Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide my personal opponent testimony on House Bill 12. My name is Kimberly Boothe, and I am a Pharmacist in Cincinnati, OH. I work with several hospitals in our state to establish and expand patient care services by pharmacists in ambulatory clinics. I am writing to express my concern that House Bill 12 will harm Ohio patients.

Concern: Splintering care teams by preventing providers from changing prescribed orders if the prescriber is absent.

The best way to provide care, especially for our most vulnerable patients, is through a coordinated interdisciplinary team effort. A coordinated team will ensure 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. In prohibiting providers from changing orders in the absence of the original prescriber, House Bill 12 fractures the care of our most fragile patients and unnecessarily complicates patients' care in the hospital. House Bill 12 will cause patients to wait for hours and hours for simple changes to be made to their medicines (for instance, adjusting the dose of a medicine; changing a medicine from a pill to a powder; changing a medicine to a more effective antibiotic after lab results come in) because it prevents prescribers from changing the orders of others even though this is a daily practice. House Bill 12 puts Ohio patients at risk of errors due to the lack of clear communication, collaboration, and coordination which will occur when multiple exclusive parties are making medical decisions in the context of acute illness with moment-to-moment changes; it is times such as these when consistent information exchange and collaboration is of the utmost importance. This privilege-related aspect of the bill has many extremely concerning implications, and adding an unnecessary layer of complexity to an already complicated process will lead to errors and harm to Ohioans.

Concern: Patient supplied medications.

If unable to be secured otherwise, House Bill 12 requires hospitals to use any medication supplied by a patient so long as it can be "identified". Hospitals have existing policies related to these situations to allow for patient-supplied medications to be used when appropriate, and this portion of House Bill 12 replaces this functioning process with one that will introduce an appreciable and unnecessary risk of harm. Specifically, simply identifying a patient-supplied medication as a criterion for inpatient use is insufficient as it fails to ensure that a medication was stored properly, has not otherwise been altered, and

is needed for continuation while the patient remains hospitalized. This is an additional problem with House Bill 12.

Concern: Driving away the workforce.

Pharmacists are a key part of the health care team, and Ohio is lagging the rest of the country regarding pharmacist job growth. In being the only state that would place pharmacists in impossible situations which force them to dispense harmful medications to patients, and in limiting the scope of practice of pharmacists in the state of Ohio, House Bill 12 will further exacerbate this negative trend of pharmacy jobs in our state by driving pharmacists and student pharmacists elsewhere.

Thank you for the opportunity to provide this written testimony in opposition to House Bill 12 and for your time, appreciating how harmful it will be to the people of Ohio.

Regards,

Kimberly Boothe, PharmD, MHA