

2020 SPECIAL SESSION I

INTRODUCED

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HOUSE JOINT RESOLUTION NO. 5002

Offered August 18, 2020

Prefiled August 14, 2020

Encouraging that hydroxychloroquine should be made available for treating COVID-19.

Patrons—LaRock, Cole, M.L. and Walker; Senator: Ruff

Referred to Committee on Rules

WHEREAS, Virginia is immersed in a public health crisis related to the COVID-19 pandemic that has resulted in significant loss of life; and

WHEREAS, during the COVID-19 pandemic, certain policies in Virginia and other states have led, unfortunately, to preventable loss of life, affecting African Americans and Hispanics at higher rates, and especially taking a toll in long-term care facilities; and

WHEREAS, government mandates associated with the COVID-19 pandemic have led to costly economic effects, closed schools, precipitated a decline in mental health, and increased drug overdose and suicide deaths; and

WHEREAS, unemployment in Virginia is at all-time high rates due to the COVID-19 pandemic, causing enormous hardship to families, individuals, and businesses; and

WHEREAS, presently there is no proven cure or vaccine for COVID-19, and it is unknown when or if one will be discovered; and

WHEREAS, the need to evaluate and use existing COVID-19 treatments that have proven effective is absolutely essential, as is the need to promote effective therapeutic treatments and prophylactic interventions; and

WHEREAS, doctors who have been treating patients in the United States and elsewhere have publicly espoused the benefits of early treatment with hydroxychloroquine; and

WHEREAS, hydroxychloroquine is most therapeutic in the early onset of the disease, and accumulating data showed remarkable results if hydroxychloroquine was given to patients immediately after COVID-19 exposure or during a seven-day window from the time of first symptom onset; and

WHEREAS, hydroxychloroquine has been approved by the U.S. Food and Drug Administration (FDA) and used for many years to treat diseases such as malaria, rheumatoid arthritis, and lupus; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) currently recommends hydroxychloroquine for Americans traveling to countries with malaria; according to a piece by five CDC authors, published in *Virology Journal* in 2005, "Chloroquine, a relatively safe and cheap drug is effective in inhibiting the infection and spread of SARS CoV in cell culture."; and

WHEREAS, according to the *American Journal of Epidemiology* in 2020, commonly used hydroxychloroquine + azithromycin has been used as standard-of-care in more than 300,000 older adults with multi-comorbidities "; and

WHEREAS, the CDC states that "Hydroxychloroquine can be prescribed to adults and children of all ages. It can also be safely taken by pregnant women and nursing mothers."; and

WHEREAS, while using hydroxychloroquine to treat COVID-19 is an off-label use, that should not be an impediment for COVID-19 treatment; a report from the Mayo Clinic cited medical literature, "that in a group of commonly used medications, 21 percent of prescriptions were for an off-label use. In certain subpopulations of patients 78.9 percent of children discharged from pediatric hospitals were taking at least 1 off-label medication."; and

WHEREAS, two of the most prestigious medical journals in the world, the *Lancet* (Great Britain) and the *New England Journal of Medicine* (United States), both had to rescind articles they published critical of hydroxychloroquine because third-party examination failed to confirm the studies' negative results; and

WHEREAS, countries that use hydroxychloroquine widely, such as Costa Rica, have shown lower mortality rates for COVID-19 infections, even when used on high-risk patients with "diseases like diabetes mellitus, hypertension, cancer, and asthma."; and

WHEREAS, bodily autonomy is a principle that gives an individual final decision-making authority in matters concerning one's own body that do not conflict with existing laws; and

WHEREAS, patient-doctor decisions made between two consenting adults regarding a person's treatment of a life-threatening condition should be respected; and

WHEREAS, the Henry Ford Health System in Michigan released a study in July 2020 showing, "treatment with hydroxychloroquine alone and in combination with azithromycin was associated with reduction in COVID-19 associated mortality."; and

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59 WHEREAS, the Henry Ford Health System 2020 study demonstrated that hydroxychloroquine is both
60 very safe and highly effective in treating COVID-19, reducing mortality by 50 percent; and

61 WHEREAS, a petition by the Association of American Physicians & Surgeons (AAPS) supporting
62 Henry Ford Health System's request to the FDA to allow outpatient use of hydroxychloroquine attracted
63 8,568 signatures by August 8, 2020; and

64 WHEREAS, dozens of additional widely available and highly credible studies and data from around
65 the world pertaining to the use of the drug hydroxychloroquine as a treatment for COVID-19 further
66 demonstrate the efficacy of hydroxychloroquine as preventive or early treatment for the disease; and

67 WHEREAS, on July 28, 2020, Yale School of Public Health epidemiology professor Harvey Risch,
68 M.D., stated on national television that "75,000 to 100,000 lives will be saved" if the stockpile of
69 hydroxychloroquine being wrongly withheld was released, as sought by AAPS; and

70 WHEREAS, the Virginia General Assembly is committed to improving the health and well-being of
71 people and businesses throughout the Commonwealth; now, therefore, be it

72 RESOLVED by the House of Delegates, the Senate concurring, That the General Assembly
73 encourage that hydroxychloroquine should be made available for treating COVID-19 in the
74 Commonwealth, both prophylactically and as therapy immediately after confirmed or suspected exposure
75 to COVID-19, by physicians providing patients with informed consent concerning the particular regime
76 of hydroxychloroquine to be prescribed; and, be it

77 RESOLVED FURTHER, That the Clerk of the House of Delegates transmit a copy of this resolution
78 to the Virginia Department of Health, requesting that the agency further disseminate copies of this
79 resolution to their respective constituents so that they may be apprised of the sense of the General
80 Assembly of Virginia in this matter.