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Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani and Members of the House Health Committee, my name is Dr. Keith Bricking, and I am the Chief Clinical Officer for Premier Health located in Dayton, Ohio. Thank you for the opportunity to testify in opposition to House Bill 12.

Premier Health operates adult acute care hospitals at five locations in Southwest Ohio. Miami Valley Hospital is the third largest in the state and fifteenth largest in the nation. It offers the only adult Level I Trauma Center in the region and has one of the busiest emergency departments in Ohio. It operates a large Neonatal Intensive Care Unit and a regional Burn Center. It also serves the highest number of Medicaid inpatients in Ohio. Additionally, Premier Health provides a large primary care and specialty physician company, urgent care services, home health care, behavioral health services, a strong telemedicine network, and a myriad of community partnerships and outreach.

House Bill 12 as it is written presents numerous clinical, patient safety and operational challenges that give me significant concerns. Most hospitalized patients have multiple complex clinical problems which require close supervised monitoring and management from an on-site multidisciplinary team. HB 12 creates a framework that requires the dispensing and administration of drugs written by health care providers that may not be directly involved in a patient's care in the acute setting. The hospital care team consistently ensures evidence-based practices are utilized to optimize the patient's care. A prescriber outside of the acute care setting may not have access to all the organizations electronic health records, lab results, medical documentation, patient hemodynamics or clinical data needed to holistically care for the patients which may result in unanticipated harm to the patient. The ease or appropriateness of granting temporary privileges to prescribers that are not a part of the immediate care team also poses patient safety risks. The process of granting temporary privileges also takes time (often days) to ensure appropriate credentialing of providers which influences the immediacy that the new provider could effect change on the patient care plan. Any requirement to bypass the usual privileging process may place the hospital and medical staff in violation of their responsibility to assure all providers are appropriately evaluated to assure proper training and clinical expertise. Education on the EMR and computerized provider order entry

(CPOE) is also a timely process to orient new providers but is critical to ensure accuracy in medication ordering (versus verbal orders which has a higher risk of medical error).

Ohio law (OAC 4729:5-9-02.6) titled Pharmacist drug utilization review, requires a pharmacist to conduct a drug review for all medication orders and to not dispense a dangerous drug when there is professional judgement concern around the safe and appropriate use of the medication ordered. HB 12 contradicts this existing law by requiring a pharmacist to dispense the drug as prescribed, regardless of any professional concerns the pharmacist may have.

Premier Health also supports the Ohio Hospital Association opposition testimony on HB 12.

Thank you for the opportunity to provide testimony.