

Statement of Dr. Amesh A. Adalja, MD  
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"COVID-19 Treatment Options"

I am a Senior Scholar at the Johns Hopkins Center for Health Security at the Johns Hopkins Bloomberg School of Public Health. The opinions expressed herein are my own and do not necessarily reflect the views of the Johns Hopkins University. For the record, I am a Pennsylvanian, born in Philadelphia, raised in Butler County, and currently living in Pittsburgh. I practice infectious disease, critical care, and emergency medicine in both Pittsburgh and Butler.

Chairwoman Rapp, Representative Frankel, and distinguished members of the committee thank for you for the opportunity to testify.

The off-label use of medications approved by the FDA for indications other than the intended use is a vital mainstay of the practice of medicine. It is something I believe is sacrosanct and an integral part of what it is to be a medical professional. Off-label use of drugs is a practice every physician likely engages in on a daily basis to the great benefit patients.

What is distinct from judicious off-label prescribing, however, is when it is accompanied by guidance that directs patients away from efficacious preventative measures or treatments or misinforms them about risks and benefits.

If a doctor, genuinely uncertain about the benefit of treatment with a specific medication, prescribes it safely; counsels the patient about and directs the patient to the other measures that should be utilized in concert; and does not view a treatment without a strong evidence base as a substitute for an incontrovertible evidence-based practice, there really is no place for disciplinary investigation. Further, I doubt one would be initiated.

However, when a physician actively steers a patient away from a standard of care therapy or preventative, that is known to be effective, and offers something else as a substitute, he or she has a professional obligation to have good and sound medical reasons for this course of action, failure to do so, in some instances in which a patient is endangered, is malpractice.

If state medical boards are to exist, they must be able to investigate unprofessional conduct by its licensees. It is one of their core functions. Shunning evidence-based practice and breaching the standard of care, without biologically plausible sound reasons, are actions that can and are investigated by such bodies. There is room for discussion about the scope and function of medical boards, but a bill that specifies ad hoc changes to the board's purview concerning a single illness that's in the headlines cannot be justified. It represents an intrusion of politics into medical decision making.

Thank you for the opportunity to testify and I am happy to answer your questions.