



Ohio Advocates for Medical Freedom

Advocating for Medical Freedom since 2015

Chairman Schmidt, Vice Chair Deeter, Ranking Member Somani, and Members of the House Health Committee, thank you for hearing my support testimony for HB 12 The Jeff Dave & Angie Patient Right to Try Act.

In nearly a decade of my volunteer service leading the non-profit, grassroots organization, Ohio Advocates for Medical Freedom, we have received thousands of emails from desperate Ohioans seeking help for various issues. Many of these communications were from health professionals, patients, and family members who were having difficulty obtaining various medications that they desperately needed for their patients or themselves. While most of these pleas for help came during the pandemic, there were many that were unrelated to COVID in the years prior.

Many of our members suffer from the effects of chronic Lyme disease and have extreme difficulty finding providers who can effectively treat the myriad of co-infections that are typical of the disease. The hospital systems only address acute Lyme, which leaves chronic Lyme patients desperate to find relief from symptoms. Private physicians who have used their training and innovation to find ways to restore function to their patients have been publicly chastised by medical boards and health agencies or had their licenses stripped and their credibility destroyed. It is almost unbelievable that in one of the most medically advanced, and allegedly free, countries in the world, would punish physicians for making a patient well, but this is true for doctors in Ohio and around the country.

We are in a new era of exploding Cancer rates and health providers are also limited in their ability to treat patients beyond the traditionally accepted 'protocol.' Many Ohioans, including an Ohio Senate member, has been denied prescribed treatments and have been forced to seek treatment outside of the country. Unfortunately, most Ohioans cannot afford these extreme and costly measures, so they are forced into one-size-fits-all treatment protocols.

We saw an arguably criminal handling of the recent Covid pandemic. The fact that treatments were denied, and medical free speech was silenced is long past “conspiracy theory”. President Trump acknowledges this on the new Covid.gov website, stating: **“Most egregiously, the federal government demonized alternative treatments and disfavored narratives, in a shameful effort to coerce and control the American people’s health decisions.”** In 2021 a letter was put out by the Federation of State Medical Boards acknowledging that **“licensed physicians possess a high degree of public trust and therefore have a powerful platform in society”** and then threatened them by saying **“Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license.”** Threatening healthcare provider’s against expressing concerns of risks for a medical intervention violates the AMA Code of ethics on informed consent.

During Covid, OAMF experienced hundreds of tearful voicemails with pleading for referrals for legal help to get FLCCC treatments to their loved ones in the hospitals. Ohioans across the state were denied prescriptions at outpatient pharmacy windows and then watched their hospitalized loved one die in agony after being refused safe treatments known to be helping others, simply because pharmacists claimed the treatment wasn’t scientifically proven “safe” for that use. I would ask the committee members this... If a pharmacist is unable to convince a medical doctor (who is liable to their patient) that there is a legitimate scientific reason why the either the dosage or the drug choice could cause harm to the patient, then is their refusal to fill that drug really a “scientific” one? Ohio patients and their families are the ones who pay the price for the political and financial reasons that pharmacists usurp the prescription authority of doctors, and hospitals put rigid 'protocols' in place.

The OHA and OPA lobbyists who advocate to maintain the profit margins and control of hospitals and pharmacies rather than protecting the best interest of the people of Ohio, will come to your offices and tell you that this bill is “dangerous” and will cause “harm to patients” and crush their ability to maintain “standard of care.” Let me be clear. The “standard of care” provided by Ohio hospitals are the reason this bill was written. It is the reason Dave and Angie’s four grandchildren (Rhett, Sophie, Jolene,

and Rowen) will never know them, and why Jeff's children will fight panic attacks every time they have to enter a hospital. It's why Ken McEntee and Barbara Schwarz will come home to an empty house each night instead of their loving soulmate. Ohio hospitals "standard of care" is why fatherless children across this state are STILL in grief counseling or battling suicidal thoughts and self-harm.

While HB 12 cannot return the parents or spouses whose lives were stolen from them, it would bring some level of justice to their families and protect access lifesaving off-label treatments during the next pandemic or current or future illness. Medicine is a complex practice and an art. When medical free thought and free speech are stifled by government health agencies, or pharmacy and medical boards, then innovation and excellence in medicine dies. Reigning in overreaching state entities will allow us to return to an era where healthcare providers can freely treat their patients with FDA-approved drugs that may save patient lives without fear of licensure backlash.

It is tragic that we are here again this assembly still fighting for patients and their health care providers to have the protections that would have been granted under the House version of HB 73. On behalf of our members and the citizens of Ohio, OAMF implores for the Ohio Legislature to END the STRONGHOLD of the Ohio Hospital and Ohio Pharmacy associations by representing the voters who elected them and swiftly passing this life-saving legislation that was written by the people and for the people. OAMF has been deeply involved in all aspects of the HB 12 language, so I am happy to answer specific questions you have on any provision of the bill.

Thank you.

Stephanie Stock, OAMF President

www.OhioAMF.org

Notes and References:

Inpatient Nurse response to concerns that medicine brought from home is “dangerous”.

“The ASHP sets clear minimum standard guidelines for hospital pharmacies. Its purpose is clearly stated as such in the first sentence under the guidelines’ purpose. Standard IV: Drug Product Procurement and Inventory Management, Section B. Regarding Patient’s Own Medications specifically addresses home medications in the hospital setting.

Nurses are most often the first hospital personnel to encounter such situations. I have had several experiences with home meds brought to the hospital setting. As long as those medications are brought in the original dispensary containers, and the drug clearly marked for identification, the hospital pharmacy has always, in my three decades as a nurse, requested said medication(s) to be sent to the pharmacy for proper identification. The same process holds true for patients on medication’s that the hospital does not supply. The ASHP sets forth these standards as a MINIMUM set of standards to ensure that medication safety standards are upheld and patient safety is priority.

To broadly sweep that all outside medications are “too dangerous” for even consideration to offer life-saving measures is not only shockingly shortsighted but a poor excuse to dismiss this house bill in light of the extensive minimum standards set forth by the ASHP.”

<https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-pharmacies-hospitals.ashx>

--Statement from an Ohio RN who asked to remain anonymous for fear of retribution.

2021Threat letter from FSMB to Doctors:

“Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to their specialized knowledge and training, **licensed physicians possess a high degree of public trust and therefore have a powerful platform in society,** whether they recognize it or not. *They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health.* Spreading inaccurate **COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and puts all patients at risk.”**

<https://www.fsmb.org/siteassets/advocacy/policies/ethics-committee-report-misinformation-april-2022-final.pdf>

AMA Code of ethics on informed consent:

“Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making. Transparency with patients regarding all medically appropriate options of treatment is critical to fostering trust.”

<https://code-medical-ethics.ama-assn.org/ethics-opinions/informed-consent>