Chairman Cutrona, Vice Chair Gross, Ranking Member Dr. Somani, and members of the Health Provider Services Committee, thank you for allowing me to provide support testimony for HB 73; the Dave and Angie Patient and Health Provider Protection Act.

I am Dr. Steve Werling D.O., a sole practitioner in House District 80, Piqua Ohio. I have been in private practice for over 20 years and historically I have used medications off label daily without interference or threats from Federal agencies, or state medical and pharmacy boards. I and other physicians use polyethylene glycol3350 (MiraLAX) to cleanse the colon prior to colonoscopies even though MiraLAX is only indicated to relieve occasional constipation. Ortho Tri-Cyclen is indicated for oral contraception and to treat acne, yet it is often used to regulate menstruation in young women. Cytotec is indicated to reduce the risk of gastric ulcers caused by nonsteroidal anti-inflammatory drugs, yet it has been used to soften the cervix for IUD placement and induce labor. Pitocin is indicated only to induce or improve uterine contractions for the benefit of mother or fetus, yet it is routinely used for the elective induction of labor. In pediatrics, Catapres is indicated for the treatment of adult hypertension yet has been used in the treatment of ADHD. Cipro is indicated only for pediatric complicated urinary tract infect ions and pyelonephritis due to Escherichia coli and the treatment of inhalation Anthrax, yet it is often used in children with cystic fibrosis to treat lung infections. Prescription of these off drugs used for off label purposes are not causing physicians to have their license threatened, nor are they being denied to be filled by pharmacies state-wide.

I have only had two incidences in my 22 years of practice in which I had difficulty using an FDA approved medication in an off label manner. The first incident was when I called in a prescription for ivermectin in the treatment of a Covid-19 patient. The Pharmacist refused to dispense the medication because she believed that "It doesn't work". I had not included a diagnosis when I called in the prescription. I asked her if she would refuse to fill a Z-Pak if she felt that the patient had a viral infection and she responded that she would fill that prescription. I filed a complaint with the Ohio State Pharmacy Board, and they saw no issue with the Pharmacist assigning a diagnosis and overriding my medical decision. Why did the pharmacist have the power and influence to insert herself between me and my patient because she decided the drug I chose, and that my patient consented to, wouldn't be effective?

The second incident where I had difficulty using a medication off label was another Covid-19 patient whose insurance required preauthorization before paying for ivermectin. This was the first time in 22 years in which I had to get prior authorization for a generic medication. Why was it that repurposed drugs with regard to this pandemic were politicized to the point that doctors could no longer do what we had previously freely done? What happens to my patients if there is another pandemic or outbreak of an illness? Will the political opinions of the state medical and pharmacy boards dictate which potentially lifesaving treatments I am allowed to prescribe for them then as well? Without HB 73 that is the bleak new reality.

Another grave concern I have is losing my right to free medical speech. This is another vital provision that is covered in this legislation, and I have personally experienced this being violated on two occasions.

I had the pleasure of working with an excellent Nurse for 20 years. One evening, she felt ill and sat down at 6:30p.m., and by 8:00 p.m., she was dead. Knowing her medical history well, I simply raised a question

as to whether her recent Covid-19 booster may have played a role in her untimely demise. The very evening that I uttered that question among colleagues, the Chief of Staff called me on my personal cell phone to inform me that "the hospital doesn't want you talking about that". As a physician, am I no longer free to question the safety of medical products?

In a second incident, I diagnosed advanced colon cancer in a patient that had recently had a negative colonoscopy. After the procedure, the bedside nurse overheard me asking the patient what their Covid-19 vaccination status was. Said nurse inquired why I would ask such a question, so I explained there are articles suggesting correlation between a patient's Covid-19 vaccine status and overall colon health. Not long after, I was called by the Chief of Staff on behalf of the wellness committee that ensures that Physicians are "mentally competent" to practice medicine at the hospital. I believe this call was retribution because of my expressed concern to my patient, which is a different belief of the hospital. Each physician is trained and licensed in a similar way, but each of us has our own unique set of experiences and research knowledge on which we form our opinions. Those opinions should be allowed to be freely expressed. If the concerns and opinions of health providers are only valid when they are in alignment with the "majority", then free thought and innovation in the field of medicine will surely come to an end.

What will become of the future of medicine if physicians are forced to accept this new standard of censored medical speech and the inability to treat our patients with the medications, we feel will best benefit their life and Health? The answer to that question lies in the hands of the Ohio state legislature.

Health providers were meant to mindfully "provide" care to their patients, not to just distribute medications based on the narrow protocol opinions of pharmacy and medical boards that have become corrupted by political agendas and financial incentives. Today I ask the Health Provider Services committee to protect the doctor-patient relationship, to protect medical free speech, and to empower health providers to once again be free to use our expertise to save lives. Please vote yes on HB 73.

Thank you for your time.
Dr. Steve Werling

WMA DECLARATION OF HELSINKI – ETHICAL PRINCIPLES FOR MEDICAL RESEARCH INVOLVING HUMAN SUBJECTS

Unproven Interventions in Clinical Practice

37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.

6th September 2022