

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 Christina Barnes, and I am the Director of Pharmacy Services for a multi-hospital health system and a pharmacist. I am a lifelong resident of the State of Ohio. I have spent over 25 years caring for Ohio citizens as a Registered Pharmacist and Doctor of Pharmacy. My career in pharmacy has spanned multiple practice types, including retail (both independent and large corporation), ambulatory clinical pharmacy, and hospital. The last almost twenty years have been spent in hospital pharmacy practice and leadership.

As the system-level director of pharmacy for an independent health system in rural, north central Ohio, I currently lead a group of almost thirty pharmacists who care for Ohio citizens at all levels of pharmacy practice. From traditional retail and hospital based pharmacies to cancer infusion clinics and ambulatory clinics where the pharmacists work in collaboration with physicians in an office setting. My team provides high-quality care for our patients in an environment that is focused on patient safety.

In our rural location, we have expanded access to medications for our patients through our professional pharmacy practice. We do this not in competition with our physician colleagues but in partnership with them. We work as a team to ensure that our patients receive medication therapies that are appropriate, effective, and safe. I hold myself and my team to the highest level of professional pharmacy practice.

I am writing to express my concern that House Bill 73 will harm the Ohio patients whom I care for.

**Concern:** *Off Label Prescribing already exists, this bill is not about allowing off-label dispensing, it is about "requiring" pharmacists to dispense any off-label prescription they receive, even when it could harm the patient.*

I do not oppose off-label medication use. Clinically appropriate off-label medication use happens all the time in health care. We routinely use medications off-label when we are caring for our patients in the hospital or dispensing medications from our retail pharmacy. 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 received for an off-label use of a medication, even when it would harm our patient. Being forced to dispense a medication that I know will be harmful violates the oath I took as a pharmacist and undermines my professional practice. I wholly support and endorse the principled use of off-label medications for my patients in situations where the potential benefits of such use outweigh the associated risks. Patients have a very real need to access the medications that 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 some very real examples of how House Bill 73 will lead to harm to the citizens of Ohio, consider the following situations:

- A pregnant patient is prescribed an antibiotic off-label that is known to cause harm to an unborn child. Under House Bill 73, I would be required to dispense that medication.

- A patient is prescribed a medication off-label that has a major interaction with their maintenance medication that is taken to prevent seizures. The new medication increases the metabolism (breakdown) of the maintenance medication, making it ineffective. Under House Bill 73, I would be required to dispense the new medication and put the patient at a very real risk for seizure, which can have catastrophic consequences if it occurs when the patient is driving.
- A patient with kidney failure is prescribed a medication off-label that is only eliminated from the body by the kidneys and is harmful to use in patients with kidney failure. Under House Bill 73, I would be required to dispense that medication despite the risk of toxicity, organ failure, or death.
- A patient with cancer is prescribed a medication off-label that interacts with their chemotherapy course of treatment. Under House Bill 73, I would be required to dispense that medication despite knowing that their cancer treatment will be affected.
- A patient with a heart condition takes a maintenance medication, “blood thinner,” to prevent stroke and is prescribed a medication off-label that prevents the metabolism (breakdown) of their maintenance medication, resulting in higher drug levels. Under House Bill 73, I would be required to dispense that medication despite the risk of bleeding and death.

This list can go on and on because, at the heart of it, pharmacists intervene every single day when medications are prescribed that interact with other medications, disease states, and general health. It is the foundation of our profession, and that is why Ohio Law requires pharmacists to complete a drug utilization review prior to dispensing medications.

Pharmacists are the medication experts, and our understanding of the nuances of drug interactions and how medications work when used in combination is unique to our profession. We are depended on by our medical teams to alert them to potentially harmful drug interactions and combinations. As pharmacists, we are the safety net. We are the last line of defense to prevent harm to our patients from irresponsible and inappropriate prescribing of off-label medications. Pharmacists are medical professionals trained in the pharmaceutical sciences, and as professionals, we must retain the right to refuse to dispense medications when scientific medical evidence does not support their use. House Bill 73 removes the safety net for patients and, in doing so, will undoubtedly lead to harm.

**Concern:** *Contradiction between House Bill 73 and current pharmacy practice law.*

Perhaps my biggest concern as a pharmacy leader is that 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. This requirement is proof of the expectation that our professional practice goes beyond the mere dispensing of a medication. We are required to ensure that the medications are used for a legitimate medical purpose. Ohio learned from the “pill mill” pharmacists that they had to put in writing that we, as pharmacists, have a corresponding responsibility. Pharmacists may not simply sit back and state, “That is what the doctor wrote,” and turn a blind eye. If we fail to uphold our corresponding responsibility, we can expect the State Board of Pharmacy to investigate and take appropriate action on our license. That action is what is needed to keep the citizens of Ohio safe.

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. By 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 the principles of our professional oath, and will create significant irreconcilable legal conflict.

**Conclusion:**

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.

Respectfully,

Christina Barnes, BS, PharmD, DPLA