

Comment Report

SF 2117

A bill for an act relating to experimental treatments for terminally ill persons, and including effective date provisions.

Subcommittee Members: Edler-CH, Bolkcom, Costello

Date: 02/02/2022

Time: 01:00 PM

Location: Room 24

Name: Ashley Lynn

Comment: As a nurse, I 100% believe this bill should pass. At this point in someone's life where doing nothing is going to kill them, what is the harm in trying something that is offlabel that has a potential to help? Even if there was some sort of adverse reaction, weren't they going to die anyway? Is it really causing more harm? When we are talking specifically about Covid and the suboptimal evidencebased care being given, patient advocates are winning lawsuits and saving their family member's lives by getting them offlabel medication. I'm not sure why offlabel is even a big deal since we do it all the time. A common example I can think of is we give Trazodone as a sleep aid, but it's FDA approved for depression with drowsiness as a side effect. Nobody bats an eye at that. We also give Tamsulosin also known as Flomax to females who have trouble peeing even though it's FDA approved in males who have difficulty urinating with an enlarged prostate. These are just two examples of many I could give. There is plenty of data out there in regards to offlabel use of Ivermectin and hydroxychloroquine in Covid put together by doctors treating patients at the bedside. Dr. Pierre Kory and Dr. Paul Marik are both critical care ICU doctors at the bedside who cofounded the Front Line Covid19 Critical Care Alliance from research and personal experiences with other practitioners globally. There is an abundance of data on the effectiveness in using repurposed already FDA approved medications to treat Covid19. While data shows the drugs are most effective when given within the first 72 hours of symptom onset, studies still show reduction in death when given in the terminally ill phase. Please refer to <https://covid19criticalcare.com/ivermectinincovid19/> to learn an abundance of information by those at the bedside hands on caring for patients. I ask those who may oppose why? If it was your loved one in the bed and there were no other options, would you turn down an offlabel medication simply because it wasn't FDA approved for their specific condition? I know I wouldn't, especially seeing how Ivermectin worked so well for my very highrisk mom. Thankfully her doctor prescribed it to her within 2 days of symptom onset where it is most effective and she sailed through Covid with no hospitalization needed. We need to get back to letting providers do the right thing without being punished.

Name: Liz K

Comment: Please support sf 2117 today but also consider expanding the scope of the bill. The off label treatments that have been successful at treating covid 19 are most effective as early treatment. when used early they help keep people from ever becoming critically ill. We're talking about treatments that are commonly bought over the counter in other countries and have decades of safety data behind them with minimal risk. It's been 2yrs and still early treatment options are nonexistent. Our most used late treatment option causes massive organ damage and kidney failure, this damage is done before an Iowan would be considered sick enough to have a right to try off label treatment under this bill as currently written. Iowans are dying and this bill with a broader scope can help.

Name: James Murcia

Comment: Please support sf2117, specifically allowing for alternative treatments for patients including off label, approved natural treatments. I ask that you consider choices that families prefer to use in treating loved ones.

Name: Janelle Thompson

Comment: While I support this bill, I would like to see the scope of this bill expanded, only allowing off label prescribing of FDA licensed products in the final hour as a last ditch effort may likely result in death by result of fat too late intervention. Most off label drugs that have shown efficacy against COVID are best suited for early treatment with efficacy waning when first prescribed once severe disease has set in. This would also allow the patient to avoid needing the hospital in the first place ensuring our healthcare system is not overrun and our healthcare workforce is not stretched too thin, considering its the number 1 workforce shortage in Iowa. This bill as written would require a patient be hospitalized and diagnosed terminally ill, or mechanically vented before getting to try medication that has saved thousands of lives worldwide and is available over the counter in most countries. Please consider expanding this bill to include offlabel drugs as early treatment and possibly even as prevention of progressed and serious disease and complications.

Name: Jennifer Leonhard

Comment: I am in favor of this bill.. Off label usage is accepted in many circumstances, but has suddenly become political during the last year. Terminal patients and their families deserve to be able to try this option, especially if the government is willing to emergency authorize untested treatments offline usage is virtually the same that we actually have a lot more information about these well established medications and their potential side effects. We must also consider expanding this to allow early intervention, as that has been shown to be especially effective for patients who have the potential to become terminal fast due to comorbidities.

Name: Sandy Wilson

Comment: Citizen Engagement declares IN FAVOR of SF 2117.