

# Nebraska Attorney General: Healthcare Providers can Legally Prescribe Ivermectin and Hydroxychloroquine for Treatment of COVID

Informed Choice Washington Strongly Disagrees with the Washington Medical Commission

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*In a highly applauded, common sense [legal opinion on October 15, 2021, the Nebraska Attorney General Doug Peterson](#) stated that Nebraska healthcare providers can legally prescribe off-label medications like ivermectin and hydroxychloroquine for the treatment of COVID.*

After citing numerous statutes and court decisions regarding the off-label use of prescription drugs, the AG opinion states:

“We conclude that governing law allows physicians to use FDA-approved medicines that are unproven for a particular off-label use so long as (1) reasonable medical evidence supports that use and (2) a patient’s written informed consent is obtained. In the context of this ever-changing global pandemic, we note that it is appropriate to consider medical evidence outside of Nebraska and to give physicians who obtained informed consent an added measure of deference on their assessment of the available medical evidence.”

The Nebraska AG continues on to provide much evidence for the history of the safety and effectiveness of ivermectin, and to chastise the FDA for its clear attempt to undermine its use, writing:

“The FDA’s most controversial statement on ivermectin came on August 21, 2021, when it posted a link on Twitter to its ‘Why You Should Not Use Ivermectin’ webpage with this message: “You are not a horse. You are not a cow. Seriously, y’all. Stop it.’ This message is troubling not only because it makes light of a serious matter but also because it inaccurately implies that ivermectin is only for horses or cows.”

OPEN LETTER TO  
*the*  
WASHINGTON MEDICAL  
COMMISSION

Informed Choice Washington strongly agrees with the Nebraska AG and disagrees with the [Washington Medical Commission for harassing Dr. Miller](#), a physician's assistant in Clark County, WA, for prescribing something that is his legal right to prescribe and that many doctors around the world are using to save lives during the pandemic. [Community members stand with Dr. Miller.](#)

The inventors of ivermectin won a 2015 Nobel Prize for saving human lives, not animals.

And the [body of science on the safety and effectiveness for ivermectin's use with COVID-19](#) is indisputable. There have been 63 trials; 625 scientists; 47,437 patients; 30 randomized controlled trials showing positive results for ivermectin preventing infection and/or preventing severe disease, hospitalization, and death.

[Countries that have adopted ivermectin in their response to COVID](#) (or portions of their country have adopted, or practitioners are independently prescribing with success for their patients) include Argentina, Bangladesh, Belize, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Columbia, Czech Republic, Dominican Republic, Egypt, El Salvador, Germany, Guatemala, Honduras, India, Indonesia, Iran, Jamaica, Japan, Lebanon, Malaysia, Mexico, Nicaragua, Nigeria, North Macedonia, Panama, Paraguay, Peru, Philippines, Portugal, Slovakia, South Africa, Thailand, and even the USA.

The U.S. National Institute of Health addresses ivermectin usage for COVID saying it is ["generally well tolerated"](#) and they are tracking some of the many studies underway. Tragically, they appear to be ignoring the existing completed studies and the massive success experienced by populations around the world. Still. There it is. Ivermectin acknowledged as a treatment protocol under consideration and usage.

So why did the Washington State Medical Commission suspend the license of Physician Assistant Scott Miller, and include in the charges that Miller had been promoting ivermectin and prescribing it for his patients?

While ICWA is not privy to all the details of the WMC's charges, we are familiar with the unethical war on ivermectin being waged. We are highly concerned that the WMC is being fed misinformation by certain public health entities and are being used to put fear in doctors prescribing and promoting ivermectin. This fear-based suppression of the inexpensive lifesaving drug is being perpetrated to protect the profits of the drug industry that has anti-viral drugs in the pipeline that they hope to profit highly from.

Charge 1.12 against Dr. Miller quotes a false statement from Merck: "...ivermectin has no scientific basis for the potential therapeutic effect against COVID-19, no meaningful evidence of clinical activity or clinical efficacy in patients with with COVID-19, and a lack of safety data in the clinical studies that have been conducted with patients with COVID-19." Ample studies, cited above, have proven otherwise. Ivermectin has been shown to be

antiviral, antibacterial, and anti-inflammatory. It's also "anti-big profit" since it is off-patent. Merck is just one of the makers of the generic, 40-year old medicine. Merck has no interest in supporting ivermectin since it makes them virtually nothing; they are pushing the FDA for Emergency Use Authorization on their new oral, anti-viral drug against COVID, Molnupiravir, with only interim data from a [highly questionable clinical trial](#).

Some in the scientific community are very concerned that Molnupiravir's mechanism of action—mutagenesis—"[threatens to accelerate the evolution of the coronavirus](#)" and the results could be catastrophic. The drug has also been shown to be "[mutagenic in mammalian cells.](#)"

So while billions of doses of ivermectin have been taken safely over decades, Merck is seeking EUA for what they hope to be a highly profitable mutagenic drug with the potential to cause much harm.

People are dying every day from COVID-19, both the vaccinated and the non-vaccinated, in hospitals and at home. Ivermectin, along with other drug and nutrient protocols, has proven globally to save lives. It is criminal — a crime against humanity — to punish doctors who weigh the evidence and prescribe ivermectin to their patients.

ICWA respectfully asks the WMC to take the time to fully explore the full body of science as well as the politics of ivermectin and to reconsider not only their charges against Scott Miller who is obviously passionate and frustrated trying to save patients, but also to reconsider their stance on ivermectin for all physicians in Washington State. One of the leading sources of ivermectin science and politics is the [Covid-19 Critical Care Alliance](#). This is a group of highly respected and credentialed pulmonary care specialists working in critical care units with COVID patients.

It is no exaggeration to say that the future of the practice of medicine is at stake. After all, if doctors are to be nothing more than marketers for the pharmaceutical industry, unable to truly practice medicine based on the full body of evidence and their own experienced judgement, then why bother with licensing doctors at all?

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