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 Carl Buchwald, and I have been a practicing Clinical Pharmacist for the past decade and more recently, Residency Program Director at my hospital site. In that time, I have spent countless hours ensuring that the patients I care for, fellow Ohioans and neighbors, receive the highest quality of safe, effective, and evidence-based care. I am writing to express my concern that House Bill 73 will harm the Ohio patients for whom I care. The provisions within House Bill 73 set a dangerous precedent that it will expose patients to potential unnecessary and avoidable toxicity and adverse events, force clinical practitioners to ignore evidence-based medicine in favor of untested or poorly-evidenced treatment, and interfere with coordinated interdisciplinary care.

The heart of the Hippocratic Oath and the Oath of a Pharmacist boils down to one common theme – "first, do no harm". In my practice, I have devoted my career to champion patient safety and I strive to instill that passion for safety in each and every one of my learners. However, House Bill 73 threatens that core tenet of my practice. At present, off-label prescribing already exists and is highly common in practice. I am wholly supportive of off-label prescribing wherein the benefits outweigh the potential risks of use. House Bill 73 does not expand access to off-label prescribing and dispensing but rather, it serves as a mandate to dispense which circumvents numerous safeguards for patient safety and forces us as Pharmacists to act counter to our training and judgement to dispense any potentially dangerous medication order, even if it would harm our patients. As examples, we may be required by law to fill a prescription for a medication known to lower the seizure threshold even for patients with a documented history of epilepsy. I have on numerous occasions prevented patients from receiving inappropriate medications that have the potential to cause potentially fatal cardiac arrhythmias, and have seen the effects when those warnings are ignored. Furthermore, many medications for pregnant patients and pediatrics have indications which are considered "off-label". These are some of our most vulnerable patients who would be at risk of serious harm by being tethered to this law.

Additionally, a core focus of our training as Clinical Pharmacists is to utilize the most current evidence to guide the provision of optimized healthcare to our patients. There is a clear delineation between appropriate off-label use and inappropriate prescribing that House Bill 73 blurs. The provisions within House Bill 73 enable providers who may not be part of a coordinated treatment team dictate patient care utilizing treatments that are untested, unproven, ineffective, or as addressed above – detrimental to safety. There are pathways in place for investigative medication therapy that date back to the Nuremburg Code, established shortly after World War II. House Bill 73 effectively acts as a way around

appropriate channels, opening patients to potentially dangerous and inappropriate prescribing.

Finally, adverse medication events like those seen with inappropriate prescribing patterns affect at least 1.5 million patients in the United States and cost tens, to hundreds of billions of dollars annually. Furthermore, The Joint Commission, which is responsible for the accreditation of hospital systems, has estimated that 67% of communication errors occur at handoff and are responsible for nearly 80% of all serious medical errors. It is of the utmost importance to note that the provision of healthcare is a dynamic process and requires constant coordination, communication, and teamwork to maintain a safe and effective framework. Inpatient provision of care is already complex. However, the providers and staff who have trained in this setting are familiar with local, state, and federal regulations, policies, and procedures. They are intimately aware of formulary decisions which aim to improve safe, efficient, and cost-effective care. Mandating the temporary privileging of outside providers who may not be as familiar with patients, staff, or procedures; who may not have the opportunity or ability to interact and communicate effectively with patients, providers, or nursing staff; and who may be missing critical dynamic updates opens the door for numerous breakdowns in communication which ultimately may lead to worse patient outcomes.

In summary, House Bill 73 as written is well-intentioned, but the provisions put forth have significant potential to cause substantial harm to the patients for whom I am entrusted to care. 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.

Sincerely,

Carl Buchwald, PharmD, BCPS