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May 5, 2025

Representative Jean Schmidt
Chair- Ohio House Health Committee
Statehouse
Columbus, Ohio 43215

Re: Opposition to House Bill 12

Dear Chair Schmidt:

As a dedicated pharmacist and healthcare professional for the past 17 years, I have deep concerns with the language and provisions of House Bill 12. I also have deep concerns with the proponent testimony given last week on House Bill 12.

We are lucky to live in a country with a tripartite political model, ensuring that no single branch of government operates with unrestricted authority. Suppose tomorrow a bill was introduced that removed the judiciary's ability to interpret laws. Alternatively, imagine a bill which removed the Ohio Legislature's ability to override the governor's veto. I would hope and expect that such a bill would be swiftly and forcefully defeated as it would undermine foundational principles of our democratic system within our state. While not identical, comparable checks and balances occur in our medical system. Similar to our government model, these principles exist within our medical infrastructure to protect Ohioans' health and well-being. More specifically, OAC 4729:5-5-15 stipulates that a prescription must be issued for a "legitimate medical purpose" and spells out that a "corresponding responsibility" rests with pharmacists to ensure prescriptions are safe and valid. The ability to decline dispensing a medication when there is a reasonable concern about its appropriateness is a critical aspect of a pharmacist's duty. HB 12, by requiring pharmacists to dispense any off-label prescription, disregards this professional judgment and places patients at potential risk.

During sponsor and proponent testimony for this bill – and its predecessor, HB 73 – the term "artist" was used frequently to describe prescribers treating their patients. I do not disagree with this description. I agree that the practice of medicine often requires interpretation and judgement. In fact, off-label prescribing happens frequently, and these prescriptions are frequently dispensed without hesitation by pharmacists. Off-label prescribing can be a beneficial part of the prescriber's "artistry", but it also can carry inherent risks. It is not

uncommon for off-label uses to lack substantial clinical evidence. Often, an off-label use may only be supported by anecdotal reports. Pharmacists, with their specialized knowledge of drug therapy, are often the last line of defense in preventing inappropriate or potentially harmful medication use. Forcing pharmacists to dispense off-label prescriptions without the ability to evaluate their legitimacy could lead to serious patient harm, adverse drug reactions, and a compromise of the overall quality of care.

Furthermore, this bill could have broader implications for the trust and collaboration within the healthcare system. Physicians and pharmacists work together to optimize patient care, and the ability of pharmacists to question and verify prescriptions is a crucial component of this collaborative relationship. Undermining this role could erode the trust patients have in their healthcare providers and disrupt the cohesive efforts to ensure patient safety and effective treatment outcomes.

It is also important to consider the legal and ethical ramifications for pharmacists. Pharmacists are licensed professionals bound by a code of ethics that prioritizes patient welfare. HB 12 places pharmacists in a precarious position where they may be compelled to act against their professional judgment and ethical standards. I realize there are provisions in the bill [HB12 (C)(2)] which grant immunity to pharmacists who have documented their objection to dispensing. However, as a healthcare professional my primary goal is to avoid patient harm and not a focus on the avoidance of civil litigation. If a prescription I am forced to dispense harms a patient, I will not sleep easier at night knowing I am immune from civil liability. Furthermore, the provisions which do allow for immunity from civil or professional consequences only apply after the pharmacy has discussed the objections with the prescriber. How would this work in instances where the prescriber cannot be reached? Could the pharmacy delay treatment until the prescriber can be reached for discussion, or would the pharmacy be required to fill prior to said discussion?

In conclusion, while the intent behind HB 12 may be to enhance access to medications, the approach it takes is fundamentally flawed. The bill's mandate that pharmacists dispense off-label prescriptions without regard for their professional judgment is a disservice to patient safety and the integrity of the pharmacy profession. I urge you and the Members of the House Health Committee to oppose HB 12. I would encourage all to instead support measures that reinforce the collaborative and evaluative roles of pharmacists in the healthcare system.

Thank you for considering my testimony. I am available for further discussion and would be happy to provide additional insights based on my professional experience.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Peshek", with a stylized flourish at the end.

Chris Peshek, PharmD, RPh
Director, Pharmacy Operations