

Tree of Life Health Solutions

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To Whom It May Concern:

April 18, 2023

This letter is written regarding the Ohio House Bill 73, "The Dave and Angie Patient and Health Provider Protection Act". We are a medical practice with a diverse patient population and like many other providers, we treated many patients with Covid-19 symptoms over the last couple of years.

Many of our patients who became ill with Covid-19 symptoms declined after receiving care in an urgent care facility and/or emergency room as well as many of our other patient population were uncomfortable and reluctant in seeking care in an emergency room facility due to the limited options that they would receive if admitted.

Every patient in our practice treated for Covid-19 symptoms survived and we contribute this to our patient's request for the protocol that included off label prescribing of ivermectin. Please note that other patients treated in an inpatient setting, reported that they too asked to be given ivermectin but were denied for unknown reasons and sadly, some were succumbed by the horrible illness of Covid-19.

We made several attempts to prescribe ivermectin to local and surrounding pharmacies/pharmacist who stated that they would not fill ivermectin for patients. At times, the question for diagnosis was asked and if reported Covid-19, the pharmacist verbally told the provider they would not fill the prescription and would not provide any explanation as to why they refused to fill the prescription. When the pharmacist was asked if they were licensed to prescribe medicine, the reply was "no", and the call was quickly disconnected by the pharmacy facility. May I add that Ivermectin has been well studied, researched and documented to be a very safe drug with minimal side effects.

Off label prescribing is not a new practice. It is uniquely taught in pharmacy courses and practiced throughout med school residency and advance practice nursing clinicals. For example, as we often prescribe Flomax to a male patient with Benign Prostate Hypertrophy, so is it often off labeled prescribed for females with kidney stones.

As medical providers and professionals, we continue to practice according to evidence base practice with integrity, culture sensitivity, and culture diversity. It is imperative to treat each patient with dignity and respect. This includes with an assessment, physical examination, diagnosis, and treatment plan created individually for each patient. As it is well documented, that not all patients tolerate the same treatment plan. Some may tolerate certain treatment plans better than others and it is the responsibility of the provider to be aware of any potential side effects

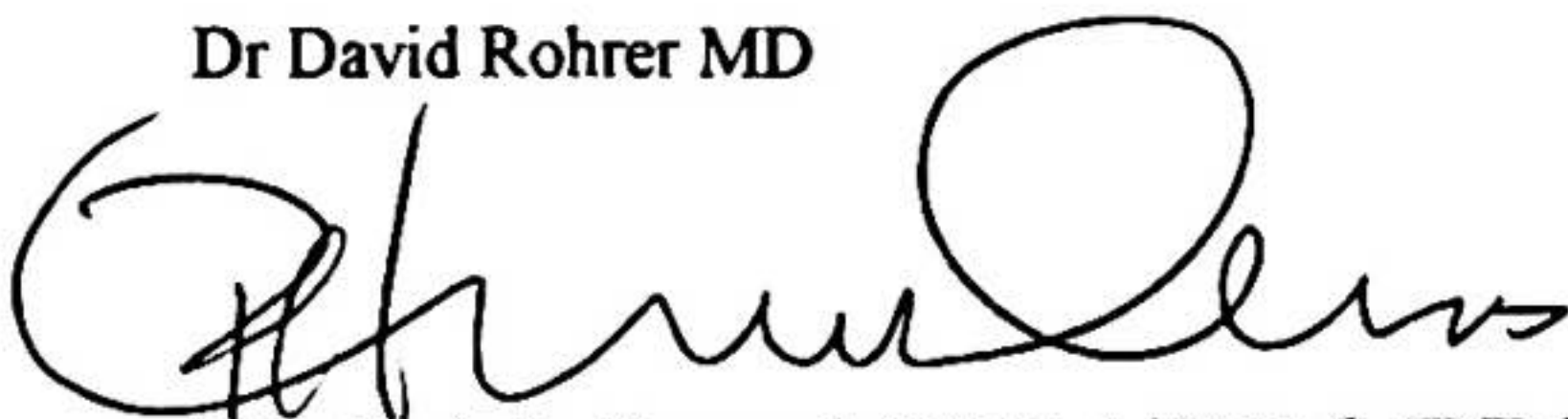
from treatment plans including medications, modalities and vaccinations that may potentially cause harm and/or protect the patient from harm. It is imperative to be reminded and take note that each provider must have the ability and autonomy to practice and/or question certain treatment plan without disciplinary action. Research, clinical studies, questioning and thinking “outside the box” lead to better medicine and best evidence base practice.

May I mention as well, the Right to Try Act that was put in place for patients diagnosed with life threatening illness and who have exhausted approved treatment options, are provided and may request other treatment plans/options including medications without clinical trial and FDA approval when current approved treatment plan isn't responding optimally.

Respectfully,



Dr David Rohrer MD



Mrs. Pauletta Hummel APRN, A/GNP-C, FNP-BC