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Ohio Senate Health Committee House Bill 73 – Opponent Testimony December 9, 2024

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of Senate Health Committee, on behalf of The Toledo Clinic (TTC) thank you for the opportunity to provide opponent testimony on House Bill 73.

My name is Henry Naddaf M.D. and I serve as President of The Toledo Clinic. The Toledo Clinic is a multi-specialty group practice, consisting of approximately 240 independent physicians and associated healthcare professionals, practicing in 40 medical and surgical specialties, at more than 60 locations across northwest Ohio and southeast Michigan. We have been providing exceptional patient-centered medical care at low costs for almost 100 years.

From a physician perspective, there are many concerns regarding HB73:

■ HB73 allows other out of state providers to stand between the attending physician and their patient, directing care however they see fit. As written, hospital/health-system physicians would essentially have to provide any prescription medication, at any dosage and frequency that their patient requests while in the hospital. Otherwise, a patient can bring in an out of state physician, who can mislead patients and then use the patient as leverage against the hospital/health-system to acquire temporary credentials to step in and fragment their care team.

HB73 would add to physician workload by requiring written Informed Consent for every prescription for an off-label indication. This equates to roughly 1/3 of all written prescriptions. Informed Consent has been utilized in clinical trials and comes with added knowledge stemming from the enrollment of a patient into the clinical trial. With HB73, the requirement of Informed Consent comes with no increased scientific benefit. Since the Nuremburg Code, we have encouraged treatments that are "very off-label", or backed by little to no scientific evidence to be included in a clinical trial. Prescribing therapies in this manner, with mandated dispensing by pharmacists as suggested in HB73, toes the line of "experimentation on patients". This goes against our practice of evidence-based medicine, and is not in line with the Hippocratic Oath to "first do no harm". Obtaining Informed Consent on all off-label prescriptions is an unnecessary burden, as off-label prescribing is already permitted and done under Ohio law. Additionally, it would require physicians to recognize which specific indications are off or onlabel in order to stay in compliance. These added tasks to physician workload will take away time needed for other services and would negatively impact patient care.

Rather than ensuring access to off-label medication use, HB73 simply removes the ability of a pharmacist to appropriately address unsafe prescriptions from bad actors. Presently, off-label prescribing is permitted under Ohio law and there are very few exceptions to outright refusal by pharmacists to dispensing these prescriptions. Typically, a discussion between a pharmacist and a physician, along with referencing evidence in scientific literature is all that is needed to resolve an off-label prescribing dispensing barrier. Groups and physicians who profited off of Covid-19 misinformation and promote fraudulent research are examples of those who stand to benefit if pharmacists are required to dispense an off-label medication and set their obligation to ensure a legitimate medical use and corresponding responsibility for safety and liability with the prescriber aside. Current legislation negatively impacts their businesses and is why groups such as FLCCC are using profits to push legislation favorable to these practices across the United States. However, for organizations such as



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ours, who take patient-safety seriously and where evidence-based medicine is used, the off-label dispensing process that is currently in place is more than sufficient.

HB73 restricts our ability to prescribe controlled substances for off-label indications, which will actually limit our ability to provide adequate, individualized care for patients. Despite claims that it expands off-label medication use, HB73 actually limits prescribing of controlled substances in an off-label manner which would negatively impact care of pediatric and psychiatric patients who often account for the majority of controlled-substance, off-label prescribing and dispensing.

■ HB73 removes a pharmacist's ability to provide a scientific/clinical overview of the prescription process. Instead, it permits pharmacists to only refuse prescriptions on moral or religious grounds. Pharmacists are valued healthcare team members and help to ensure patient safety by serving as a check and balance in the prescribing chain. If pharmacists are mandated to dispense medications and have restrictions on the information that they can access (labs, screening, exposure to illness or disease), their ability to protect patients from potentially harmful prescriptions or transmission errors is removed. HB73 is a way to remove the pharmacist, their knowledge, and the use of evidence-based medicine from the prescribing process. It would remove the current corresponding responsibility for pharmacists to ensure safe prescribing and current need for pharmacists to ensure all prescriptions have a legitimate medical purpose. Thus, making it easier for prescriptions with little or no scientific evidence to be dispensed, putting patients in harms way-likely at the hands of prescribers and organizations who stand to profit from misleading patients and prescribing "very off-label" medications, as was seen during the early Covid-19 days.

■ The Bill is requesting that Ohio effectively "secede" from the World Health Organization, even though WHO guidance is simply recommendation and not legally binding.

I appreciate this opportunity to provide written testimony in opposition to House Bill 73 and I am available to answer any questions you may have. Thank you for your time considering the threat that it poses to Ohio patients.

Sincerely,

Henry N. Noelday

Henry Naddaf, M.D. President