

Chairman Schmidt, Vice Chair Deeter, Ranking Member Somani, and Members of the House Health Committee, thank you for hearing my support testimony for HB 12 The Jeff Dave & Angie Patient Right to Try Act” I am Dr. Kirsten MacEwen. I graduated in 2001 with my Doctor of Pharmacy degree from Ohio Northern University. Most of my practice experience has been in inpatient pharmacy, including a major hospital and long- term care. I also have retail pharmacy experience.

General drug shortages are common. Blanket formulary interchange is approved through standard hospital policy, or it is handled on an individual basis by discussing comparable treatment with the prescriber. In the case of a competitive situation such as hydroxychloroquine use during covid, HB 12 allows for the pharmacist to use moral judgment in addition to scientific information. For example, if there is a finite supply of hydroxychloroquine and Mrs. Green needs it for RA vs Mr. Snow needs it for covid, the pharmacist can reserve it for Mrs. Green and document the situation as a moral objection in Mr. Snow’s record, or vice-versa. These situations are fluid and must allow the physician and patient leeway during dynamic and urgent health situations.

Dispensing non-formulary drugs is historically common. HB12 requires no difference in process or procedure than is already happening. Pharmacist refusal to dispense or to allow usage of home medication can cause extreme harm. HB12 does not burden the pharmacist nor create risk to a patient. All prescriptions have safety checks. HB12 is not going to unleash floodgates of these prescriptions. Often a pharmacy cannot obtain the medication, and the patient brings it from home. The pharmacist's duty is to verify the medication matches the prescription label and it is not to challenge the physician’s prescribing authority at this juncture. I have checked numerous home meds and never found it problematic. I have been a hospital patient that had to bring my own. The pharmacist quickly identified it as accurate and everyone moved on. I was at no risk for harm. Best practice is to save lives and improve quality of life for patients. Period.

Regarding concern of dose, over-utilization, abuse/misuse, and duration of treatment and pharmacist Drug Utilization Review, HB12 maintains pharmacists’ current level of professional responsibility to patients by applying scientific and pharmacy knowledge, experience and skills to assure optimal patient outcome. Approximately 18.3 million prescriptions are filled each day in the USA and the same DUR standards apply to each. HB 12 provides more freedom to Pharmacists, prescribers and patients by guaranteeing pharmacist/prescriber discussions. The pharmacist has the option to persuade the prescriber to change therapy with scientific information or persuade the patient to refuse treatment. If the prescriber is not persuaded, the pharmacist should fill it, document objections, and is then shielded from liability. It is not within the scope of practice for pharmacists to prescribe medication or refuse to dispense prescriptions. HB12 protects a consenting patient’s right to fill a prescription from their prescriber without obstruction from the pharmacist if there is no life-threatening contraindication, allergy, drug interactions, etc. The patient should have the final say in their care, and HB 12 ensures that.

Meds are used off-label regularly, yet some Doctors are arbitrarily punished for certain drugs used off-label. For example, endocarditis, pseudomonas aeruginosa and prosthetic bacterial infections require high doses of antibiotics for months or even for life. Doctors have lost their licenses because they prescribed similar style antibiotic treatment for chronic Lyme disease infection which significantly improves outcomes. We should dispense, monitor and look for outcomes. Long ago, I saw outrageous Vit D doses at 50,000 units or more once a month. There was no literature at the time to support this protocol. After scientific discussions with prescribers, I documented the doctors' reasoning and monitoring plan and dispensed as prescribed. HB 12 allows me to handle it the same way I always have but now protects me from liability in situations where I have concerns.

HB 12 does not encroach on nor is limiting to pharmacists' jobs or scope of practice. In fact, it allows pharmacists to do our jobs more truthfully, freely and effectively and allows us to honor our oath to help assure optimal outcomes for patients and help them stay alive and live better. I question the motives behind those opposed to this bill? Practicing pharmacists and physicians overwhelmingly support the passage of HB 12. I urge the committee to vote yes.