered or prescribed given their condition and a multitude of other factors (e.g., allergies, medication interactions, age, weight, planned procedures or surgeries, renal and liver function) with ultimate decision rights to the attending physician. To allow a community physician, as permitted under HB 73, to order a medication that is not deemed appropriate by the attending physician charged with the care and well-being of their patient could have catastrophic results, including patient death.

Patient Safety. As discussed, the attending physician is responsible for the safe and effective care of the patient, including medication utilization and management. Further, Ohio law requires pharmacists to conduct a prospective drug utilization review prior to dispensing any prescription. These reviews can and do identify over-utilization or underutilization; therapeutic duplication; drug-disease contradictions; drug-drug interactions; incorrect drug dosage; drug-allergy interactions; abuse and/or misuse; and

inappropriate duration of drug treatment. A pharmacist is a critical member of the care team and is often one of the few practitioners with a full picture of the various drugs a patient may be taking.

For example, a pharmacist would ensure a pediatric patient would not be ordered codeine. Most pediatric hospitals' formularies have removed codeine, due to rapid metabolism to an active metabolite which can lead to opioid overdose (while also being less effective at treating pain than available alternatives). With HB 73, a prescriber who decides to use codeine – even against the primary, multidisciplinary medical team's direction – creates serious risk.

Managing Medication Shortages. Global supply chains, seasonal demands, and quality issues have contributed to medication shortages in recent years. Shortages are evaluated by hospitals to minimize all patient harm and maximize patient population benefit. Currently, the U.S. Food and Drug Administration documents over 300 medications in shortage, including several medications critical to pediatric populations. Examples include:

- Life-saving chemotherapy agents such as methotrexate and cisplatin have been on shortage requiring strategic prioritization of use. A single prescriber ordering these medications against recognized indications may prevent another patient from accessing life-saving therapy.
- There is risk of shortage for growth hormone patients with evidence-based medical needs, as some providers prescribe these medications for non-medical reasons. To be required to use limited supply for prescriptions would increase risk of patients not having therapy.

In these cases, priority is generally given to indications with the greatest level of evidence (on or off label) and when patients are at risk of harm if they do not have access to therapy. These decisions are made collaboratively considering all patients and diseases. This bill would undermine this process and allow an uninvolved prescriber from the community to compel use for a patient as they decide, rather than following the collaborative decision-making of the larger interdisciplinary team. This impacts our ability to protect a limited drug supply.

Limiting Antibiotic-Resistant Infections. At Nationwide Children's and in hospitals around the nation, pharmacists collaborate with prescribers in the appropriate use of antibiotics. These powerful medications have transformed health care, however inappropriate use can result in drug resistant organisms such as *Clostridioides difficile* (C. difficile) or Methicillin-resistant *Staphylococcus aureus* (MRSA). Under House Bill 73, an otherwise uninvolved prescriber could override the primary interdisciplinary care team, creating immediate risk for the patient who is inappropriately prescribed antibiotics and long-term risk of increasing prevalence of antibiotic-resistant bacteria. Globally, antimicrobial stewardship programs are required by CMS Conditions of Participation. Under these programs, prescribing of antibiotics is recommended to be restricted to a limited number of physicians (providers) and/or use indications to prevent development of antimicrobial resistance.

Pediatrics. As this bill is not limited to the unique challenges of an immediate public health emergency, we ask the committee to consider the implications of HB 73 outside of such an event. Pediatric care requires specific education and training as children differ biologically, physically, and mentally from adults. HB 73 would allow a physician with limited or no specialized training in pediatrics to override

decisions from a patient's care team – ignoring the care plan designed specifically to provide best outcomes for the child and family.

Within Nationwide Children's Hospital, all employees have a role in delivering the best outcomes for all patients. Physicians, other providers, pharmacists, and other pharmacy and hospital staff collaborate and communicate within a carefully balanced system designed to deliver safe, effective, and responsible care, including medication management. House Bill 73 would dismantle this system creating immediate and long-term threats to patient safety.

Sincerely,



Matt Sapko
Chief Pharmacy Officer
Nationwide Children's Hospital

