

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani and distinguished Members of the House Health Committee, thank you for reading my testimony in support of HB12 the Jeff, Dave, and Angie Patient Right to Try Act.

My name is Tina Wise. I have been an active Ohio-licensed pharmacist since 1992 and have worked in a variety of settings over the past 33 years, but mostly I have worked full-time as an inpatient hospital pharmacist in both pediatric and adult acute care facilities. Today, I speak on behalf of myself and other healthcare professionals who hope legislators will listen with open ears and open hearts and pass this bill.

As became evident over these last several years, this legislation has become necessary because physicians and other healthcare providers are being pigeon-holed by outside agencies into treating their patients with a singular mentality and not allowing them to do their jobs and take into consideration possible alternative medical treatments and other circumstances for their individual patients. Having said that, I completely understand the need for standard protocols as a basis for treating a wide variety of conditions, but it is vital in all cases to allow physicians and other healthcare providers the freedom to think outside the box and use their knowledge and experience to come up with the best course of action for individualized patient care. All patients deserve the right to try medical care that may lie outside of protocol.

In my opinion, this bill is also needed to help preserve the doctor-patient relationship that seems to have broken down in recent years, and instead we have a situation where again outside organizations (governmental and otherwise) are dictating the course of action that healthcare providers must take, regardless of a doctor's opinion or patient's views or circumstances. This is not individualized patient care.

I feel this bill helps to address the use of home medications and non-formulary medications during any inpatient stay, especially those that are being used outside of standard protocols or FDA-approved indications. Identifying a patient's home medication and allowing them to use it while an inpatient has been an established practice for as long as I have been a pharmacist; however, now certain FDA-approved medications are being prohibited from use by hospital policy. I am talking about home medications or inexpensive FDA-approved medications with a long history of safety and efficacy; not medications that are experimental or contraindicated, not medications that may create a significant drug-drug interaction, not controlled substances and not ones that are newly-patented or

expensive and would affect a hospital's bottom line; but rather a patient's home medication or an inexpensive drug that an all-encompassing hospital policy is simply overriding. Also, if in a good-faith effort a non-formulary medication is obtained by the hospital, the entire cost can be directly billed to the patient, if the patient chooses to the alternative medication.

This bill also maintains the pharmacist's ability to discuss their potential concerns openly with prescribers and offers an additional layer of liability protection to a pharmacist in those situations whereby a pharmacist may have some type of opposition when filling a physician's order or prescription. Like current practice, the pharmacist can document their objections and concerns, as well as their communications with the prescriber, within the patient's medical record when dispensing a particular medication. It would be impossible for me to support legislation if I felt it would deny my ability to adhere to my moral conscience. I can support the language of this bill with the full confidence that it will maintain this protection for pharmacists.

Lastly, this bill upholds the freedom of healthcare providers to express their medical opinion on a matter, either publicly or privately, without fear of retaliation from their respective licensing boards. What I just stated may sound like common sense in our country, but it is being infringed upon and needs vital protection. Our strength within healthcare is being free to consider and discuss a wide range of opinions and experiences and then treat patients as the unique individuals that they are.

I urge the committee to vote YES on HB12. Thank you.