



**Ohio Hospital Association
Ohio House Health Committee
House Bill 12 - Opponent Testimony
May 7, 2025**

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani and members of the House Health Committee, thank you for the opportunity to provide opponent testimony on House Bill 12.

On behalf of Ohio's 252 hospitals and 15 health systems, we recognize that the COVID-19 pandemic left real and lasting scars on many Ohioans and their families. For any unfortunate, isolated incidents that occurred during a stressful and unprecedented time as hospitals dealt with capacity issues and efforts to curtail the spread of a disease that has killed more than 44,000 Ohioans, we offer our sincere apologies for the pain and difficulty experienced by the proponents of House Bill 12. Please know that the health, safety and well-being of every patient has always been and will continue to be at the forefront of all care provided in Ohio's hospitals.

The majority of patients in hospital settings are Ohio's most acutely sick patients. Oftentimes, those patients are treated with up to a dozen, or even two dozen drugs while in a hospital. Maintaining a clinical balance regarding their drug treatment plans requires open lines of communication and respect for clinical perspectives among providers. The balance, communication, and professional respect is vital to patients' well-being and compliance regarding numerous laws governing the treatment of hospitalized patients.

The Ohio Hospital Association has **no opposition to the provisions within House Bill 12 that codify the practice of prescribing off-label medications**. This is a common practice that has been successfully utilized by providers for decades to increase the quality of patient care and improve outcomes.

However, OHA is opposed to House Bill 12 in its current form. While we have several specific issues with the bill, we would like to use our testimony to highlight two fundamental areas of concern. We remain open to working on these concerns with the bill sponsors and committee as the bill moves through the legislative process:

1. Applying the bill's provisions to **all** off-label prescriptions is overly broad and disruptive. As written, HB 12 would create a new framework in which a prescriber may issue a prescription for any drug, including for off-label use only if the prescriber has obtained the informed consent of the patient or the patient's personal representative. This creates an impractical burden on prescribers that could ultimately delay or impede all patient care because it would require a new set of protocols for **all** off-label drugs not just those off-label drugs that are not widely entrenched in clinical practice and/or predominant treatments for a given clinical condition. OHA appreciates the bill sponsors' efforts to address circumstances that are extremely rare in hospitals, but ultimately this regulatory structure has the potential to disrupt the operations of hospitals regarding virtually all patients, not just an extremely small number of patients.
2. This bill will require hospitals and pharmacists to violate standards of care, professional practice standards, and other state and federal laws. If the legislature is going to pass a law that requires hospitals and pharmacists to violate other laws and standards, it is only reasonable to ask for



strong liability protection. The liability protection should be broad and unconditional and strengthened beyond what is currently in HB 12. The protection should also provide immunity from suit, so that pharmacists, hospitals and other practitioners cannot be sued, rather than having to incur the expense of defending a suit to obtain immunity. We would be happy to offer language to strengthen the immunity protections if this bill is going to move forward.

We would also note that while the bill does not prohibit the pharmacist from discussing a prescription with a prescriber, it does not allow the pharmacist to engage in their statutorily required professional practice. The bill requires the pharmacist to dispense the drug as prescribed, regardless of any professional concerns the pharmacist may have because it only allows objections based on moral, ethical, or religious belief or conviction, or in cases of life-threatening allergic reactions and does not allow for objective, good faith, and scientific objections to the administration or dosage of the drug for that patient or that patient's condition.

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani we respectfully urge the committee to consider the numerous unintended consequences of this legislation. OHA looks forward to working together toward identifying common sense solutions that achieve our shared goals as we care for our patients and your constituents. HB 12 is not such a solution.

OHA supports a transparent, productive conversation about the issues raised by the proponents while also recognizing the unintended consequences of passing this legislation in its current form.

Thank you again for the opportunity to provide testimony on this important issue.