



Opponent Testimony, HB 73
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June 12, 2024

Chair Huffman, Vice Chair Johnson, Ranking Member Antonio and members of the Ohio Senate Health Committee, thank you for this opportunity to comment on House Bill 73.

My name is Dr. Marie Schaefer, and I am a board-certified family medicine physician at a major health system in Cleveland, and I am President of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), an organization that comprises more than 6,700 physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present, and future.

I am before you today in opposition to House Bill 73, because it could threaten patient safety and create potentially dangerous complications and confusion in hospital settings. Approximately 75% of physicians in our region are employed by hospital systems.

We appreciate the good intentions of the bill sponsors in bringing for this legislation. Off-label prescribing is a common practice that physicians use and a key part of innovations in care. However, we are concerned about the unintended consequences of this bill.

It is the responsibility of the physician caring for the patient, and of the hospital when the patient is hospitalized, to ensure that the patient and their illness or injury are being managed properly with the highest standards of medical care. It is also the responsibility of the physician, as the leader of the hospital health care team, to develop and oversee implementation of the highly individualized care plan for each patient.

The hospital setting is an incredibly complex system that is carefully constructed by each hospital system to minimize medical error by utilizing procedural safeguards. Each member of the care team has defined responsibilities that provide a system of checks and balances.

We are concerned that allowing a physician that is not a member of the hospital care team to prescribe medication will introduce potential harm and risk to patient care. As a primary care physician, I know my patients well. However, when their clinical condition changes to the point

that they require hospital treatment, I hand-off their care to the hospital care team. The hospital team is now in charge as they are in the hospital with my patient actively evaluating, managing, re-evaluating, escalating care, re-evaluating, de-escalating care, etc. as their clinical condition changes. Often their medication regimen, which has worked great for years prior to being admitted to the hospital, must change because, for example, their blood pressure is low because they are very sick, or their kidneys are not filtering as well as they were.

Even if I was provided with temporary privileges to prescribe a medication or was able to review their list of other medications, as this legislation would allow, I would feel unqualified prescribing medication because I would not understand the entire medical scenario. I would also not be in the position as the outside prescriber to manage complications and follow-up labs.

As it currently stands, I am already able to discuss, with my patient's permission, their care plan with the hospital team. I can advocate for my patient to the other physician if there is something extra that I think needs to be done. However, I acknowledge that it is ultimately the decision of the physician that is leading the hospital care team.

Most gravely, this could create a life-threatening scenario where the hospital team physician cannot manage the patient's care without having authority to determine which medications a patient should receive based on their own medical education, experience, and evolving condition of the patient. This bill also does not provide criminal liability protection for physicians should these scenarios occur.

This bill also disrupts procedural safeguards including quality checks performed by nurses and pharmacists to ensure that the appropriate medications at the appropriate dosages are being dispensed. By allowing a patient to bring in medication from outside the hospital, it cannot be guaranteed that the medication was not expired, was not stored in extreme temperatures, or was obtained from a reliable source.

We agree that using medication off-label is not only appropriate, but also imperative to the advancement of patient care. This legislation is not needed for this to continue to occur. The physician on the hospital care team is most equipped to determine the patient's treatment, and as the leader of the care team, most responsible for the patient's overall health and well-being. Even without this legislation, patients can request second opinions or have any physician speak to their hospital care team at any time. In fact, we, as physicians, encourage that. We are most concerned that by stripping away procedural safeguards and introducing more potential sources of error, this bill will do more harm than good.

For these reasons, we respectfully ask that you do not support House Bill 73.

I thank you for your time and attention and will be happy to answer any questions you may have.