

Date: December 10, 2024

To: Senate Health Committee

From: Ohio Gerontological Advanced Practice Nurses Association

Email: ohgapna@gmail.com

Subject: Opposition to Ohio House Bill 73 (HB73)

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 Carli Ann Carnish and I am an Adult-Gerontological Nurse Practitioner and President-elect of the Ohio Gerontological Advanced Practice Nurses Association (GAPNA). Ohio GAPNA's mission is to promote high standards of care for older adults through advanced gerontological nursing practice, education, research and advocacy. On behalf of Ohio GAPNA, I would like to express our strong opposition to House Bill 73 which will critically impact healthcare providers and patient safety.

- HB73 would allow out of state providers to interfere and disrupt care by granting them the authority to prescribe off-label drugs to hospitalized older adults with frailty and critical illness. Hospitalized older adults often have multiple chronic comorbid conditions, making their treatment plans even more complex and challenging. A third-party who is unfamiliar with the patient, goals of care, and history should not be granted the authority to disrupt continuity of care provided by their primary and specialist teams who work diligently to collaborate and provide the best care possible. The best way to provide care, especially for our most vulnerable older adult patients, is through a coordinated interdisciplinary team effort. A coordinated team ensures 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. By permitting external providers to obtain temporary privileges, HB73 will fracture the care of our most fragile patients. Allowing external individuals to assume control over an aspect of a patient's care puts Ohioans at risk of poor health outcomes due to a lack of clear communication, collaboration, and care coordination. Hospitalized patients are experiencing moment-to-moment changes and consistent information exchange is of the utmost importance.
- HB73 mandates that prescribers obtain written Informed Consent for every off-label prescription. Off-label prescriptions make up roughly 1/3 of all prescriptions. This bill would pose a great administrative burden on prescribers without any benefit to the patient. There is a clear difference between appropriate off-label medication use and dangerous prescribing and HB73 fails to draw a difference between these two entities. HB73 if passed, will put Ohioans at much greater risk of harm by allowing 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. For example, 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. Essentially, HB73 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.

- HB73 would eliminate a pharmacist's ability to intervene in unsafe prescription use posing a significant ethical dilemma. This eliminates an essential safeguard against dangerous prescribing actions. Outright pharmacist refusal is not common. Most issues with prescriptions are resolved via a discussion between the pharmacist and the prescriber. The groups most impacted by outright refusal are physician groups like FLCCC who are led and founded by physicians who have had their licensure and certification impacted due to fraudulent research practices. They have massively profited from covid-19 misinformation (fueled by their own fraudulent research) and as a result are the ones whose off-label prescriptions have, at times, been refused outright. This impacts their clinics business and is why they are using their profits to push similar legislation that is favorable to their practices in states across the United States.
- HB73 would restrict physicians and advanced practice providers from prescribing controlled substances for an off-label use. This is contradictory, undermining the necessary flexibility in addressing unique patient needs.
- HB73 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." Mandating that pharmacists dispense medications without exercising clinical judgment negatively impacts the pharmacist's professional obligation to promote patient safety and follow best prescribing practices.

I would like to emphasize that I have no opposition to off-label medication use. Clinically appropriate off-label prescribing already occurs with an extremely high frequency. I regularly engage in off-label medication use in my own clinical practice as a palliative care nurse practitioner. However, HB73 does not expand access to off label prescribing, it removes vital patient protections by requiring pharmacists to dispense any prescription for an off-label use.

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.

Carli Carnish

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