

Chairman Huffman, Vice Chair Johnson, and Members of the Senate Health Committee, thank you for hearing my support testimony for HB 73, the Dave and Angie Patient and Health Provider Protection Act.

As a practicing board-certified internal medicine physician/hospitalist for the last 25 years who was twice recognized for excellence in patient care, I was neither concerned nor frightened about volunteering to serve in the COVID hospital units when the outbreak struck our state. Early data world-wide was starting to show some promise with repurposed medications with known anti-viral properties. I was encouraged that it was only a matter of time before multi-faceted approaches, protocols, trials, etc. from our leading academic medical institutions and astute local experts would all be rapidly sought offering improvement in outcomes. Much to my horror, as I cared for patient after patient, including my own my family members, this did not occur in Ohio.

My mother-in-law, Judy Papanek, tested positive for Sars COVID 19 during the Delta phase and unfortunately entered the hospital where I was employed. Despite my pleading with the infectious disease physician group and hospital administration she was denied any "unproven" therapies and offered the standard NIH directed hospital protocol of oxygen, prednisone, and remdesivir. I personally watched her, and hundreds of others decline and eventually pass under this protocol. I requested many times for alternatives to be trialed under the observation, "This regimen is not working - Why not at least try something different?"

I was shocked that summer as early goal-directed therapies that were succeeding in less developed parts of the world were derided by media "experts" and disappointingly many fellow medical practitioners (some of whom I had previously looked up to for research/evidence-based advice and a compassionate ear toward ideas of care for patients). I was further dismayed by the unprecedented restrictions invoked by Governor Mike DeWine and the Ohio Board of Pharmacy on hydroxychloroquine for any "off-label" use (as this was showing promise in the hospital setting when dosed appropriately) and then the eventual demonization of ivermectin (a Nobel Prize honored medicine). This "banned for off label use" of proven safe medications was merely the start of the compromising of the patient doctor relationship. I couldn't help but be shaken later with the "silver bullet like" promotion of mRNA injections that had not existed long enough to be deemed "safe" or "effective" by any clinically reliable standard, yet they were mandated in the health care setting without precedent.

By August of 2021, I could not continue in good conscience to conform to the mandated status quo. After my 12-hour ICU shift following all protocols as required, my evenings were spent providing early preventative and goal directed therapy through virtual health for those seeking more than "Stay home, isolate, and if your oxygen levels start to drop – go to the hospital..." One pharmacist after the next at CVS and Walgreens (places I have sent scripts to for decades) refused to fill my "off label usage" prescriptions while callously telling the patients family member, "This medicine isn't indicated for this" or simply "We won't fill this script". No counter research or actual statutory documents were ever provided the patient or me justifying this unethical disruption of medical care. Interestingly, one guilt ridden pharmacist did privately disclose that this refusal to fill these scripts was unprecedented, but her hands were tied by a corporate mandate, and she couldn't discuss it further. Thankfully I was

blessed to find a small, private pharmacy that would work with me and my patients, and I attribute the saving of many lives to this one courageous pharmacist and the Frontline COVID-19 Critical Care Alliance protocols. Had she also cowered from providing these lifesaving medications like the rest of the medical institutions and pharmacies I dealt with, many more Ohioans in my area would have died. I only wish I had been able to find her prior to my own family entering the hospital and being denied any of these “controversial,” yet effective options for care.

I entered medicine to help promote wellness and serve my patients with the best care possible. With each passing month, best practices were rapidly emerging thanks to doctors whose oath to their patients exceeded their desire to be compliant to our regulatory institutions. I was admonished and chastised from utilizing these medication protocols despite their extensive safety records and direct communication between a doctor and patient regarding the potential risks versus benefits.

I also was on the ICU floors during the first wave of young and otherwise perfectly healthy individuals presenting to the hospital with symptoms that are all now classified as “vaccine injuries”. I was there for the first wave of “fully vaccinated” individuals with critical and eventually fatal COVID 19 infections. Neither of which were publicly shared by the institution I worked for or our public health agencies that were charged with monitoring, analyzing, and disclosing to their constituents such important developments. Nothing during 2021 or 2022 that was counter to the NIH COVID-19 Treatment Guidelines or the “Safe and Effective vaccine narratives” our trusted institutions had embraced was tolerated, disclosed, or permitted to be shared without potential disciplinary consequences.

By the end of 2022, my distrust of Federal and Ohio government health agencies and the sway they exercised over the hospital that I served prompted my resignation from a career, “a calling”, that I had considered myself honored to be part of. I previously held the belief that the practice of medicine by the outstanding physicians populating Ohio would be above the political agendas of our polarized world. Unfortunately, this was not the case and there are literally thousands of Ohioans who are no longer with us today because of the reckless bureaucratic, institutional, and corporate overreach that infected the practice of medicine at the federal, state, and local levels. The individual patient doctor relationship was compromised with tragic consequences. I pray the actions contained in this bill can begin to turn this tide. If the precedents set during the COVID 19 Emergency are not walled off by medical freedom-oriented legislation - We are all in potential jeopardy any time politicized fear invokes another “emergency” declaration.

I urge the committee to vote YES on HB 73.

Respectfully,



Holly N. Papanek DO  
Board Certified Internal Medicine  
Former Hospitalist Physician