

Opposition Testimony
The Honorable Jean Schmidt, Chair
Ohio House Health Committee
Statehouse
Columbus, OH 43215

Dear Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee,

Thank you for this opportunity to provide written testimony in opposition of House Bill 324. As a current medical student in Ohio and a previous medical assistant at an Urgent Care, I am of the firm opinion this bill not only puts undue pressure on physicians and patients but also increases the bureaucratic red tape involved in what is already a very lengthy medication prescription process.

We as Americans are already finding ourselves in the middle of a primary care provider shortage. Many who wish to meet with their family physicians are finding wait-times to be several months long. Requiring that physicians meet with patients in-person and conduct physical examinations before they can prescribe necessary medications takes up the valuable time of providers with unnecessary procedures and makes it even more difficult for patients to schedule for much more urgent visits.

Furthermore, some medications such as SSRIs – typically used for depression or anxiety management – would be affected by this bill. Often times, medications are prescribed over telehealth visits for the ease of the psychiatrist’s patients as physical examinations are not needed for those types of prescriptions. Inhibiting prescriptions via telehealth affects all sorts of demographics including college students living away from home, disabled individuals not able to travel consistently in-person and the elderly who may not have consistent transportation.

Additionally, I find myself concerned about the legitimacy of the data the Director of Health would be basing their decisions from e.g., insurance claims and patient reports. Insurance firms are a severe conflict of interest in the prescription of medications as their goals tend to align more with money-saving than patient coverage. I myself have seen several legitimate medication claims denied by insurance forms claiming the medication is “too severe” for the situation, despite the physician I followed explaining how necessary it was for the patient. As for patient reports of adverse events, the FDA already collects that information via their FDA Adverse Event Reporting System (FAERS) Database. I worry that making this adverse medication list based on individual patient claims will exhibit a skew of data information that will incorrectly contradict FDA findings, despite the fact that the FDA collects larger sample sizes to ensure fair reporting.

Additionally, no information has been stated in this bill explaining the 5% cutoff was chosen or why those specific adverse effects were chosen. Without science-based reasoning for these selections, I find myself concerned that we risk more harm than good by restricting these medications without further research into what exactly constitutes a “severe adverse effect” and what percentage of patients need to be at risk before prescribing is no longer an idea. In medical school, we’ve learned about the concept of “number needed to harm” and “number needed to treat”, epidemiological values that measure how many patients on average need to be exposed to a risk-factor over a specific period to cause harm or to be treated. The FDA takes all these factors into consideration and more when recommending medications for treatment. To perform that level of research on a state level is not only redundant but a use of my taxes I would much rather go towards bills that would improve health care, not burden it further.

By creating these barriers to treatment, HB 324 serves to decrease the agency of physician’s decision-making, increase the red-tape between the prescription of a medication and the receipt from the patient, negatively impact our most vulnerable populations and allocate taxpayers funds to a bill that would ultimately work against them.

Thank you for your time and dedication to improving healthcare. If you have any further questions, please do not hesitate to reach out.