Written-Only Support Testimony for H.B. 12
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Chairman Schmidt, Vice-Chairman Deeter, Ranking member Somani and members of the House Health Committee, thank you for this opportunity to provide support testimony for HB 12, the Jeff, Dave and Angie Patient Right to Try Act.

My name is Robert Neidich and I have been a practicing physician in Lima, Ohio for the past 30 years.

In this testimony, I hope to provide the committee with some general information related to "FDA Approval" and the frequent use of "off-label" medications in practice and then share my personal observations related to the Covid-19 pandemic response.

As you know, pharmaceutical companies that hope to bring new drugs to market must conduct studies that meet FDA standards. These studies are relatively short and therefore can not provide long-term safety data. Many drugs are removed from the FDA approved list every year after patient injuries are identified. Therefore, older medications in use for decades may have a higher degree of safety confidence, even when used off-label, than more recently FDA approved drugs.

This understanding can help clarify the fact that a medication prescribed "off-label," which account for up to 20% of all prescriptions, does not, in any way, suggest that the medication or treatment is "below the standard of care." Standard of care and legitimate off-label use of medications are not related in this way.

Now turning to the topic of the Covid-19 pandemic response, I observed, for the first time in my career, political, corporate medical, pharmaceutical and media forces dominating medical decision making rather than direct-care physicians. As an example, early in 2020 President Trump mentioned that Hydroxychloroquine (an inexpensive medication which has been used safely for many decades) may be an effective treatment for the SARS-CoV-2 virus. Almost immediately, there was a backlash of protestation that this medication had no benefit and was putting patient's lives at risk. Medical studies were hastily undertaken to "prove" this assertion, despite medical literature from the early 2000's from SARS-CoV-1 showing benefits. Nevertheless, all supporting information was banished from the public sphere, and in a very short time HCQ was not available "off-label" but was rather declared "off-limits."

Even more aggressive attacks were undertaken against physicians who considered the off-label use of Ivermectin. This Nobel-prize medication was discovered almost fifty years ago and was FDA approved for HUMAN USE in 1987 for treatment of certain parasites. Literally BILLIONS of doses of ivermectin had been dispensed to people all over the globe, and the WHO listed IVM as one of the safest and most important medications in the world. However, recommending IVM for treatment of Covid-19 was forbidden.

Ramifications of non-physicians interfering in the care of patients continue. Just last year, the FDA was legally forced to remove a tweet that they posted in 2021 regarding IVM use that stated "You are not a horse. You are not a cow. Seriously, y'all. Stop it." Even more recently, a Nassau County, New York, court ruled that Mount Sinai South Nassau Hospital may be liable for the "non-administration" of Ivermectin in a wrongful Covid-19 death case.

It is undeniable that suffering could have been reduced and lives saved if primary care physicians had been free to use off-label medications for their patients during the pandemic.

I believe this was a dark time in "medicine" and unfortunately may be a harbinger for the future. As the WHO promulgates "guidelines" that it intends to force upon sovereign nations, it is critical that we take measures more locally to legally protect our human freedoms, including medical care.

Finally, HB 12 will help strengthen the doctor-patient relationship. Each primary care physician knows his or her patients well, and better than any one provider at a hospital. Allowing the patient to participate in health decisions and to choose the recommended medical advice of his or her primary physician, even if it does not fit neatly into the top-down official narrative, is a freedom that should be protected.

I strongly support this legislation that will help strengthen the primary care doctor-patient relationship, and protect patient autonomy and freedom. I urge the committee to vote YES on HB 12.

Robert Neidich, MD, CPE