



The Ohio Society of Health-System Pharmacy

To: The Ohio Senate Health Committee
HB 73: Opponent Testimony

Date: 6/12/24

To: The Senate Health Committee

Committee Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and esteemed members of the Senate Health Committee, The Ohio Society of Health-System Pharmacy (OSHP) extends its sincere gratitude for the privilege to share our perspective on House Bill 73. This proposed legislation, as currently drafted, poses significant risks to patient safety and healthcare quality within Ohio.

OSHP acknowledges the role of off-label medication use in patient care, a practice already prevalent in our state, and estimated to make up 1 in 5 prescriptions. Given the existing prevalence of such practices, we believe HB73 is redundant in its desire to “authorize” a practice that is already commonplace, this redundancy however does not mean that the bill is inconsequential, the bill's structure introduces a myriad of unintended consequences that warrant further scrutiny and careful consideration.

In our August letter to the committee, we highlighted how HB73 contradicts existing laws and regulations, obstructs pharmacists and prescribers from fulfilling their lawful responsibilities; disrupts hospital operations, compromises antimicrobial stewardship efforts, and hinders efforts to curtail drug shortages. Consequently, a meeting was held at the Ohio Statehouse with the bill's sponsors, interested parties, and opponents to discuss these concerns and seek improvements to the bill.

Despite maintaining the original concerns that we expressed previously, today's testimony focuses on what we have learned from that meeting and the subsequent changes to HB73.

First, it should be noted that most proponents and expert groups that were brought in to describe the need for HB73 were out of state groups such as the Frontline Covid-19 Critical Care Alliance (FLCCC), whose founders Dr. Kory and Dr. Marik, have had their board certification removed for spreading falsified research on their proposed MATH+ protocol for Covid-19. Their study, later retracted, falsely claimed significant mortality reductions in COVID-19 patients. The hospital where the study took place has since reviewed the patients that were included in the trial and determined that the authors fabricated the mortality rates that they reported in their study.

These out-of-state groups, backed by unnamed donors, promote laws like HB73 in various states to support their telehealth businesses where they will prescribe ivermectin and other off-label therapies. It is notable that the frontline covid-19 critical care alliance and similar groups such as America's Frontline Doctors have gone from receiving \$1 million in revenue in 2020, to more than \$21 million in 2022 according to tax filings.

Not only were Ohio providers nearly non-existent in this meeting, but the out-of-state proponents also showed little interest or concern for the negative consequences that would afflict Ohio patients due to HB73. Interestingly, the authors suggest that the greed of pharmaceutical companies is proof that we should be utilizing ivermectin, but Merck, the pharmaceutical manufacturer of ivermectin has specifically said there is "no meaningful evidence" to support prescribing the drug for covid. When the supposedly greedy pharmaceutical company that sells ivermectin outright tells you that their drug should not be used for covid-19, that should not be overlooked.

As ivermectin focused bills began to face more pushback in state legislatures, these groups adjusted the wording to focus on "off-label prescribing" to make their intentions, less clear, this however, also makes the consequences of the bill, far more concerning. The currently proposed substitute bill not only fails to address most concerns laid out in our prior meeting but introduces even more issues.

I want to highlight a few specific concerns regarding HB73, noting that this list is non-exhaustive due to time constraints and the myriad of issues with HB73.

1. This bill would remove the pharmacist's ability to refuse a prescription based upon clinical or scientific concerns, only permitting refusal based on moral or religious grounds.
 - a. The bill requires pharmacists to dispense knowingly harmful medications to their patients and then to make matters worse, removes their legal liability leaving the patient with no effective legal recourse if/when harmed.
2. This bill prevents pharmacists from seeing lab values or tests that may be required to ensure a medication can be used safely, allowing physicians to prescribe these medications without taking the necessary safety precautions.
 - a. 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. Putting patients at risk of falls, seizures, bleeding, end-organ failure and more.
3. This bill precludes the use of controlled substances for off-label indications, severely restricting the use of off-label prescribing in Ohio, especially within pediatric and pregnant populations where very few medications have "on-label" indications.

4. This bill introduces new logistical constraints that physicians would have to overcome every time that they prescribe a medication for an off-label indication.
 - a. This legislation requires that this sizable fraction of medications be managed similarly to drugs administered as part of a clinical trial, without recouping the benefits of the increased evidence and knowledge that comes from investigating a drug within a clinical trial.
5. This bill makes a legal proclamation that the World Health Organization lacks jurisdiction in Ohio, while also failing to address the specific legal decisions and judgements made by the WHO which generates the need for such a statement.
 - a. It is also important to note that most arguments for Ivermectin that are made by the proponent group, begin by citing the presence of Ivermectin on the WHO's model list of essential medicines as justification and evidence for the safety of the drug in the first place.
6. The Bill introduces a flawed process for incorporating unverified medications into healthcare settings, necessitating the creation of burdensome temporary credentialing practices across hospitals and health systems.

Despite assurances from the bill's sponsors, our collective experience in healthcare underscores that the mere endorsement of a prescription by a physician does not inherently ensure the safety or efficacy of that prescription. Moreover, the extensive involvement of out-of-state physicians with a history of fraudulent research practices, and who stand to profit if HB73 passes, further undermines the credibility of the advocacy, and supposed need for this bill.

In light of these considerations, OSHP strongly advocates for the rejection of HB73 to protect the health and well-being of Ohio's residents. We again appreciate the ability to communicate our concerns, and we are eager to further discuss this matter and answer any questions that the committee has.

Thank you for your time and consideration.

Sincerely,



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