

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 Jennifer Van, and I am a pharmacy manager at The Centers/Circle Health Services. The organization I work for is a non-profit community health center that specializes in all-around care, but heavily emphasizes psychiatric care. As such, my pharmacy primarily caters to the psychiatric and substance abuse population. 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. (Includes specific concerning examples which may occur)

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. I regularly engage in off-label medication use in my practice. 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. 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 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 would 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, will undoubtedly lead to harm.

Concern: Emboldening dangerous prescribers, providing them with temporary privileges and turning Ohio patients into research guinea pigs.

I agree that it is incredibly important to ensure that patients have access to medications that can help them; however, House Bill 73 creates legal infrastructure for our most vulnerable patients to be exploited by dangerous prescribing. There is a clear difference between appropriate off-label medication use and inappropriate prescribing, and House Bill 73 fails to draw a difference between these two entities. House Bill 73 opens the door for providers outside of a patient's treatment team to mislead vulnerable patients, earn their trust, and then force hospitals to entertain temporary privileges for these providers. This allows these providers to go around a patient's treatment team, prescribe medicines that are inappropriate and/or dangerous in terms of dose or risk of side effects, and force a pharmacist to dispense these medicines. Nothing would stop these outside providers from prescribing chemotherapy to treat a bloodstream infection, using experimental medication cocktails without any scientific support, or using doses of medicines that turn them into toxins. House Bill 73 would turn patients into research guinea pigs for prescribers who want to perform research upon them, without going through the appropriate channels set in place since the Nuremberg code was established in 1948. This conduct would only be possible because of House Bill 73 and due to House Bill 73, there would be no way to stop any external provider willing to engage in this sort of dangerous and inappropriate prescribing.

Concern: Splintering interdisciplinary care teams with outside prescribers and interfering with quality, inter-disciplinary care.

The best way to provide care, especially for our most vulnerable patients, is through a coordinated interdisciplinary team effort. A coordinated team will ensure that all members are acting with up-to-date information, that all interactions between medications and disease states are known and thoughtfully considered, and that the best overall plan is established and implemented through a consensus of the most qualified individuals accessible in a patient's care. In permitting external providers to obtain temporary privileges, House Bill 73 fractures the care of our most fragile patients. Through allowing external individuals to assume complete and isolated control over an aspect of a patient's care, House Bill 73 puts Ohio patients at risk of communication errors which occur when a medical team is splintered. It will lead to errors due to the lack of clear communication, collaboration, and coordination which will occur when multiple exclusive parties are making medical decisions in the context of acute illness with moment-to-moment changes; it is times such as these when consistent information exchange is of the utmost importance. This privilege-related aspect of the bill has many extremely concerning implications, and adding an unnecessary layer of complexity to an already complicated process will lead to errors and harm to Ohioans.

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

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.

Concern: Medication ordering, shortages, and stewardship. House Bill 73 would require pharmacists to make a good faith effort to obtain any medication ordered by a provider regardless of the hospital's medication stock or associated policies.

This creates tremendous logistical burden on an already overworked health care system, is at-odds with existing best practices corresponding to the responsible use of medications, and risks creating medication shortages due to the undisciplined use of medications that are affected by supply issues. Allowing any individual provider to have complete control over the use of one medication means that organizations will not be able to effectively respond to medication supply issues, and it also encourages the sort of prescribing that led to the opioid epidemic in addition to ongoing antimicrobial resistance. Thoughtful prescribing of medications is key for the long-term health of our patients and state, but House Bill 73 abandons these principles by forcing individual pharmacists to obtain and dispense any medication ordered regardless of scientific appropriateness, availability, and established guidance for optimal use. While I am a pharmacist, I am also a patient, and I have see many disingenuous advertisements for supplements, probiotics, and other supposed remedies, with claims of benefits extending far beyond what their potential effect and benefit might be. While this is dangerous, if house bill 73 passes, prescribers could utilize antibiotics as well, for a variety of off-label indications ranging from high cholesterol to weight loss to dementia. As a pharmacist, I would then be required to fill these medications, even though the responsible use of antibiotics is the most critical aspect to preventing the development and spread of antibiotic resistance. If we look back in history, it is not particularly hard to imagine the perils of a world without effective antibiotics, house bill 73 would remove the safeguards that we currently have, to ensure that our antibiotics continue to be effective for generations to come.

Concern: Patient supplied medications. 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. This is an additional problem with House Bill 73.

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.

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