

## Testimony of Dr. Robert J. Schmidt, M.D.

I want to say up front that HB 1741 is an excellent start to improve patient access to sorely needed in COVID-19 active treatment.

The Covid 19 pandemic started as I entered my 40<sup>th</sup> year practicing Medicine in Elk and Cameron counties. As I followed the spread of disease, there was a definite seemingly special isolation for the pandemic that our rural area had. However by the late summer of 2020, our region was caught up in what the rest of the country was going through.

I contracted Covid-19 in late December 2020. Having done my own review of the literature, I used what I would later find out was the Front Line Covid-19 Critical Care Alliance(FLCCC) protocol for treatment with hydroxychloroquine and the other recommended supplements. Going into the disease I had 4 risk factors for developing severe disease nonetheless I did well and was back at work in 10 days. This experience and the local COVID cases surging up lead me to research HCQ and Ivermectin more in depth. I had been fortunate that I even could get the HCQ as shortly after my RX was filled it became unobtainable from all local pharmacies unless for a rheumatological diagnosis. This lead me to dive into the whole issue of COVID treatment in depth. I came to find that the whole world was using either HCQ or ivermectin with impressive results, I have included statistical tables for the Committee's review and to demonstrate the widespread use of these therapeutics. Thousands of patients in dozens of studies have had reduced morbidity, and there has been decreased mortality using these medications.

Yet at the state and national levels, the organized medical/government/pharmaceutical powers that exist were actively discouraging the use of these medications and the dispensing of them. By the late summer of 2021, I could no longer stand by with the knowledge of the efficacy of these medications and the protocols they were part of. The pahrmacy issue was still there so I personally met with the owners of the only two private pharmacies in elk and cameron counties who agreed to dispense these medications but due to insurance company/ pharmaceutical benefit manager issues would have to charge cash. The price for ivermectin would be approximatey \$100.00, five times the cost outside the U.S.A. Therafter I started to prescibe ivermectin, which has come to the forefront as the more effective of the two medications to date. My associate and I have treated approximately 100 patients with Ivermectin and/or HCQ. Improvement in the patients clinical illness is usually seen in 36 to 72 hours, with those patients starting the meds later, those with a higher number of risk factors, and the very elderly having the most blunted response to treatment. To date there have been no deaths, and all ivermectin-treated patients have been discharged from the hospital, including one with end stage COPD and advanced Myasthenia Gravis.

There continues to be serious fear of prescribing these medications due to perceived and real threats of disciplinary action by state boards, other professional organizations, and employers of national pharmacy chains. Ivermectin has been approved for human use for decades, billions of doses have given to humans, and the toxicity is very low. HCQ is very inexpensive and has been used by patients for years at a time without problem.

### In Summary:

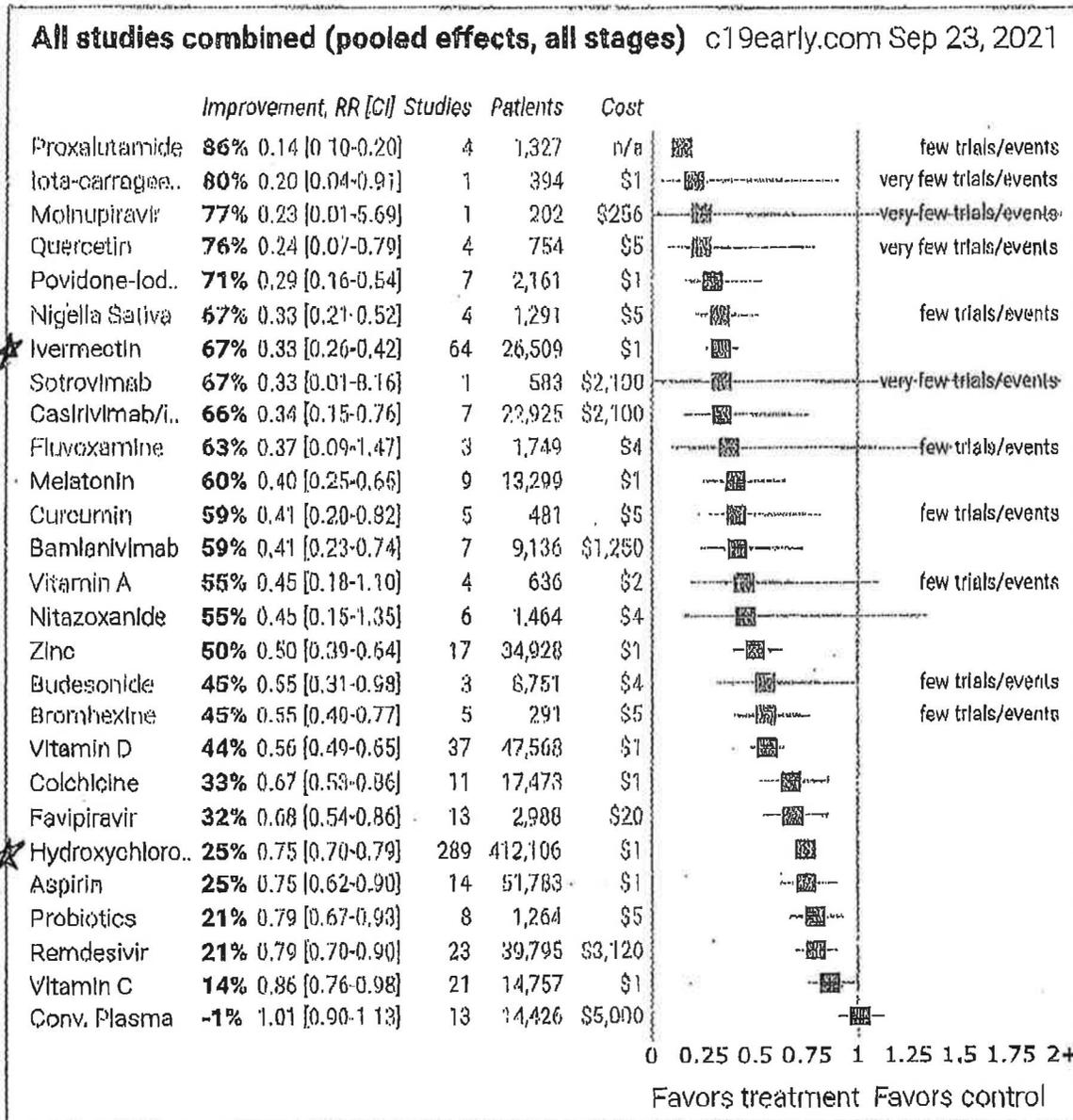
1. Ivermectin and HCQ have been scientifically proven to reduce the morbidity and mortality of COVID-19 infections;

2. Care givers need better access to prescribing these medications for COVID-19 patients;
3. COVID patients need the removal of barriers to having the medication prescriptions dispensed by pharmacies;
4. House Bill 1741 is a very good start to improve the active treatment of COVID-19 patient and needs to be passed and put into law.

Thank you and I am ready to take questions.

## COVID-19 early treatment: real-time analysis of 970 studies

COVID-19 early treatment analysis. Treatments do not replace vaccines and other measures. All practical, effective, and safe means should be used. Elimination is a race against viral evolution. No treatment, vaccine, or intervention is 100% available and effective for all variants. Denying efficacy increases the risk of COVID-19 becoming endemic; and increases mortality, morbidity, and collateral damage.

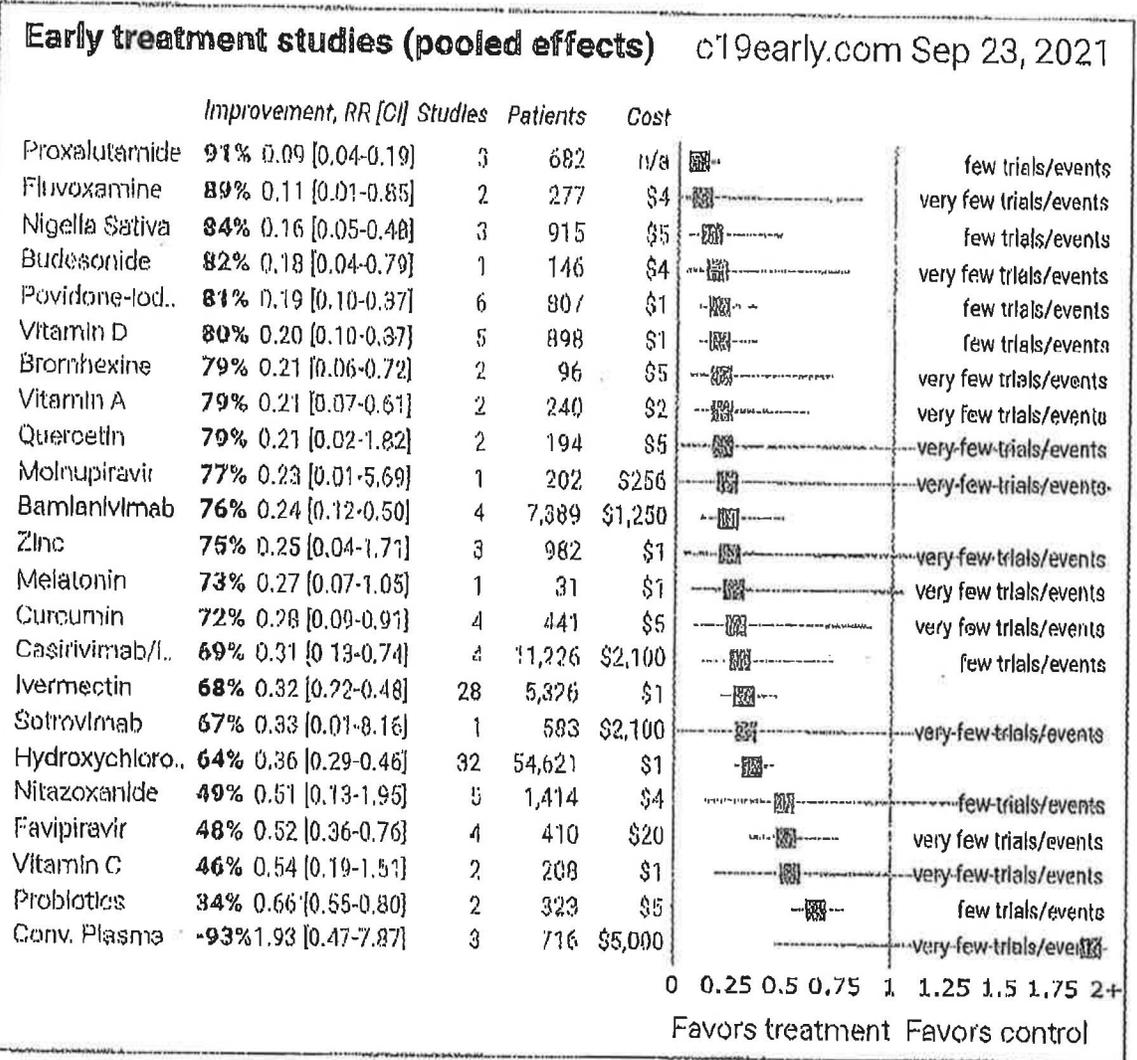


**Random effects meta-analysis of all studies combined (pooled effects, all stages).**  
Treatments with ≤ 3 studies with distinct authors or with < 50 control events are shown

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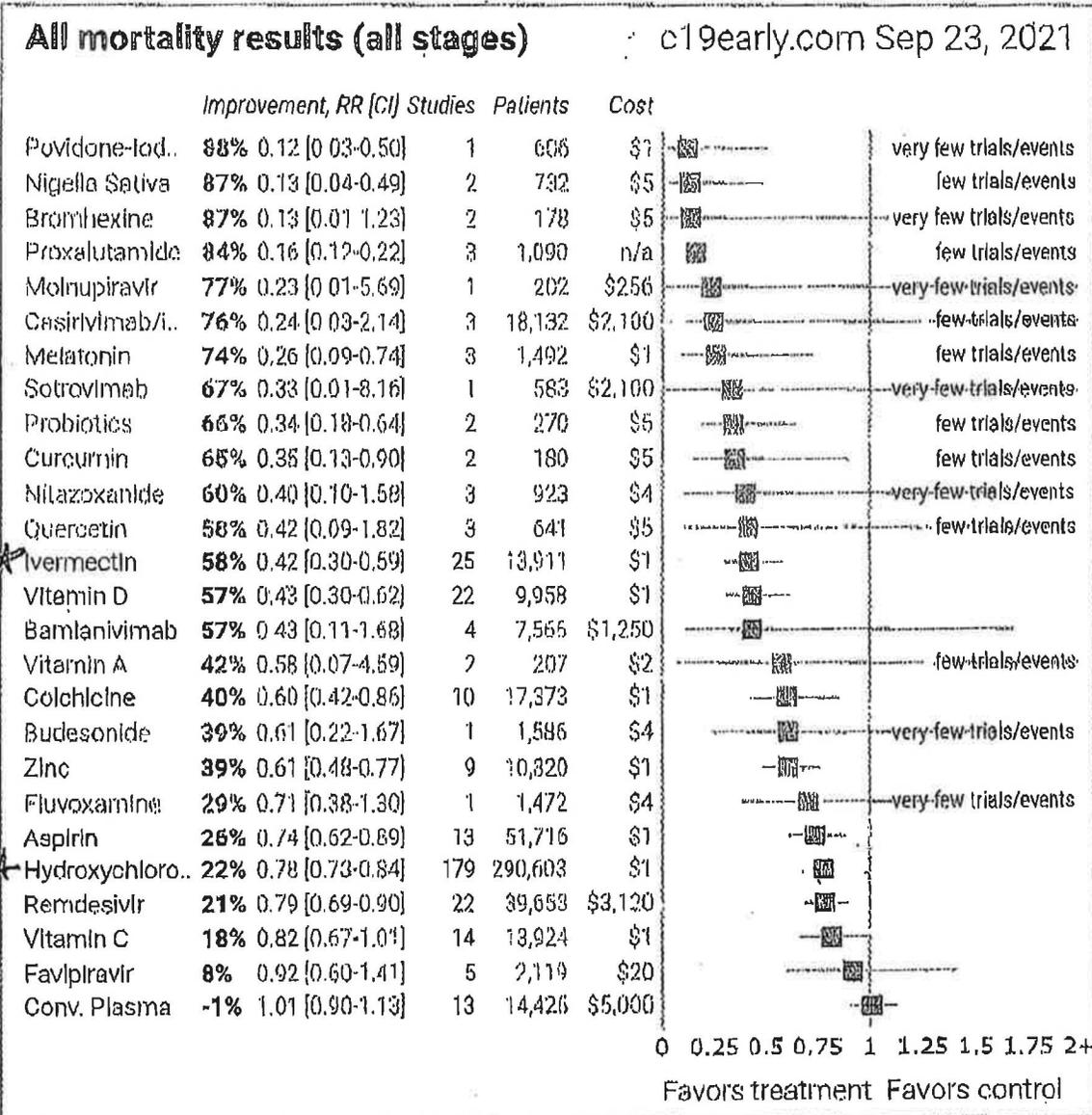
COVID-19 early treatment: real-time analysis of 970 studies

in grey. Pooled results across all stages and outcomes depend on the distribution of stages and outcomes tested - for example late stage treatment may be less effective and if the majority of studies are late stage this may obscure the efficacy of early treatment. Please see the specific stage and outcome analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.



**Random effects meta-analysis of early treatment studies (pooled effects).**  
Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all outcomes are affected by the distribution of outcomes

tested, please see detail pages for specific outcome analysis. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

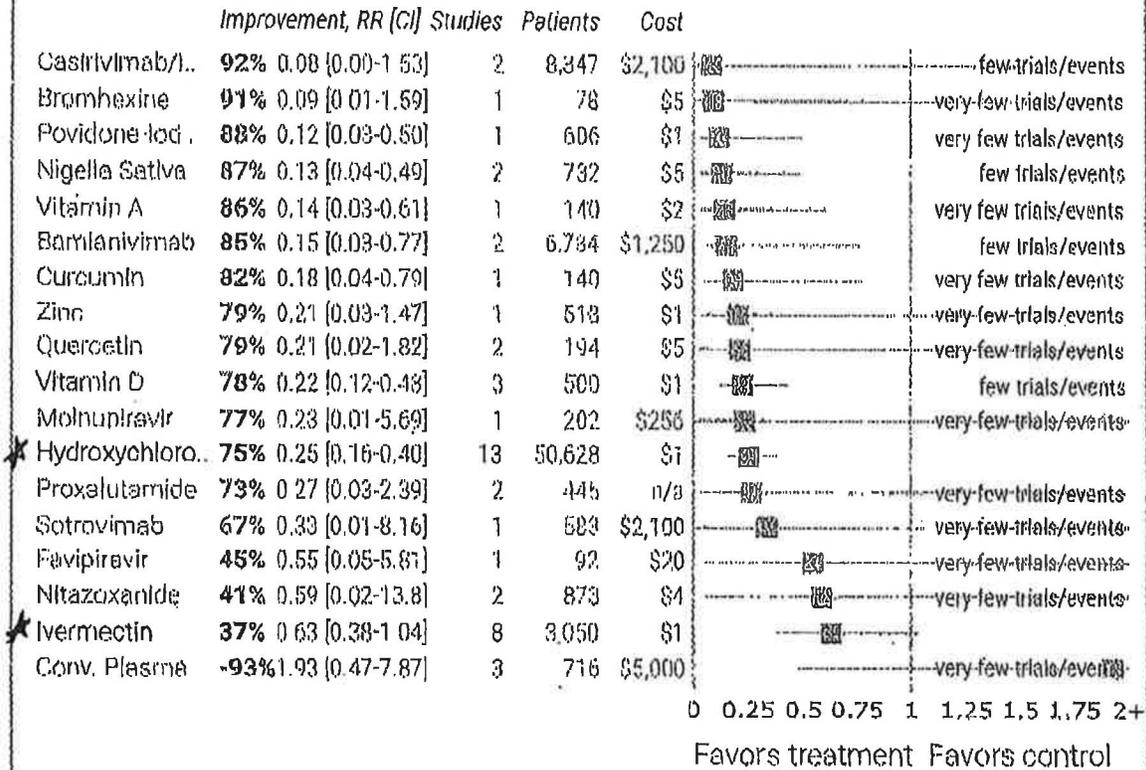


**Random effects meta-analysis of all mortality results (all stages).** Treatments with ≤3 studies with distinct authors or with <25 control events are shown in grey. Pooled results across all stages depend on the distribution of stages tested - for example late stage treatment may be less effective and if the majority of studies are late stage this

may obscure the efficacy of early treatment. Please see the specific stage analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

**Early treatment mortality results**

c19early.com Sep 23, 2021



**Random effects meta-analysis of early treatment mortality results.** Treatments with ≤3 studies with distinct authors or with <25 control events are shown in grey. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

