

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 Ashley Duty, and I am a pharmacist working in the state of Ohio. 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, especially in pediatrics, where I work. 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 us pharmacists to dispense any prescription for an off-label use of a medication that we receive, even when it would harm our patient. I support and endorse the principled use of off-label medications for my patients, and I regularly dispense them in situations where the potential benefits of such use outweigh the associated risks. 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. As a pharmacy director, I have spent hours finding and obtaining medically appropriate medications for patients from across our state when we do not have them in stock at our practice site.

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. Since most medications for children and for pregnant patients are considered "off-label" I might not be able to keep these vulnerable patient populations safe from prescriptions that would put them in harm's way. I cannot begin to imagine how I would feel, if forced to decide between upholding the law or keeping one of my pediatric patients safe from a prescription that I know will harm them, House Bill 73; however, would make this nightmare a reality.

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 off-label 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, could 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.

If unable to be secured otherwise, House Bill 73 requires hospitals to use any medication supplied by a patient so long as it can be “identified”. Hospitals have existing policies related to these situations to allow for patient-supplied medications to be used when appropriate, and this portion of House Bill 73 replaces this functioning process with one that will introduce an appreciable and unnecessary risk of harm. Specifically, simply identifying a patient-supplied medication as a criterion for inpatient use is insufficient as it fails to ensure that a medication was stored properly, is not expired, has not been altered, and is needed for continuation while the patient remains hospitalized.

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.

Regards,
Ashley Duty, PharmD, MS, BCSCP, FASHP