HB 12 Proponent Testimony

Geoff Mitchell, MD, JD

April 30, 2025

Chair Schmidt, Vice Chair Deeter, and ranking member Somani, thank you for allowing me to testify as a proponent of HB12, the Jeff, Dave, and Angie Right to Try Bill. My goal is to protect Ohio citizens' access to potentially lifesaving, off-label use medications. I am here specifically to attest that sections 3792.08(C)(1), "pharmacist shall dispense," (C)(2), "pharmacist must dispense," and (C)(5), decision "shall be made by the patient," should be enacted here in Ohio.

Stated a bit differently, we ask, will Ohio citizens have an assurance that the medication prescribed to them by their physician actually be available to them? The issue here is a pharmacist's override or veto of a physician prescription. This is a phenomenon which has emerged across the country in the past few years **during the COVID pandemic.**

With an eye toward learning from history, I would like to look at how we got here. I would like to look at current law. Unlike most legislation we are not trying to reverse current law. Here, Proponents are trying to uphold, clarify and reinforce current law.

In so doing, we will look carefully at the origin of the pharmacist override, and we will ask if it has been effective. We will look at the broadening base of support from atypical experts or thinkers as we attempt to discern where we should go from here.

History of Pharmacists' Overrides in Ohio Before COVID

I don't think anyone here is surprised by the fact that different branches of health care are governed by different laws and different training. I don't that that it the issue here.

I respectfully suggest that this is not about any mere professional jealousies. But, I also respectfully suggest that this is a deadly fiction - that a pharmacist can practice medicine better than a physician. As an eyewitness, I would say that in decades of real clinical practice here in Ohio, I never experienced a pharmacist refusing to fill a prescription prior to COVID. [1]

Ohio Law

ORC § 4731.41 governs the practice of medicine. ORC S 4731.41(A) states, "No person shall practice medicine and surgery, or any of its branches, without the appropriate license or certificate from the state medical board to engage in the practice." This would include pharmacists.

The writing of prescriptions for medication is inherent in the practice of medicine. No pharmacist can come before you and tell you why it should be that pharmacists should be able to override physicians' practice of medicine in this state. The rule governing a pharmacist filling of a physician's prescriptions is OAC 4729:5-5-167. It allows for certain non-substantive changes to the prescription. No refusal to fill the physician's prescription is embodied in current law as it exists in Ohio. Those who advocate the rejection of HB 12 are asking this body to abrogate long standing Ohio law.

OAC Rule 4729:5-5-16(E) in particular, speaks directly to a pharmacist's right to <u>modify</u> a physician's prescription (within certain restrictions). It is directly on point here.

Section (E) states, "For a non-controlled substance prescription, a pharmacist <u>may change</u> the dosage

[1] Another is that I value pharmacists and pharmacology. As an attorney my medico-legal strategies won at least two large cases on the basis of pharmacology. The largest case was *Legge v. Leese*, Union County.

form, drug strength, drug quantity, and directions for use without consultation:

(E)(1) "The drug must be the same drug" indicated on the prescription;

(E)(2) "The drug selected must have the same frequency and duration" as the prescription;

(E)(6) "The pharmacist shall not substitute between long-acting and short-acting" forms.

§ (F) states, "pharmacist may dispense a quantity of a [the same drug] drug in a manner that varies."

Nothing in this section gives a pharmacist the right to ever unilaterally change from one drug to another, let alone refuse to fill a physician prescription altogether.

A few related points are in order.

1) Prior to COVID there was a growing realization that **no healthcare provider should not be forced to violate their conscience.** For example, it was being recognized that a doctor or a nurse of any other healthcare provider should not be forced to participate in an abortion against their will. I suggest that the filing of a prescription for HCQ or IVM does not rise anywhere near this level of moral offense.

2) Because there was no really adequate justification for a pharmacist to refuse to fill a prescription, **a reason was invented – that a pharmacist could refuse if the prescription was not "standard care."** I've seen this offered as a reason many times. I have never seen a citation to any law. I don't think there this is any example of such a law. Remember, handwashing was not "standard care" before Dr. Ignaz Semmelweis promoted the "off label" technique in 1847.

3) I don't think it would ever be possible for any pharmacist to be fully informed as to all of the "standard" treatments in the whole medical field. No physician knows this for every specialty. Not-approved does not mean non-standard. **The authority to refuse to fill was never explicitly and legally granted** to pharmacists (except briefly in 2020, below). The reason why pharmacists and their corporate bosses [2] were de facto given this authority by the FDA in particular is discussed below.

4) Some here in the legislature have offered the opinion that a pharmacist's knowledge of pharmacology actually makes them better at practicing medicine, better than a physician. Although there are certainly examples where **pharmacists add important insight**, as a general rule, **such insight must always be subject to medical judgment.** As another eyewitness account, I attended medical school with at least two pharmacists that I recall. Their pharmacy training helped them master pharmacology class which was $^{1}/_{7}$ of ½ of the medical school curriculum. It was of no value in mastering the other 93% of their medical education.

The History of the Pharmacist's Override or Veto in Ohio During Early COVID - 2020

- On March 22, 2020 - Ohio Board of Pharmacy held an emergency, Sunday meeting banning hydroxychloroquine. **Ex. 1.**
- On March 24, 2020 - Ohio Attorney General Dave Yost banned the sale or use of hydroxychloroquine based upon the Ohio Pharmacy Board ruling of March 22, 2020.
- Also on March 24, 2020 - Ohio's two U.S. Attorneys, Herman and DeVillers, joined in banning the sale or use of hydroxychloroquine based upon the Ohio Pharmacy Board ruling of March 22, 2020. This is an unparalleled show of legal force in Ohio, the Attorney General and both U.S. Attorneys. All of this to stop the use of an old anti-malarial drug used clinically since 1947 and approved in the U.S. since 1955.
- On July 30, 2020, Ohio Governor Mike DeWine reversed the Board of Pharmacy's ban on hydroxychloroquine.
- Also on July 30, 2020, The Ohio Board of Pharmacy reversed course and issued an order that

[2] One example might be Karen Lynch of CVS. With an MBA and a CPA she made $21.6 million in 2023 after CVS refused to fill IVM prescriptions in 2021 and 2022. Lynch came to CVA from Aetna in 2025. The whole idea of insurance executives practicing medicine is a subject for another day.

"prohibitions on the prescribing of chloroquine and hydroxychloroquine in Ohio for the treatment of COVID-19 will not take effect at this time,"

By these extreme swings, Ohio's policies banning Hydroxychloroquine during COVID would have to be considered a complete failure. Ohio never tried similar bans on Ivermectin. This was effectively taken over by the FDA. These Ohio policy statements and their references are attached as **Exhibit 1.**

The Authority for the Pharmacist's override or veto improperly originated with the FDA.

The various shifts in policies to allow pharmacists to screen and even refuse to fill physician's prescriptions were purely a COVID phenomenon. Policies promoting pharmacist's' refusal to file HCQ and IVM were designed from the beginning to block early, outpatient, oral treatment. The goal from the beginning was to promote the COVID vaccine. The vaccines were approved only under an Emergency Use Authorization ("EUA"). By law, "for FDA to issue an EUA, there must be **no adequate, approved, and available alternative** to the candidate product for diagnosing, preventing, or treating the disease or condition." [3] The politics behind this were beyond the scope of this testimony but suffice it to say that was a business of a couple hundred billion dollars altogether. The whole goal of US/Western medicine and science was to promote the vaccines.

Many things changed during COVID. One of them was that pharmacists began to refuse to fill physicians' prescriptions. Whatever the reasons or combination of reasons: ego, error, ignorance, politics, corporate pressure, etc., there is no doubt that the pharmacists' veto of a physicians' prescriptions was born out of the COVID pandemic. The FDA gladly accepted the call to fight early, outpatient, treatment of COVID-19. This culminated in the FDA's infamous "you are not a horse" insult. The FDA was the prime vehicle by which effective, outpatient, oral medicine was banned in the US. This was necessary to procure the EUA for vaccines.

That defamatory, "not a horse" quip, the FDA's most viral social media campaign of all time[4] was eventually struck down by the 5th District federal court as described in previous testimony. [5] There is currently no Ohio or federal law mandating or even allowing pharmacists to veto or refuse physicians' prescriptions.

To Review:

1. Pharmacy override of physician prescribing was uniquely a phenomenon of the pandemic.
2. The single-minded COVID strategy of US/Western science and medicine was to promote universal vaccination.
3. Maintaining the vaccine EUA was wholly dependent upon the falsely-claimed absence of alternative treatment modalities.
4. The FDA and (largely corporate) pharmacies played their role in maintaining the EUA by refusing physician's prescriptions for early outpatient treatment (HCQ & IVM).
5. The single-mind COVID vaccine strategy of US/Western science and medicine associated with prohibition of early, outpatient, oral treatment failed miserably (US deaths 4x world).
6. There is no need to hold on to the broken tool of pharmacy veto or override.

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[3] **Emergency Use Authorization of Medical Products and Related Authorities,** https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities#declaration, March 30, 2025.

[4] https://boydengray.com › boyden-gray-pllc-fda-agrees-...

[5] *Apter v. U.S. Dep't of Health & Hum. Servs*., 80 F.4th 579 (5th Cir. 2023). One of the Food & Drug Law Institute's Top Cases of 2023, https://www.fdli.org/2024/05/apter-v-department-of-health-and-human-services/.

Experts are increasingly coming to the realization that U.S. COVID treatment utterly failed.

Just about a week ago the White House released, "The Lab Leak website, (COVID.GOV) directly from the White House, April 18, 2025.

Much of this material was sourced from the 550-page report of the Select Subcommittee on the Coronavirus Pandemic of the Committee on Oversight and Accountability released on December 4, 2024. This information is very important moving forward but I would like to spend the remainder of our time looking in a different direction.

I would like to look elsewhere and give you some resources from some other, **atypical experts or thought leaders, Naomi Wolf, Ed Dowd, Dr. Soon-Shiong, Andrew Sullivan and Ezra Klien.** These 4-5 individuals represent some of the increasing number of independent thinkers who are rapidly coming to the knowledge that U.S./global healthcare during COVID, including the pharmacist override, was an abject failure.

When I testified before, I argued on the basis of the best available epidemiological evidence. I think my evidence and my graph demonstrating that US/Western medicine and science failed miserably was presented here in this body when you voted to table the Senate-modified version of HB 73 at the end of the last session. More people are realizing that same thing. I've reattached my graph here. **Ex. 2.**

We were all told that the COVID vaccine was safe and effective. **The Cleveland Clinic**, in one short simple and elegant study demonstrated that the COVID vaccine was not effective. **Ex. 3.** You probably also know this from your own experience and that of your friends.[6] The rest of this testimony will be devoted to the vaccines' lack of safety. In order to make a decision about this issue it is imperative to understand those policies which failed and avoid repeating them.

Here are the current opinions of four independent thinkers. They represent a diversity of backgrounds and none of these individuals characteristically represent a conservative narrative.

Naomi Wolf is an American feminist author, journalist. After the 1991 publication of her first book, The Beauty Myth, Wolf became a prominent figure in the third wave of the feminist movement; praised by feminists such as Gloria Steinem and Betty Friedan. Dr. Wolf has written 8 NYT bestsellers. She was a Rhodes Scholar. In the 1990s, Wolf was a political advisor to the presidential campaigns of Bill Clinton and Al Gore. She has been published in The Nation, The New Republic, The Guardian, and The Huffington Post. Dr. Wolf published the Pfizer Papers.

The Pfizer Papers features new reports written by research volunteers, which are based on the primary source of 450 thousand pages of Pfizer's clinical trial documents released under court order. The book shows that Pfizer's mRNA COVID-19 vaccine clinical trial was deeply flawed and that "the pharmaceutical company knew by November 2020 that its vaccine was neither safe nor effective." The reports detail "vaccine-induced harms throughout the human body," including to the reproductive system; show that "women suffer vaccine-related adverse events at a 3:1 ratio;" expose that vaccine-induced myocarditis is not rare, mild, or transient; and that the mRNA vaccines have created a new category of multi-system, multi-organ disease.

"Pfizer vaccinated approximately 95 percent of placebo recipients by March 2021, thus eliminating the trial's control group and making it impossible for comparative safety determinations to be made." **"The Pfizer Papers makes it clear that the US Food and Drug**

[6] President Biden is believed to have been infected tree times after at least three vaccinations.

Administration knew about the shortfalls of Pfizer's clinical trial as well as the harms caused by the company's mRNA COVID vaccine product, thus highlighting the FDA's abject failure to fulfill its mission to "[protect] the public health . . .”

Edward Dowd spent much of his career as a portfolio manager at Blackrock where he managed a $14 billion growth equity portfolio for ten years. Mr. Dowd is a guy who gets to bottom of things. When billions of dollars are at stake, Ed Dowd is the guy who figures it out. Since COVID, Mr. Dowd has written extensively on excess deaths (side effects) due to the COVID vaccine. The COVID vaccine is the antithesis of safe. Mr. Dowd wrote a book, **"Cause Unknown: The Epidemic of Sudden Deaths in 2021 & 2022."** (Release Date: Nov 8, 2022, Skyhorse Publishing). Mr. Dowd has argued that the mRNA vaccines have created a new category of multi-system, multi-organ disease. He publishes his most recent findings on Substack.

Dr. Soon-Shiong is a transplant surgeon, inventor, businessman, investor, and medical researcher. He is the inventor of the drug Abraxane, which is used for lung, breast, and pancreatic cancer. He sold his invention of the chemotherapeutic drug Abraxane and other inventions for billions of dollars. Dr. Soon-Shiong knows cancer. Dr. Soon-Shiong holds multiple academic appointments and is the chairman of three nonprofit organizations. Dr. Soon-Shiong is the epitome of an ultra-successful mainstream physician. He has been the owner and executive chairman of the *Los Angeles Times*, hardly a bastion of conservative conspiracy theories. Dr. Soon-Shiong knows cancer.

Knowing cancer as he does, a few days ago **Dr. Soon-Shiong spoke of the epidemic of advanced cancers in young people.** He said: “You see young people with pancreatic cancer all of a sudden. You see young people with colon cancer all of a sudden. So is it by coincidence that post Covid infection, post Covid vaccine, we've seen all these events where we know the spike protein goes there? I don't think so. I think it's not a coincidence.” He said **this is “what keeps me up at night.”** [7]

Andrew Sullivan (and perhaps Ezra Klein) - Andrew Sullivan is a former editor of the *New Republic*. *The New Republic* was founded in 1914 to bring liberalism into the modern era. The New Republic states “We’re determined to continue building on our founding mission.” [8] Ezra Klein is an American liberal political commentator and journalist and was until recently a columnist for *The New York Times*. Klien has just released a book called “*Abundance,”* which some cite as a “path forward for Democrats.” Sullivan and Klien recently appeared together on the Bill Mahar show to discuss Fauci and COVID. [9]

At that interview, Sullivan said that former NIAID Director Dr. Anthony Fauci lied to cover up the possibility that COVID leaked from a lab because “you don’t want to go down in history as the person who helped develop the virus that killed millions of people. You want to go down as the one who saved millions of people.” Sullivan stated that British and German intelligence both knew that the lab leak theory was correct. **Sullivan stated that the “Proximal Origin paper, which was produced with Fauci and Collins of the NIH and NIAID helping it along was a lie, a conscious lie.** The people who looked at it, we now have their emails, are saying in the very first days of looking at the virus, this looks very man-made to us.” Speaking of gain of function, Sullivan further stated, **“gain-of-function research was always dangerous.** Everyone knew it

[7] https://www.dailymail.co.uk/health/article-14547483/tucker-carlson-stunned-doctor-america-cancer-pandemic.html. Last visited April 6, 2025.
[8] https://newrepublic.com/pages/about.
[9] This is an evolving story. Maher’s interview just occurred 2 weeks ago. Sullivan and Klien are frequently associated.

was dangerous, a long time ago. … Do you know who was the biggest supporter of gain-of-function research for the last 30 years? Anthony Fauci. … There's a reason he was given a pardon back to 2014. There is something very wrong going on here." Hence his quote that **you don't want to be the guy who "killed millions of people."**

Those responsible for COVID treatment and possibly the origins of COVID itself were irredeemably corrupt and what's more, they failed.

If you want more unnecessary deaths, you should go back to the failed policies of mainstream medicine and science during the COVID pandemic. If you want better results, you will need to look elsewhere. Moving forward from COVID, we need to repeal and replace what is broken. We must not enshrine the pathology and error into law. Typically after a great calamity, there is post-mortem analysis. As a culture, we have not done that with COVID. (Or we're still getting started).

The core elements of HB 12 to which I am here to testify are the policies left over from the COVID pandemic which allow pharmacists to refuse or override physician or prescriber prescriptions. I thus assert that sections 3792.08(C)(1), "pharmacist shall dispense," (C)(2), "pharmacist must dispense," and (C)(5), decision "shall be made by the patient," should be enacted into law as HB 12 is passed.

The overreach by pharmacists was an integral part of their COVID treatment failure and must be prohibited by Ohio law.

Please return medical decisions to trained, experienced physicians at the bedside and give patients the right to try. Please pass HB 12, the Jeff, Dave, and Angie Right to Try Act.

Respectfully submitted,
Geoff Mitchell, MD, JD, FACEP
geoffmitchellmd@gmail.com
Wednesday, April 30, 2025

Exhibits

[1] Ohio policy statements regarding pharmacists' override and their references, 2020.

[2] Best Available Data shows US/Western medicine/science performed four times worse than the rest of the world.

[3] Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine, The Cleveland Clinic.

Ohio State Policy Governing
the Sale and Use of Hydroxychloroquine

March 22, 2020 – July 30, 2020 – Present

On March 22, 2020 - Ohio Board of Pharmacy held an emergency Sunday meeting banning hydroxychloroquine. https://www.pharmacy.ohio.gov/Documents/Pubs/Newsletter/2020/Emergency%20Rule%20for%20Dispensing%20Chloroquine%20and%20Hydroxychloroquine%20Effective%203.22.2020.pdf, April 3, 2020, via the Wayback Machine @ https://web.archive.org/web/20200403095345/, last viewed on 04/06/25.
On March 24, 2020 - Ohio Attorney General Dave Yost banned the sale or use of hydroxychloroquine based upon the Ohio Pharmacy Board ruling of March 22, 2020. https://www.ohioattorneygeneral.gov/Media/News-Releases/March-2020/AG-Yost-U-S-Attorneys-and-Pharmacy-Board-Issue-Joint, last viewed 04/06/25.
Also on March 24, 2020 - Ohio's two U.S. Attorneys, Herman and DeVillers, joined in banning the sale or use of hydroxychloroquine based upon the Ohio Pharmacy Board ruling of March 22, 2020. https://www.justice.gov/usao-ndoh/pr/us-attorneys-justin-herdman-and-david-devillers-ohio-attorney-general-and-pharmacy, last viewed on 04/06/25.
On July 30, 2020, Ohio Governor Mike DeWine reversed the Board of Pharmacy's ban on hydroxychloroquine. https://governor.ohio.gov/media/news-and-media/statement-from-dewine-on-hydroxychloroquine, last viewed on 04/06/25.
Also on July 30, 2020, The Ohio Board of Pharmacy reversed course and issued an order that "prohibitions on the prescribing of chloroquine and hydroxychloroquine in Ohio for the treatment of COVID-19 will not take effect at this time," https://pharmacy.ohio.gov/Documents/Pubs/Newsletter/2020/Requirements%20for%20Dispensing%20or%20Selling%20Chloroquine%20and%20Hydroxychloroquine%20Update%207.30.2020.pdf, last viewed on 04/06/25.

Ex. 1.

STATE OF OHIO BOARD OF PHARMACY

Emergency Rule for Dispensing Chloroquine and Hydroxychloroquine – Effective 3/22/2020

On March 22, 2020, Governor Mike DeWine authorized the State of Ohio Board of Pharmacy to file emergency rule 4729-5-30.2 of the Administrative Code, which reads:

4729-5-30.2 – Prescription requirements for chloroquine or hydroxychloroquine

(A) Unless otherwise approved by the board's executive director, no prescription for chloroquine or hydroxychloroquine may be dispensed by a pharmacist or sold at retail by a licensed terminal distributor of dangerous drugs unless all the following apply:

(1) The prescription bears a written diagnosis code from the prescriber; and

(2) If written for a COVID-19 diagnosis, the diagnosis has been confirmed by a positive test result, which is documented on the prescription and both of the following apply:

(a) The prescription is limited to no more than a fourteen-day supply; and

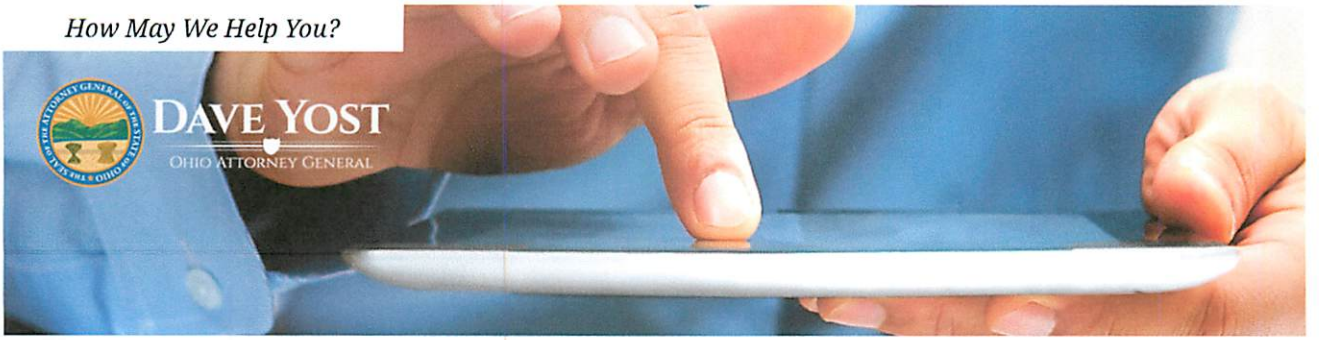
(b) No refills may be permitted unless a new prescription is furnished.

(B) Prescriptions for either presumptive positive patients or prophylactic use of chloroquine or hydroxychloroquine related to COVID-19 is strictly prohibited unless otherwise approved by the board's executive director in consultation with the board president, at which time a resolution shall issue.

This rule is now effective and enforceable.

To assist licensees in complying with this rule, the Board has developed the following frequently asked questions document: www.pharmacy.ohio.gov/COVIDrx

If you need additional information, the most expedient way to have your questions answered is to e-mail the Board by visiting: www.pharmacy.ohio.gov/contact.



News Releases

AG Yost, U.S. Attorneys and Pharmacy Board Issue Joint Statement Regarding Ohio Board of Pharmacy Rule

3/24/2020

(COLUMBUS, Ohio) – On March 22, the State of Ohio Board of Pharmacy held an emergency Sunday session to issue a rule prohibiting pharmacists from dispensing chloroquine or hydroxychloroquine for COVID-19 unless a person has tested positive for the virus or is otherwise approved by the pharmacy board's executive director.

Ohio Attorney General Dave Yost, the U.S. Attorneys for the Northern and Southern Districts of Ohio, Justin Herdman and David DeVillers, and the State of Ohio Board of Pharmacy, today issued a joint statement confirming that they are aware of the allegations leading to the Board of Pharmacy order and declared a joint commitment to investigating any violations of federal or state law committed by any individuals or entities, including healthcare professionals.

"These are extraordinary times for the world, our nation, and the great state of Ohio. While we are seeing the absolute best of our healthcare professionals as they help to address the COVID-19 crisis, we will remain vigilant to address any self-serving behavior by any member of the medical community. Be assured that we will do our due diligence in holding accountable others who may be prescribing outside of a legitimate medical purpose. Where we find doctors or others who are abusing their professional licenses to help themselves or associates, we will move swiftly to identify and prosecute any wrongdoing that is a violation of federal or state law. We are committed to pursuing all remedies to address misconduct associated with the allegations leading to the Board of Pharmacy action, including seeking criminal penalties where appropriate."

Gov. Mike DeWine on Sunday authorized the State of Ohio Board of Pharmacy to file emergency rule 4729-5-30.2 of the Administrative Code.

MEDIA CONTACT:
David O'Neil: 614-728-6069

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PRESS RELEASE

U.S. Attorneys Justin Herdman and David DeVillers, Ohio Attorney General and Pharmacy Board issue joint statement regarding State of Ohio Board of Pharmacy rule

Tuesday, March 24, 2020

For Immediate Release

U.S. Attorney's Office, Northern District of Ohio

On Sunday, March 22, the State of Ohio Board of Pharmacy held an emergency Sunday session in order to issue a rule prohibiting pharmacists from dispensing chloroquine or hydroxychloroquine for COVID-19 unless a person has tested positive for the virus or is otherwise approved by the pharmacy board's executive director.

Today, U.S. Attorneys Justin Herdman and David DeVillers, Ohio Attorney General David Yost and the State of Ohio Board of Pharmacy, issued a joint statement confirming that they are aware of the allegations leading to the Board of Pharmacy order and declared a joint commitment to investigating any violations of state or federal law committed by any individuals or entities, including healthcare professionals.

"These are extraordinary times for the world, our nation, and the great state of Ohio. While we are seeing the absolute best of our healthcare professionals as they help to address the

Statement from Governor DeWine on Hydroxychloroquine

July 30, 2020

(COLUMBUS, Ohio)—Ohio Governor Mike DeWine issued the following statement regarding the new rule issued by the Ohio Board of Pharmacy regarding the use of hydroxychloroquine to treat COVID-19:

"I agree with the statement from Dr. Steven Hahn, Commissioner of the Food and Drug Administration, that the decision about prescribing hydroxychloroquine to treat COVID-19 should be between a doctor and a patient. Therefore, I am asking the Ohio Board of Pharmacy to halt their new rule prohibiting the selling or dispensing of hydroxychloroquine or chloroquine for the treatment or prevention of COVID-19. The Board of Pharmacy and the State Medical Board of Ohio should revisit the issue, listen to the best medical science, and open the process up for comment and testimony from experts."

STATE OF OHIO
BOARD OF PHARMACY

Requirements for Dispensing or Selling Chloroquine and Hydroxychloroquine in Ohio

Updated 7/30/2020

As a result of the feedback received by the medical and patient community and at the request of Governor DeWine, the State of Ohio Board of Pharmacy has withdrawn proposed rule 4729:5-5-21 of the Administrative Code. Therefore, prohibitions on the prescribing of chloroquine and hydroxychloroquine in Ohio for the treatment of COVID-19 **will not take effect at this time**.

This will allow the Board to reexamine the issue with the assistance of the State Medical Board of Ohio, clinical experts, and other stakeholders to determine appropriate next steps.

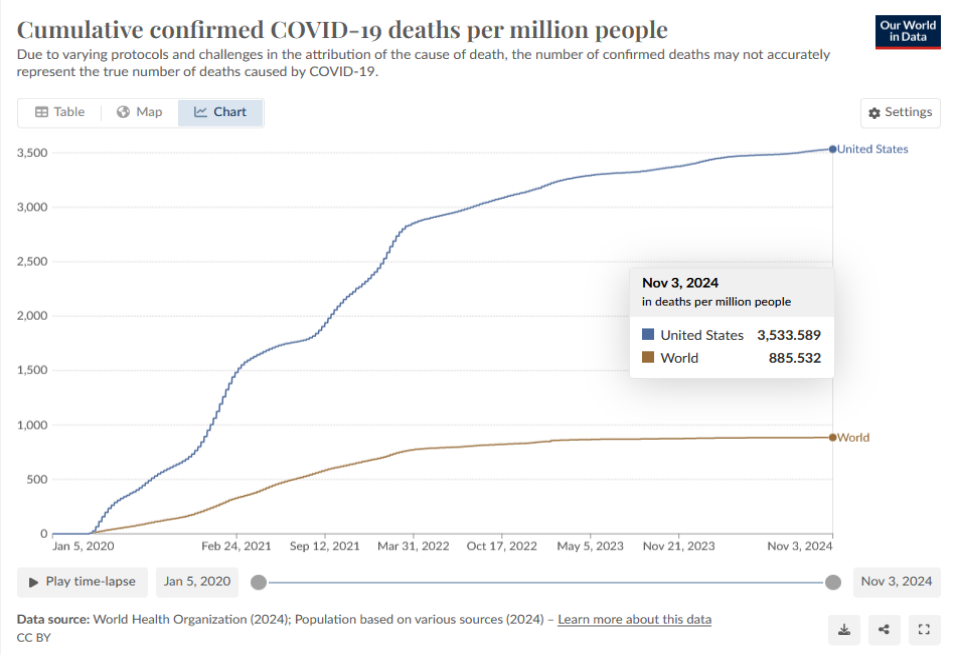
Licensees should be aware that emergency rule 4729-5-30.2 is no longer effective and the requirements of that rule, including the inclusion of a diagnosis code on any prescription for chloroquine and hydroxychloroquine, are no longer applicable.

One of the Most Important Truths of the COVID Pandemic

2020-2024

The best available epidemiological data, from Johns Hopkins University ("JHU") [1] and the World Health Organization (set in graphical format by Oxford University's Our World in Data) [2] demonstrates that COVID outcomes (death rates) in the US were four times worse than the rest of the world. The US COVID death rate was 3,534 deaths per million. The average cumulative death rate for the rest of the world was 886 deaths per million. The US COVID death rate, under the care of US science and its healthcare system was four times greater that the rest of the world. [3] Mainstream US science, medicine (and pharmacy) failed us during the COVID pandemic.

US COVID Death rates among the highest in the world!



US COVID Death Rates 4x the Rest of the World!

Ex. 2.

Mainstream Science, Medicine, (and Pharmacy) Failed Us During the COVID Pandemic!

These COVID results are or should be embarrassing to all Americans. But, this is the best available and the most widely cited epidemiological data the world was able to produce over the course of the pandemic. We cannot simply reject data that we don't like. If we reject this data, all discussion is meaningless.

The answer demanded by this data is this: why were COVID outcomes in the US so dismal compared to the rest of the world? The answer to that question is discussed in the accompanying text and testimony.

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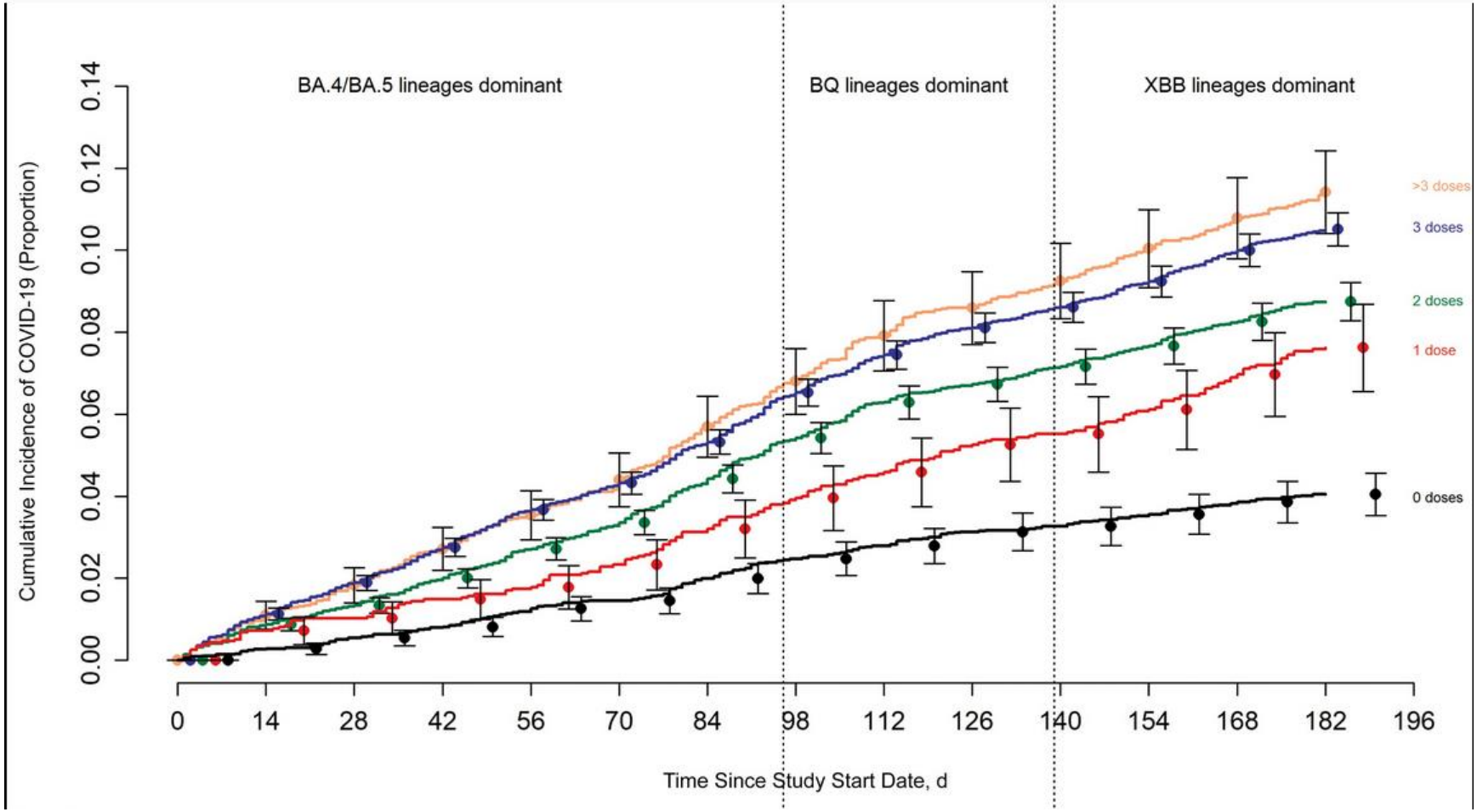
[1] JHU's COVID dashboard was viewed literally billions of times during the COVID pandemic and since then.

[2] //ourworldindata.org/explorers/covid?pickerSort=asc&pickerMetric=location&Metric=Confirmed+deaths&Interval=Cumulative&Relative+to+population=true&country=USA~OWID_WRL

[3] All of this data is population adjusted. The data is expressed in deaths per million.

Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine

The Cleveland Clinic



Ex. 3.

Nabin K Shrestha, Patrick C Burke, Amy S Nowacki, James F Simon, Amanda Hagen, Steven M Gordon, Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine, *Open Forum Infectious Diseases*, Volume 10, Issue 6, June 2023, ofad209, https://doi.org/10.1093/ofid/ofad209