



June 21, 2023

The Honorable Jason Stephens
Speaker of the Ohio House of Representatives
13th Floor 77 S. High St.
Columbus, OH 43215

The Honorable Bill Seitz
Ohio House of Representatives
Majority Floor Leader
14th Floor 77 S. High St.
Columbus, OH 43215

The Honorable Allison Russo
Ohio House of Representatives
Minority Floor Leader
14th Floor 77 S. High St.
Columbus, OH 43215

Ohio House Bill 73 – OPPOSE

Dear Speaker Stephens, Majority Floor Leader Seitz, Minority Floor Leader Russo, and members of the Ohio House of Representatives:

The American Pharmacists Association (APhA) respectfully writes in opposition to [House Bill \(HB\) 73](#), which will unnecessarily increase healthcare expenditures and undermine a key patient safety measure in the healthcare delivery system, the role of the pharmacist.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Ohio, with 13,170 licensed pharmacists and 16,920 pharmacy technicians, APhA represents pharmacists, students, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

One of the key roles of the pharmacist as a member of the interprofessional healthcare team is to ensure the safe and effective use of medications by their patients. Pharmacists do this through steps in the medication dispensing process, such as prospective drug utilization review where the pharmacist evaluates the appropriateness of a medication for an individual patient before the medication is dispensed. Pharmacists rely on their knowledge, experience, judgment, and ongoing reviews of high-quality, evidence-based, peer-reviewed published literature to confirm the appropriate use of a medication for a specific indication. They

check for the safe and effective dose of medication for a specific patient. This is especially important for patients with allergies, kidney disease, liver disease, or other past medical histories which may change the safe or effective dose of a medicine. Pharmacists review a medicine's interactions with other drugs, disease states, foods, or interactions with other items. All of this is completed under the pharmacist's state scope of practice and within their professional judgment, which has been formed through six to eight years of collegiate and doctoral-level training, including over 1,700 hours of hands-on experiential education in patient care settings.

In addition to the medication expertise pharmacists contribute during the dispensing process, pharmacists also provide numerous patient care services to their patients to optimize the safe and effective use of medications, increase access to acute and preventative care, and work collaboratively with other members of the healthcare team to assist patients in reaching their therapeutic goals.

The result of pharmacists using their professional judgment and providing the care they were trained to provide to their patients is patients reaching their therapeutic goals, cost savings in healthcare expenditures, and thousands of potentially fatal medication errors prevented each year. A study conducted at one community pharmacy found that pharmacists made around 17,000 clinical interventions in a year, resulting in \$2.4 million in cost savings and the prevention of numerous medication errors for their patients.¹ Extensive published literature has proven that patients are healthier when pharmacists are involved in their care² and there are substantial cost savings.³

HB73 takes away the role of the pharmacist as the last line of defense to ensure that patient safety concerns associated with medications are addressed. As you know, rules adopted by the State of Ohio Board of Pharmacy⁴ allow pharmacists to use their professional judgment to determine whether to fill a prescription for medical reasons.

HB73 also inserts the state into the practice of pharmacy. Mandating pharmacists to fill prescriptions regardless of their professional judgment informed by their six to eight years of doctoral education inserts the state into the practice of pharmacy **which is governed by the State of Ohio Board of Pharmacy.**

These actions will undoubtedly increase risks to patient safety and further elevate already high healthcare expenditures for our patients. This increase in healthcare expenditures may come from patients needing to seek additional care, such as hospitalizations and emergency department visits due to the increase in patient risk.

¹ Pharmacy Saves Payer \$2.4 Million by Making Clinical Interventions a Priority. *Pharmacy Times*. Available at <https://www.pharmacytimes.com/view/pharmacy-saves-payer-24-million-by-making-clinical-interventions-a-priority>

² Giberson S, et al. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. *A Report to the U.S. Surgeon General*. Available at <https://jcnp.net/wp-content/uploads/2015/09/Improving-Patient-and-Health-System-Outcomes-through-Advanced-Pharmacy-Practice.pdf>

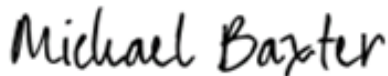
³ Murphy EM, et al. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. Available at [https://www.japha.org/article/S1544-3191\(20\)30392-7/pdf](https://www.japha.org/article/S1544-3191(20)30392-7/pdf)

⁴ Ohio Administrative Code 4729:1-1-01. Definitions - pharmacists. *Ohio Administrative Code*. Available at <https://codes.ohio.gov/ohio-administrative-code/rule-4729:1-1-01>.

To exemplify the increased risk to patient safety, consider a patient seeking to fill a prescription for ivermectin for the off-label use of COVID-19⁵, who also takes the anticoagulant warfarin for another indication. Warfarin is one of the most common anticoagulant medications in the U.S. with over 14 million prescriptions each year. Ivermectin interacts with warfarin causing an increase in the anticoagulant effect which could cause a bleed in the patient which could result in hospitalization and an unnecessary increase in morbidity. If HB73 was signed into law a pharmacist would be forced to fill the prescription even if they knew about this interaction and the increased medical risk to a patient. To ensure the safe and effective use of all medications, it is important to maintain the role and professional judgment of the pharmacist as the last line of defense before a patient takes their medicine, which is properly governed by the State of Ohio Board of Pharmacy.

For these reasons, we strongly oppose HB73 and respectfully request your “NAH” vote. If you have any questions or require additional information, please don’t hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid.

Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

cc: Members of the Ohio House of Representatives
Dave Burke, Executive Director, Ohio Pharmacists Association

⁵ There is no evidence from the Food and Drug Administration (FDA) or the Centers for Disease Control and Prevention that ivermectin is effective in COVID-19 patients. See, FDA. Why You Should Not Use Ivermectin to Treat or Prevent COVID-19. Last reviewed 12/10/2021. Available at: <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>