

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani and members of Health Provider Services Committee:

I am here today to share my experience, knowledge, and opinions related to H. B. No. 73 based on my 50 years of clinical experience and direct patient care. My Curriculum Vitae has been made available, but fails to mention my experience as a Hospitalist, Intensivist, and out-patient Internist. In those capacities I made approximately 10,000 hospital visits and I managed approximately 6,000 out-patients. I was also involved in medical education as a teaching Attending Physician at Riverside Methodist Hospital from 1976 – 1990. I was an Associate Clinical Professor at the Ohio State University for medical students from 1980 – 2010. I was a Preceptor for Physician Assistant and Nurse Practitioner candidates from 2000 – 2021.

This is a critical time in the history of mankind as I believe humanity is under attack. We have been exposed to bio-weapons such as Lyme Disease and Covid-19 and those plagues are on-going. We have also been exposed to mRNA gene therapy which can do more harm than good. GMO foods are not tolerated by many (hence, banned in Europe). M-RNA technology in produce and farm animals has unknown and potentially dangerous consequences. We have individual and collective responsibility for the future based on our actions and inactions.

Covid-19 infections were routinely mis-managed. It is estimated that early treatment with Hydroxychloroquine and /or Ivermectin along with antibiotics would have saved 750,000 lives. (Conservative numbers) My attempts to prescribe HCQ were met with resistance or outright denial by pharmacists. Who authorized pharmacists to function in this manner?! Out of 250 patients I treated, one died, and I did not see him until the 4th month after his hospitalization and extended re-hab.

I am unaware of any drug, treatment, or procedure that is 100% effective with no potential side effects or complications. Who should decide what is appropriate? The CDC? The FDA? Medicare? The insurance companies? Congress? The State Legislature? State Medical Boards? State Pharmacy Boards? Big pharma? I think NO to all of these. The patient or legal guardian/POA or next of kin should be able to consult with the physician of their choice to make that decision.

Until the last 10 – 15 years, the ability of a physician to prescribe drugs “off label” was not in question; it was an accepted practice. It should continue to be an accepted practice, with the informed consent of the patient, of course. Drug studies are considered the end-all of information by the FDA, but they should not be. All drug studies are pieces of information. From a scientific standpoint, they are invalid because they start with a false premise...that all humans are the same. Nothing could be further from the truth.

Approaches to medical problems are frequently diverse and varied among different professionals. It is important to determine the best treatment for the individual patient. That treatment may not be the same in every case. It is important for a practitioner to be free to express their honest opinion without fear of retribution.

I have been sanctioned by the Ohio State Medical Board with PERMANENT REVOCATION of my medical license. The vociferous board members consist of a former Ohio Attorney General, a child Psychologist, an M.D. - J.D., and multiple pain management specialists. In my opinion, none of them comprehend, or have experience in treating, the majority of medical problems that affect the citizens

of OHIO. Perhaps board members should be elected, not appointed. At no time did I have access to a jury trial, in fact the only members of the board that would be considered my peers, recused themselves.

An experienced practitioner who pays attention to his patients learns patterns of disease processes and does not need a test to confirm each clinical diagnosis. Treating the patient based on clinical findings is appropriate and cost-effective medical care. Tests are not fool-proof and constitute pieces of information. There are FALSE POSITIVE and FALSE NEGATIVE RESULTS which MUST BE TAKEN INTO CONSIDERATION BY THE CLINICIAN!

I spent the first 30 years of my career with emphasis on hospital care of acutely ill patients. I spent the last 20 years of my career with emphasis on chronically ill patients who had not been helped by the many practitioners they saw before me. With the help of other talented, caring practitioners, I have been able to help these patients immensely, with a very high level of success.

With the development of COVID, M-RNA shots with apparent toxicity, and possible future pandemic infections; creative approaches by front line practitioners will be required to minimize mortality and morbidity. H. B. No. 73 is an important step to protect patients and practitioners in seeking optimal solutions.

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