

March 16, 2022

Dean A. Beers and Karen S. Beers
Evans, CO.

***Re: Testimony submission - HB22-1015 Off-label Use Of Approved Drugs To Treat COVID-19
Vote YES***

Greetings House Health & Insurance Committee Members,

Today you are hearing HB22-1015 Off-label Use Of Approved Drugs To Treat COVID-19 – and we extend our thanks to Rep. Luck, Sen. Sonnenberg, and Sen. Hisey for bringing this bill. It is one of several very important bills to secure the rights of patients and their families, including medical power of attorneys, and healthcare providers.

I know my time is limited, and have therefore also submitted written testimony. My Wife and I are former Deputy Coroners, and active Medicolegal Death Investigators, as well as Certified Forensic Death Investigators. We have been involved with these events of 2020 for the last two years. Every point here is supported by independent and verified facts. I can provide any references and documentation.

In November my Mom was admitted to the ER after having tested COVID positive at a clinic – she had developed low oxygen saturation with nausea; no COVID symptoms – as was initially expressed by the examining physician – until she came back positive, then she had ‘hidden’ symptoms. She was admitted with the understanding she would be prescribed and provided oxygen, then released. She was then taken to the COVID floor and given two initial doses of Remdesivir right away. She never signed a hospital treatment / billing consent form; instead – in the signature space someone had written “COVID” across it. Remdesivir is the only FDA approved protocol for COVID positive treatment. As part of the EUA and then approval, there are three specific criteria in advising patients: 1) consent; 2) side effects warning, and 3) it is the only protocol and was not developed for COVID. Mom was given none of these.

As her Next-of-Kin and Medical Power of Attorney, I was called the next day and advised of the use of Remdesivir. I asked about Ivermectin and/or Hydroxychloroquine – and was told there was no protocol for Ivermectin and/or Hydroxychloroquine use and none available in the hospital – only Remdesivir.

Our Mom died five days later – and I was repeatedly told she had to improve in five days, or her chances were she would not leave the hospital. I never understood why this was repeated, until my Wife researched Remdesivir the same as she had researched other protocols, including Ivermectin and/or Hydroxychloroquine.

Remdesivir has a long history – and not a good one. When it was first developed and used for Ebola, it had about a 50% fatality rate and was pulled worldwide. It was forgotten about until the events of 2020. The FDA very quickly gave an EUA – and would not approve others, even for studies, because, *“There is insufficient evidence of its efficacy or potential harm to approve or deny; and is therefore denied EUA.”* This left ONLY Remdesivir. Since its EUA and then approval as the only protocol – CDC has reported, indirectly, the fatality rate of Remdesivir as 1 in 3 within five days. Patients do not die of COVID – they die of multi-organ system failure. But, that’s not on the death certificate – it is in their blood work.

In January my dad was taken to the same ER after symptoms and tested COVID positive. He lives alone and had no one with him for over a week prior – we went to Indiana for the death of my Wife’s mom. There was no possibility of exposure or transmission for him. He was examined and released to medical rehab on antibiotics (for bacterial pneumonia – COVID is a viral infection; Mom also had bacterial pneumonia) and oxygen. He was admitted a second time – and as his MPOA, I told them they could not use Remdesivir. They actually argued with me and said they would not take medical directives from a lay person. I reminded them his MPOA specifically authorized me to do exactly that. They looked at his MPOA on file and then told me they no longer use Remdesivir in the protocol. There is no longer a COVID protocol at this hospital (or their entire system in Colorado).

Why are hospitals administering a drug with a 1 in 3 fatality rate; and no other protocol – including the proven Ivermectin and/or Hydroxychloroquine? If you look at the FDA approval and prior EAU, under the CARES Act and Americans Recovery Act, hospitals are given a 20% compensation on the ENTIRE hospital bill if – and this is the criteria – they administer Remdesivir. Remdesivir is \$2,500 per dose (five days – six doses - \$15K for every patient – dead or alive) and the Ivermectin and/or Hydroxychloroquine protocols – less than \$15 per dose / a day. What are the side-effects of the Ivermectin and/or Hydroxychloroquine protocols? Some typical minor issues – diarrhea, nausea, chills, general discomfort. Nothing serious – as seen with Remdesivir – multi-organ system failure and death have never been recorded with Ivermectin and/or Hydroxychloroquine protocols. There is simply no reason to not authorize Ivermectin and/or Hydroxychloroquine.

Hospitals are given \$13,000 for each COVID admission, and even more for each COVID death. Mom’s \$80K hospital bill was worth another \$50K – her death was worth \$50K in taxpayer monies and 100% profit to the hospital. Death is difficult. This is unconscionable. Hundreds of thousands of lives could have been saved. Not just one – hundreds of thousands. Ivermectin and/or Hydroxychloroquine are preventive and active treatments. Remdesivir should, again, be banned.

This is really simple, as is a yes vote to send this to the committee as a whole.

Thank You,
Dean and Karen Beers

February 15, 2022

Teresa DePaul
14710 Pecos St.
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Dear members of the House Health and Insurance Committee:

I am writing to express my support for House Bill 22-1015 for off-label use of approved drugs to treat COVID-19.

In October 2021 my daughter became ill with a mild cough and a one-degree fever. We initially did not suspect COVID-19 but my husband became ill a week later and eventually developed the tell-tale symptom of loss of taste. I returned home from a 10-day trip on his second day of being ill; three days later I developed symptoms as well. The most severe symptoms for both of us were body aches, fever and chills; although by the time I became ill my husband had developed a bad cough. We both took a home test, tested positive, and I scheduled virtual appointments for us with our functional medical practitioner. She had done extensive research on treatment of COVID-19 and had already treated many of her patients prior to us. She prescribed a five day course of Ivermectin for both of us based on our weight. It quickly changed the course of our illnesses.

We took our first dose on a Friday evening; about day eight of my husband's symptoms and day three of mine. We both still had severe body aches and chills and his coughing was progressively getting worse. When we woke up Saturday morning the fever, body aches and chills were completely gone for both of us. From Saturday on, the only symptom I experienced was fatigue. I never lost my sense of taste or smell and never developed a cough or any other symptoms. From Saturday on, my husband only had the fatigue and the cough. We both fully recovered and know without a doubt that taking Ivermectin greatly reduced our symptoms and shorten the time we were sick. Neither of us had any adverse reactions to the Ivermectin.

In summary, Ivermectin can successfully treat COVID-19 and we are proof. I urge you to support HB22-1015 in order to give health care providers the freedom to treat COVID-19 with approved drugs that, while not labeled for COVID-19 treatment, are nevertheless safe and extremely effective.

Thank you for your consideration,

Teresa DePaul

HB22-1015 Off-label Use Of Approved Drugs To Treat COVID-19

Comments by Dianne Thiel, Denver, in support of this [critical bill](#).

1. **POWER CORRUPTS ABSOLUTELY.** People in the United States should have access to the best and most appropriate health care for the medical issues they have to deal with. During the recent pandemic, that medical care was denied to all of us except the most powerful. The reason was so that the drug companies could obtain emergency use authorizations for experimental vaccines that weren't properly tested and for which information on their negative effects was withheld from the public.

We can never let this happen again! I am so proud of legislators on the Health and Insurance Committee of the Colorado General Assembly for crafting HB22-1015 to address one aspect of this horrific failure of our national government to provide appropriate health care to all people. If this Committee bands together to support this legislation, Colorado will be one of the first three states to protect their people from the power of Big Pharma in collusion with NIH, FDA and CDC. This bill is part of the "big picture solution" in Colorado.

2. **LACK OF ACCESS TO SAFE AND EFFECTIVE TREATMENT.** During the pandemic *and even today*, the public has been denied low cost, effective and safe early home treatment if they got a covid infection. The Federal govt, corporate hospitals, and state medical boards set up a system where doctors were not allowed to provide early home treatment or these same drug protocols to hospitalized patients. The public was told to stay home, and then go to the emergency room when they couldn't breathe. These instructions caused the deaths of hundreds of thousands of people. Those deaths were needless and criminal - there were low cost, very effective and safe early home treatments available but information about those treatments was canceled and doctors who tried to use them were threatened with disciplinary actions or loss of their license to practice medicine. Doctors have always had the right to prescribe these off-label drugs using their own discretion but this right was canceled.

Those hundreds of thousands of deaths were easily preventable. Even today, early home treatment information is censored and most people do not know about this possibility, so deaths and adverse effects continue.

3. DESTRUCTION OF THE DOCTOR - PATIENT RELATIONSHIP. The NIH / FDA / CDC created a system where State Epidemiologists, Public Health Officials, and State Medical Licensing Boards inserted themselves between the doctors and their patients. Doctors were not allowed to do what was best for their patients. Doctors could not abide by their Hippocratic oath - "First, do no harm." The public did not understand what was happening and many have been harmed by following the medical directives required by the govt and state medical licensing boards.

I personally left my Internal Medicine physician of more than 20 years whom I loved and respected because she was in one of those corporate controlled practices and could not give me the care I wanted.

YOUR SUPPORT FOR THIS BILL IS SO IMPORTANT!

We in Colorado need to restore the pre-pandemic doctor - patient relationship and trust. We in Colorado need to allow doctors to prescribe the safest, most effective medications for their patients. We in Colorado need to stand up to Big Pharma-controlled Federal agencies to protect the health our our people.

Please vote YES on HB22-1015.



**Written Opposition Testimony
Submitted by RxPlus Pharmacies
Please Oppose HB22- 1015
Off-label Use of Approved Drugs to Treat COVID-19**

Founded in 1981 by a group of community pharmacists, RxPlus Pharmacies, Inc. is a member-owned cooperative buying group, offering pharmacy members personal services that promote the economic, professional, educational, and political advancement of community pharmacy. RxPlus Pharmacies' mission is to keep independent pharmacies in business

RxPlus Pharmacies has joined public health, business, and community leaders to oppose all COVID misinformation legislation.

RxPlus believes science is our best hope to end the pandemic and eradicate preventable diseases. Our members oppose any legislation that misinforms the public and presents a danger to our public health.

The application of science has led to the development the effective use of anti-viral medications to combat COVID. Legislation like HB22-1015, undermines the future public health of our community. It provides misinformation counter intuitive to promoting best practices for the treatment of COVID. RxPlus Pharmacies opposes any legislation that misinforms the public about the safety, efficacy, and benefits of medication approved to treat COVID.

HB22-1015, Off-label Use of Approved Drugs to Treat COVID-19, allows health care providers to prescribe and dispense FDA-approved therapeutic drugs currently accepted for uses other than prevention or treatment of COVID-19. The bill specifies that these drugs include hydroxychloroquine sulfate and ivermectin.

The off-label use of these drugs has not been scientifically proven to be effective and/or safe. In fact, the US Food and Drug Administration (FDA) has not approved the use of either hydroxychloroquine (HCQ) or ivermectin for treating or preventing COVID-19. Both drugs are FDA approved for other diseases and can be taken safely as directed by a doctor. Neither drug is an anti-viral medication.

The passage of HB22-1015 could delay essential treatment for emerging infectious diseases, such as COVID. This is not only ill-advised, but it spreads misinformation about infectious diseases, undermines the safety and efficacy of antiviral medications, and distorts the publics' knowledge about the treatment of infectious diseases in our communities.

RxPlus opposes HB22-1015 because it asserts information not scientifically based in fact.

Thank you for your time and opportunity to submit this testimony in opposition to HB22-1015.

House Health & Insurance

03/16/2022 01:30 PM

HB22-1015 Off-label Use Of Approved Drugs To Treat COVID-19

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Diana Bara For Self	<p>A yes vote on HB22-1015 will save lives. The vaccine is not the only treatment for COVID-19 and is not fully approved by the FDA. It is only approved under the Emergency Use Authorization (EUA). Under that statute individuals must be informed of the option to refuse the vaccine and of the available alternatives to the product. Currently, there are a number of FDA fully approved therapeutic drugs, such as hydroxychloroquine sulfate and ivermectin, that can be used in the treatment of COVID-19. Doctors must be able to prescribe these drugs and save lives.</p>
Diana Lockwood For Self	<p>Let it be clear, Health Care Providers should be allowed to repurpose therapeutic drugs that have been approved by the Federal Food and Drug Administration for the purpose to provide treatment to individuals with Covid -19.</p> <p>History will tell the story of Covid -19. The people are no longer silent regarding the information disservice by our government. The first indication of misinformation was seen as the CDC did not allow conversation by other medical professionals and researchers. People were sick and dying - frightened for their families as we were told to take the vaccine, wear the mask and stay away from everyone- stay indoors. Additionally, the government demanded we rally around the CDC guidelines or we would be responsible for Covid deaths.</p> <p>I will be forever grateful to the health care providers who stepped into our lives with useful information and medications. Some of the great ideas were - build your immune system, take a moment to study how viruses work, choose the correct mask for the virus, stay current in your research and spend time outdoors.</p> <p>The most important information learned from doctors and pharmacists was learning how to live with the virus rather than letting it dominate us. The FDA approved therapeutic drugs, including HYDROCYCHLORQUINE SULFATE AND IVERMECTIN should be an option for early stage treatment. It would have saved millions of lives.</p> <p>My family paid attention to the above information. When Covid became a part of my family these medications became part of our early stage treatment. The medications were very successful with no side effects and i believe, keep us from contacting a severe cases of covid.</p>

	<p>Please support our dedicated medical professionals in their quest to help all of us during the age of covid and beyond.</p>
<p>Carolyn Bninski For Self</p>	<p>Dear Health and Insurance Committee Members,</p> <p>I write in support of HB22-1015, which establishes the right of healthcare providers to prescribe off-label drugs for the treatment of Covid-19.</p> <p>These are the reasons I support this bill:</p> <ol style="list-style-type: none"> 1. We need to remove politically motivated interference in healthcare providers' medical decisions. 2. HB22-1015 protects health care professionals and pharmacists who wish to prescribe and/or distribute FDA-approved therapeutics for the treatment of Covid-19. All major pharmacies in Colorado are currently suppressing some of these drugs, one of which is Ivermectin. 3. Ivermectin has been used safely by humans for forty years, with 3 ½ billion doses given globally. 4. Globally, over 76 peer-reviewed studies have demonstrated that people with COVID-19 who were treated with ivermectin were 70% less likely to die than those who didn't receive it. 5. Physicians should practice medicine as they always have, using all the tools at their disposal including FDA-approved medications and treatments. Medicine must continue to be bottom-up decision-making based on patient experience. 6. Everyone should have access to treatments including prophylactic (preventative) options such as FDA medications. 7. Healthcare decision-making must be in control of patients. Handing over medical decisions to the government is harmful and counter-productive. 8. The doctor-patient relationship is one of the last inviolable corners of American life. Patients need to know they are getting their doctors' best advice.

	<p>Many thanks for saving lives and protecting these important medicines and the people who prescribe them for their patients by passing HB22-2015.</p>
<p>Kristen Bara For Self</p>	<p>I am in favor of HB22-1015. This bill allows prescribers to prescribe necessary COVID-19 medications in the early stages of the disease, when treatment is most vital. I feel it is important that prescribers are allowed to prescribe treatments they deem fit in order to better address the Covid-19 pandemic. This will decrease hospitalization rates and deaths. Please see that this bill passes.</p>
<p>Marti Hopper For Self</p>	<p>This past September, I was denied the renewal of my prescription to Ivermectin by my local King Soopers pharmacy. The prescription was written for its intended purpose and not for Covid-19. I was only able to get a refill after my doctor's office had to take the time to call the pharmacy, even though the purpose was already coded in the original prescription.</p> <p>Never in my life have I had a pharmacy prevent the filling of a prescription written by my doctor. What has happened to our country that a local pharmacy is allowed to interfere?</p> <p>The doctor-patient relationship is personal, private, and one of the last inviolable corners of American life. It is absolutely frightening to think that Colorado has handed over medical decisions to the government.</p> <p>I ask that you support HB22-1015 in order to return the right of healthcare providers to treat their patients as they deem best.</p> <p>Marti Hopper Boulder CO</p>
<p>Robert Hopper For Self</p>	<p>I am writing to request your support of HB22-1015 which establishes the right of healthcare providers to prescribe off-label, FDA-approved drugs for the treatment of Covid-19. At a time when thousands of people were dying from Covid, health care professionals and pharmacists who wished to prescribe and/or distribute off-label drugs for the treatment of Covid-19 were often prevented from doing so. Among other therapeutics, this legislation would protect ivermectin, the distribution of which is currently suppressed by all major pharmacies in Colorado. Ivermectin has been used safely by humans for forty years, with 3 ½ billion doses given globally. Its creators were awarded a 2015 Nobel Prize, and the World Health Organization (WHO) lists ivermectin as one of its essential medicines. Please help prevent the encroachment of government on personal health care decisions by passing this legislation. Thank you.</p> <p>Robert Hopper Boulder, CO</p>

<p>Michele Claiborne For Self</p>	<p>It is unfortunate that this bill must be submitted to protect the autonomy of our providers in Colorado. For centuries, providers have been given the autonomy to determine risks/benefits for medications. Providers weigh current data and use their knowledge and expertise to determine if a therapy will potentially benefit their patient. Not all medications will help specific patients, but providers do their best to identify factors that would make a patient a candidate for specific therapies while weighing the risks associated with those therapies. Medications that have FDA approval status for one indication are used all the time for alternative (off-label) indications. One example is dexamethasone for COVID-19. This medication has FDA approval for non-COVID related disease, but is used and recommended in the hospital for patient with COVID-19 because there is evidence that this medication may benefit specific patients hospitalized with this illness. Data to support ivermectin, hydroxychloroquine, and other medications continue to pour into the literature. In some instances, these medications have shown significant benefit in patients with early COVID-19 illness, while other studies may show a neutral effect. Significant harm has not been seen with these medications in COVID-19. They aren't causing death and in fact, studies show improvement in mortality when given early in the disease. As with all COVID-19 studies, the data is limited with small sample sizes, retrospective studies, etc.; however, there is limited evidence of harm. Providers are afraid to recommend or prescribe these medications for fear of retaliation, despite the data that supports a potential role for these therapies in certain patients.</p> <p>Malpractice is meant to discipline those who cause harm on purpose or out of negligence. The use of these medications does not cause harm nor are they being prescribed out of negligence. How many of you have taken Vitamin C or poured honey in your tea when you have a cold? No evidence exists that these help prevent or treat a cold, but you weigh risk/benefit and believe that you may be the one who has benefit. Risk is minimal for adverse effects and a potential benefit has been seen repeatedly in COVID-19 studies. You will take the neutral as long as there is a potential for benefit. NIH recommends neither for or against ivermectin because they know the data is still out. bill protects the autonomy of our patient/provider relationship.</p>
<p>Craig H For Self</p>	<p>Received Ivermectin to use as a prophylactic and in early treatment if I got covid-19. I took when I suspected I might have had the Omicron. After the 2nd day of symptoms and taking the medication on the 2nd day on the 3rd day I felt significantly better and by the 4th day and beyond I only had a mild cough that lasted a few weeks. I believe it was effective at diminishing any severe symptoms or at least reducing symptoms to mild.</p>
<p>Linda Taylor For Self</p>	<p>Over the last two years I have spent close to \$1,000 purchasing Ivermectin and HCQ for my family. These drugs have proven to be the most effective at combatting viruses including Co-Vid. The research is indisputable. These drugs have been safely used for many years. Let this be a matter between a patient and his doctor. The actual cost of these</p>

	<p>drugs is pennies. Why are we being punished to treat this virus early with effective drugs? I am fortunate to be able to afford this cost. What about the millions of Americans who can't afford these drugs because of government interference in our medical system?</p> <p>PLEASE!! Let's go back to common sense.</p>
<p>Jason Haack For Self</p>	<p>Good afternoon, Representatives and thank you for this opportunity to testify in favor of HB22-1015. Three months ago, I fell ill from covid. I am one of millions in America that is unvaccinated. After careful and exhausting research, I chose not to get vaccinated. When I became ill from covid, there were not any approved treatments and I reached a dead end but was very fortunate to get on what is known as the "Kitchen sink" of medicines and vitamins, which included Ivermectin, hydroxychloroquine, Zinc and other Vitamins Like D and C. I felt better after about a day and half, my fever broke, my breathing was almost normal, and I was back on my feet. It is imperative to allow our health practitioners the freedom to give their patients off label drugs without fear of punishment or losing their medical license, especially since the off-label drugs being discussed today have a long track record of being safe and effective. The best health practice is to allow the doctor and patient a close relationship, allowing different options for their treatment to take place. Thanks for your time today and I would appreciate support for the bill.</p>
<p>Martha McPheeters For Self</p>	<p>To whom it may concern,</p> <p>I went to my doctor inearly December when I found out a couple of hours after thanksgiving dinner, a family member started having symptoms. He later tested positive for COVID 19. I asked my doctor about taking ivermectin to prevent COVID (or for treatment if I got it) and he told me he wanted to prescribe it, but wouldn't because he would lose his license. He told me all the non-prescription therapies to take instead. It really bothered me that my doctor chose not to prescribe ivermectin, not because it wasn't right for me, but because he was afraid of losing his license! I have Rheumatoid Arthritis and the immunosuppressant medication I take makes me very vulnerable to COVID19. I am responsible for carrying for my disabled adult son, and my 88 year old mother. If I were to die early they would be in a very bad situation. Why would the government prevent doctors from using their best judgement and treating their patients the way they think is best? These laws are putting peoples lives in danger.</p>