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On Behalf Of: The Health and Welfare of Oregonians
Committee: House Committee On Behavioral Health and Health Care
Measure: SB1506

Pharmacist-prescribed drugs are for people who are not currently inpatient or in need of serious medical interventions. The retail cost of Paxlovid is \$1390, meaning facilitating easy access to people who are not seriously sick raises health insurance premiums for everyone in Oregon and raises the overall cost of healthcare for unnecessary treatment. We've seen this exact same problem with pharmacist-prescribed PrEP in Oregon. The vast majority of users are perfectly healthy, receive no benefit from it, expose themselves to certain toxicities, bypass honest risk assessments, and raise the cost of insurance for everyone. The Oregon Prescription Drug Affordability Report in 2020 singled out PrEP as the #5 driver of raises in Health Insurance premiums in the state and in 2021, the Legislature made the problem worse with a bill similar to this.

I note the differential between the state's treatment of Paxlovid and the exclusion of this bill of the drug Ivermectin, which has been shown in numerous studies to be a safe and effective intervention for "covid-19" and is far-more cost-effective. Paxlovid carries a black-box warning - meaning our FDA has given it the most severe restriction before it is pulled from the market. Black Box means: this drug can kill you because it has killed others at normal doses. On the other hand, Ivermectin has a very safe therapeutic index. If people are going to self-prescribe and self-diagnose and effectively self-dispense, shouldn't the first line of defense be the cheaper, safer Ivermectin for which the Oregon Wealth Authority has taken an almost Religious crusade against? It seems this legislature is packed with Pfizer skills.

As a long-time ACT-UP activist, I have followed the Paxlovid ingredient Ritonavir since the 1990's when it was hastily approved by the FDA on the basis terrible clinical trials and a discredited surrogate marker. It is included in Paxlovid because it is a CYP3A inhibitor, increasing bioavailability of the so-called active ingredient (which was clinically trialed NOT on clinical outcomes but on the basis of an unproven surrogate marker - meaning there is no proof Paxlovid makes people healthier or extends life). Protease Inhibitors are severely hepatotoxic, meaning non-clinically-monitored use can lead to liver damage and liver failure. There is a reason our FDA is restricting this drug to be prescription-only and clinically monitored by a doctor or nurse-practitioner. Pharmacists and our Legislators are not qualified to practice medicine, and this bill's run-around our existing consumer protections endangers the health and welfare of Oregonians just to backfill Pfizer's corporate greed.