

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 Beth Helwig Carlson and I am a twenty-nine year cancer survivor. I am writing to express my concern that House Bill 12 will harm Ohioans and negatively impact patient safety.

In my cancer journey I received a Stem Cell transplant at University Hospitals of Cleveland and participated in several clinical trials. During this process, I was very ill and in order to survive I had to TRUST my medical team to make decisions including which drugs best suited my situation. One of the most valuable members of my medical team was my Pharmacist, Dr. Criege. While other members of my medical team changed throughout my transplant, my Pharmacist was the ONE constant. EVERY single day. He was there overseeing which drugs were best suited for my care. The danger of House Bill 12 is it removes patient protections by **requiring** pharmacists to dispense any prescription for an off-label use of a medication that they receive, even when it would harm their patient. Taking the pharmacists out of the drug dispensing process is not only dangerous, it is unethical. Pharmacists have extensive medical training and are by law required to stay current on drugs and their availability. They are the people in the background who quietly monitor the decisions made by others on the medical team and are the true patient advocates. I watched my pharmacist time and time again be the check and balance for my medical care. As I have emerged from being in the hospital setting and taken back my life, I now see many specialists who all inquire about my medications. Some have made recommendations that conflicted with other medications that I was taking and I suffered severe side effects. Again, it was my PHARMACIST who caught the dangerous drug interactions and saved my life. 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 removes protections that are keeping us safe from irresponsible and inappropriate prescribing of off-label prescriptions.

As stated above, it was through an interdisciplinary team that I received state of the art care that ultimately saved my life. My medical condition changed drastically and at times was minute to minute. Allowing my providers the ability to change orders as my care was unfolding was vital to my survival. The best way to provide care, especially for the 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 will unnecessarily complicate the care that patients have 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.

As a science teacher I appreciate and respect the scientific process that is required before administering drugs to patients. House Bill 12 will directly oppose existing pharmacy practice law which establishes the legal standard for pharmacy practice. For example, per OAC Rule 4729:5-5-15, pharmacists have a corresponding responsibility to ensure proper prescribing and must ensure that all prescriptions are issued for a legitimate medical purpose. Pharmacists are also required to perform a drug utilization review, where we clinically and scientifically review the patient and the prescription to ensure it is safe and effective. Through mandating that pharmacists dispense medications regardless of whether they have a scientific objection, House Bill 12 would require pharmacists to dispense medications including those without a legitimate medical purpose and prevent us from adequately addressing issues identified during our drug utilization review. This would force pharmacists to abandon their legal duties, in addition to abandoning principles of their professional oath, and will create significant irreconcilable legal conflict. I am thankful that the pharmacists serve as the last line of defense for patient safety as it is these laws that produce life saving results for Ohio patients. Abandoning this check and balance is dangerous for ALL Ohioans.

Lastly, House Bill 12 would require pharmacists to make a good faith effort to obtain any medication ordered by a provider regardless of the hospital's medication stock or associated policies. This creates a tremendous logistical burden on an already overworked health care system, is at-odds with existing best practices corresponding to the responsible use of medications, and risks creating medication shortages due to the undisciplined use of medications that are affected by supply issues. Allowing any individual provider to have complete control over the use of one medication means that organizations will not be able to effectively respond to medication supply issues, and it also encourages the sort of prescribing that led to the opioid epidemic in addition to ongoing antimicrobial resistance. Thoughtful prescribing of medications is key for the long- term health of our patients and state, but House Bill 12 abandons these principles by forcing individual pharmacists to obtain and dispense any medication ordered regardless of scientific appropriateness,

availability, and established guidance for optimal use. We live in a society that is bombarded by advertisements in all forms of our media and taking the internet's advice on drugs and supplements is dangerous. There are good reasons for the pharmacy profession and once again, they serve as the check and balance for their patients.

Thank you for the opportunity to submit testimony for the Senate Health Committee regarding the dangers of House Bill 12. I view my pharmacists as the **most trusted** members of my care team and owe my life to their ability to make decisions based upon the scientific evidence presented in front of them. They provide the check and balance that allows medical care in Ohio to be world renowned. Please reject House Bill 12 on the grounds that it weakens healthcare in Ohio and sends us down a dark and dangerous path.