

## **HB 12 Opponent Testimony for upcoming House Health Committee Hearing**

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 Joshua Walker, and I am the Director of Pharmacy and Respiratory at one of our Ohio Hospitals. At Springfield Regional Medical Center and Urbana Hospital we provide life-saving care to patients in our community each and every day. We are a regional and critical access hospital that are critical to the infrastructure of our communities given the care we provide, the jobs we provide, and the community support we provide. Pharmacists are critical to patient safety as every medication poses the risk of harm. Not being able to utilize our knowledge to prevent or minimize patient harm is a dangerous proposition. I am writing to express my concern that House Bill 12 will harm the Ohio patients whom I care for every day.

**Concern:** Off Label Prescribing already exists, this bill is not about allowing off-label dispensing or ensuring a patient's right to try, it is about "requiring" pharmacists to dispense any off-label prescription they receive.

I would like to emphasize that I have no opposition to off-label medication use, because clinically appropriate off-label prescribing already occurs with an extremely high frequency. I regularly engage in off-label medication use in my practice. House Bill 12 does not expand access to off label prescribing because it is already a widely utilized practice; what House Bill 12 does is remove patient protections by requiring us pharmacists to dispense any prescription for an off-label use of a medication that we receive, even when it would harm our patient. I support and endorse the principled use of off-label medications for my patients, and I regularly dispense them in situations where the potential benefits of such use outweigh the associated risks. Patients have a very real need to access the medications which will be of benefit to them, including medications being used off-label; with that, as a pharmacist, I have a duty to ensure that the medication I am dispensing will not harm them. This is the foundation of my

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pharmacy practice and is a component of existing state pharmacy practice law. My concerns with House Bill 12 begin with its moving past the safe use of off-label medications and forcing pharmacists to dispense medications that we recognize would lead to patient harm based on how vague the current exceptions are for “life-threatening contraindication or life-threatening drug interaction”. For example, if this bill were to pass, I would be required to fill a prescription that causes seizures, even in a patient who has a history of epilepsy. I would be required to fill a prescription that is ten times greater than the safe maximum dose. Since most medications for children and for pregnant patients are considered “off-label”, I would not be able to keep these vulnerable patient populations safe from prescriptions that would put them in harm’s way. I cannot begin to imagine how I would feel, if forced to decide between upholding the law or keeping one of my pediatric patients safe from a prescription that I know will harm them; however, House Bill 12 would make this nightmare a reality. House Bill 12 would require pharmacists to dispense medicines even if they do not have necessary bloodwork to make sure that the dose is safe for their kidney or liver function; to use medicines that can, for instance, cause low blood pressure, falls, seizures, internal bleeding, and more in situations where the medicine has no use or benefit; to use medicines at doses that will be toxic to the patient and lead to end-organ failure; to use medicines that are unsafe in our older patients, pregnant patients, and children; and many more harmful situations. House Bill 12 sponsors suggest that the bill preserves patient access to medications that might help them, but these medications are already available to them via off-label prescribing and dispensing; the true consequences of House Bill 12 are not to broaden access but to instead create highways to harm. In preventing pharmacists from executing their lawful duty and keeping them from refusing to dispense medications on the grounds of scientific objection, House Bill 12 removes the last line of defense for patients and, in doing so, will undoubtedly lead to harm.

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**Concern:** Increased need to refuse medications

Fortunately, thanks to the collaborative nature of healthcare in Ohio, I do not often need to exercise my duty to refuse to dispense a medication given that any issues are usually things that can be overcome with mutual discussion. However, my concern with HB 12 is that, by taking away my ability to refuse to dispense a medication that is not scientifically appropriate, it will open the door for numerous individuals who may wish to take advantage of Ohio patients. Bad actors will now be able to come to Ohio to transform our patients into business opportunities to sell any snake oil you can imagine because House Bill 12 will force pharmacists all over the state to dispense drugs that range from ineffective to outright harmful. Given that off-label medication use already happens every single day, the only thing that House Bill 12 will do is to increase the situations where I might need to refuse to dispense a medication while taking away my ability to do so. This bill is only going to allow our most vulnerable patients to be at a greater risk of being scammed and harmed by dangerous drugs.

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.

Joshua Walker PharmD, MHA – Director of Pharmacy and Respiratory