

JOEY GILBERT LAW

ATTORNEYS AT LAW
LICENSED IN NEVADA & CALIFORNIA

www.joeygilbertlaw.com
201 West Liberty Street, Suite 210
Reno, Nevada 89501

Telephone: (775) 284-7700
Facsimile: (775) 284-3809
joey@joeygilbertlaw.com

April 16, 2020

**VIA USPS EXPRESS OVERNIGHT MAIL
COPY VIA EMAIL TO BKANDT@PHARMACY.NV.GOV**

Nevada State Board of Pharmacy
Helen Park, President
c/o Brett Kandt, General Counsel (bkandt@pharmacy.nv.gov)
985 Damonte Ranch Pkwy., Ste. 206
Reno, NV 89521

Re: Hydroxychloroquine

Dear Messrs. Kandt and Wuest,

Thank you for taking the time to discuss the issues we are having with hydroxychloroquine in this State with me and my client, the Nevada Osteopathic Medical Association, ("hereinafter" NOMA), this last Monday. The primary purpose of this letter is to address three outstanding points. (1) In our conversation, Mr. Wuest said the State has requested drugs form the stockpile; what is the status of this request? (2) Mr. Kandt stated that he would coordinate a call with all appropriate Boards and/or Agencies to fully address this pandemic; what is the status of that call? (3) Mr. Kandt said that the BOP needed to revisit the guidance on the April 7, 2020 Declaration; what is the status of an unambiguous regulation about how hospitals can or should be using hydroxychloroquine?

The hydroxychloroquine supply must be addressed.

It is the State's position that the supply of hydroxychloroquine is low; I, however, emphatically disagree with that position and believe there is enough hydroxychloroquine in our State pharmacies and hospitals to treat all patients who have tested positive for coronavirus and/or have progressed coronavirus-like symptoms, and there are numerous pharmaceutical distributors with product in stock who have received no request from the State to increase the amount of hydroxychloroquine in the State.

The following drug manufacturers have said that they have hydroxychloroquine in stock:

Amneal Pharmaceutical -	866-525-7270
Laurus Labs Limited -	833-352-8787
Mylan Pharmaceuticals -	800-796-9526
Sandoz -	800-525-8747

Furthermore, if there is an urgent need, I have been told by top executives inside one of the largest retail pharmacy chains that any one of those manufacturers would likely donate that supply if asked to, but to the best of my knowledge, not one of them has heard anything from the State, specifically, Mr. Wuest, for additional supply of hydroxychloroquine. Moreover, Renown said they did not even order more hydroxychloroquine because they don't need it at the hospital; they have 30,000 doses at the hospital.

Renown would rather see it pushed to their satellite urgent care locations, and ER doctors do not understand why COVID-positive patients with severe symptoms are being sent to the ER and not being immediately dispensed this medication, because it is now common knowledge that this medication must be used, in advance, and as Dr. Fong has correctly labeled, during the therapeutic use window, or the destruction that this disease causes cannot be reversed once patients are intubated or put on a ventilator – those people are dying.

All appropriate actors must be brought together immediately.

The most common theme I understood from your responses to our requests for change is that more actors are needed to coordinate an all-encompassing plan to treat COVID-19 patients. Mr. Wuest, you indicated in our call that you would be able to put together another call – a call that would include all relevant Boards and/or Agencies. Where do we stand on organizing this call, and is it going to take place this week; I think tomorrow would be ideal?

I have not heard anything yet about this call. I hope that the BOP is not letting this slip through the cracks, because every day – every hour – this goes unaddressed, more Nevadans die. If possible, this call should happen tomorrow.

The BOP must immediately clarify what ability currently exists to prescribe hydroxychloroquine to patients who are sick right now.

Mr. Kandt said in our phone call that a better, clearer guidance needed to be given on the use of this medication; has that taken place? I have neither seen nor heard of any new BOP guidance on the use of hydroxychloroquine, and hospitals, doctors and, specifically, ER doctors are still confused on when and how hydroxychloroquine can legally be given to people who are sick and need it to survive. Why has this not yet occurred? When will something be sent out?

Mr. Kandt agreed on Monday that the BOP needed revisit that guidance. On Monday, there were 102 Nevadans dead from this disease. Today, on Thursday, there are over 140 Nevadans dead from this disease, yet the BOP has left in place the April 7th Declaration that the BOP admitted was confusing and could be revisited. Without clarity, more Nevadans will die preventable deaths.

Right now, sick patients are being turned away from the ER without hydroxychloroquine because no one understands the rules in place for its use. The BOP must issue clear guidelines on who can give hydroxychloroquine and when or more Nevadans will die.


Conclusion

For clarity's sake, please see the enclosed Memorandum, which I have put together to summarize our call and make sure our discussions were documented and all parties are held accountable for what they say or said they will do.

I look forward to hearing from you as soon as possible. Please let me know what steps the State has made or is making to ensure that our supply of hydroxychloroquine is immediately bolstered. Please let me know that we will be having a call with all necessary boards and/or agencies to address how to treat COVID-19 patients. Lastly, please let me know the status of the unambiguous guidance regarding hydroxychloroquine the BOP admitted on Monday it needed to put out to clarify its April 7th Declaration.

Sincerely,

JOEY GILBERT LAW



Joseph S. Gilbert, Esq.

JSG/rmo

Enc.: Memorandum of April 13, 2020 phone call

MEMORANDUM

TO: NEVADA BOARD OF PHARMACY

FROM: JOSEPH S. GILBERT, ESQ.

SUBJECT: APRIL 13, 2020 PHONE CALL SUMMARY

DATE: APRIL 16, 2020

Participants:

In attendance for Joey Gilbert Law was attorney, Joey Gilbert, Dr. Bruce Fong - President of Nevada Osteopathic Medical Association (NOMA), Nancy Vazquez and a few NOMA board members. In attendance for the Board of Pharmacy was Brett Kandt, General Counsel for the Board of Pharmacy, and Dave Wuest, Executive Secretary for the Board of Pharmacy (hereinafter, BOP). We are not sure who else was in attendance.

Call Opening:

Mr. Wuest started the conversation by saying let's not make this political let's just see what we can do.

Mr. Wuest stated that there were a lot of calls from the pharmacies saying they received the prescription for varies things. The board identified the use of the drug and knew that they had a limited supply. The BOP attempted to do a guidance document that stated it was ok to use for COVID, but the doctor had to put that on the diagnosis for it that is posted on the website by Mr. Wuest.

Mr. Wuest continued to state that the board monitored the prescriptions over that weekend and by Monday put the regulation that stands today. Mr. Wuest wanted to be clear that the drug can be filled on a chart order, but cannot be filled on a prescription for a patient that was diagnosed after March 24th. The reason why they did this was because there just was not enough supply.

Confusion exists surrounding how, when and where to administer hydroxychloroquine:

Dr. Fong asked for some clarification on the confusion that is out there. Patients that are experiencing progressive symptoms that might be coronavirus related still need to go to an emergency room and if that doctor after testing them or even without a positive test determines that they can have the hydroxychloroquine then they can give it to him in an outpatient like basis on continuation of a chart order. However, the patients that are going to the hospitals are sent home and told to self-isolate and if you feel worse that is when they are told to come back. The evidence from multiple sources around the world does show a benefit with this medication if taken earlier.

Mr. Wuest proceeded to speak regarding an article that came out over the weekend which discusses what a hospital is doing with their patients. Mr. Wuest states he is not a doctor, he is just a pharmacist, and he is not telling Dr. Fong how to prescribe and what should be prescribed. Mr. Wuest states the question is if someone with no symptoms or early on symptoms - should they be allowed to get the medicine, or should they not be able to get the medicine? If the patient shows up to the ER then that doctor should be the one who makes that decision. In regard to prevention, Mr. Wuest states there is just not enough drugs for a prevention for everybody.

The regulations in effect interfere with outpatient physicians' practice of medicine.

Dr. Fong responds to Mr. Wuest making the point that the primary doctor knows their patient better than an ER doctor that would be seeing the patient for the first time. Dr. Fong states that the outpatient physician has a better idea at how bad the patient really is. There is a very sacred patient-physician relationship and they have the ability to make a decision together when discussing with the patient the risk and potential side effects the medication can have.

According to Dr. Fong, by the time the patient goes to the hospital it could be too late. Dr. Fong stated that as a primary care physician, if he were to be the one to turn around and identify that his patient, after five days of self-isolation, was not getting better - in fact was getting worse it should be his right, as an outpatient physician, to make that call, with his patient, to be able to get them the medications. This is what we're discussing here; we are not saying that there's no shortage of medication. As an outpatient physician doing his due diligence giving the patient an informed consent. He does not have any of that to take care of his patient right now except for encouraging them and giving them reassuring words.

Dr. Fong continues by saying he knows that he is not only speaking for himself, but he is also speaking for the 11 board members of NOMA which by a unanimous decision from multiple specialties agree with his position. This regulation is taking away a very critical part of whereas outpatient physicians may be able to get ahead of a lot of these really potentially bad cases. Dr. Fong states pathophysiologically you start off with a cold or flu, but if the patient is not getting better like they do in 85% of the time that 15% of patients that progress forward need medical attention and they can really progress quickly. It boils down to a widespread of infection in the body and if we have a way to head that off in the critical therapeutic window.

The BOP believes that regulating the hydroxychloroquine supply is the predominate interest.

Mr. Wuest responds to Dr. Fong by stating he agrees with him, but they are monitoring the situations in the hospitals on an hour by hour basis. He continues with responding to Dr. Fong's example on the patient by stating once his patient begins to progress to phase 3 of the disease, that is where they are potentially going for a hospital visit. Mr. Wuest then asks Dr. Fong "that is when you want to prescribe the drug"?

Dr. Fong responds to Mr. Wuest by saying "exactly that is when we want to prescribe the medication."

Mr. Wuest continues by stating for now what physicians need to do is call the ER and the patient can receive the treatment if the physician and the ER doctor decide that is how you are going to treat the patient. Mr. Wuest states there is no way for him to allow physicians to write a script for 8,000 patients right now that we believe are in that phase 2 of the disease. According to Mr. Wuest, there will not be any drugs in the pharmacy to fill, and we will not have enough for the AR and Lupus patients to get their medication. Mr. Wuest continues by stating for now there is a way for the patient to receive the

medication when it is the time to receive it. For now, it will be through the hospital setting and can be as an outpatient setting.

The regulations effects are out of line with their intentions.

Dr. Fong responded that he knows that is what Mr. Wuest is intending, but that is not the reality. Most hospitals are sending the patients out of the hospitals - are sending the patients out if they do not meet immediate admission criteria, and a lot of the times the patients are being sent out with no prescription whatsoever.

Action is needed from other agencies.

Mr. Wuest answered Dr. Fong by stating "that's them Bruce. You should be soliciting them if that is the proper way to do it." Mr. Wuest continued by saying the tool is there for them to do it. According to Mr. Wuest, the issue here is just supply, we cannot have every patient going into the emergency room saying they would like the hydroxychloroquine. Mr. Wuest stated that nobody at the BOP has said that it doesn't work, shouldn't be working, and should be given they have everything in place to get the medication to people.

Dr. Fong continued by asking Mr. Wuest about the strategic stockpile and that it was his understanding that unless the drug is used up the stockpile will not be released anyway.

According to Mr. Wuest the State has requested drugs from the stockpile, and it is not a secret that people have received the drugs out of the stockpile. The answer to Dr. Fong's question is no, the supply for the retail chains does not have to be used up before going into the stockpile.

Clarification is needed on the April 7 Declaration.

Dr. Fong states that we are currently at war with this disease, and the BOP has taken away any weapons that can be used against it. Dr. Fong is requesting clarification to the point that everybody understands what can and cannot be done - because it is just not clear. At the very minimum Dr. Fong is requesting that the BOP do a very detailed declaratory statement as to the BOP wanting all outpatient physicians to send their patients who are diminishing or having worsening symptoms to the ER specifically and that the emergency rooms can actually prescribe this.

The BOP will arrange a call with other appropriate agencies.

Mr. Wuest suggest that they get a call together with the DO Board, the Medical Board and the Nursing Board. They will be the people to address the standard of care. Mr. Wuest stated that he would be able to put that together in a short matter of time.

The BOP's actions are out of touch with the reality of the situation and exceed its authority.

Joey Gilbert responded to Mr. Wuest by stated it sounds to him like there is no change. Mr. Gilbert continued by stating it just does not make sense to him as he has already checked with all the retail store fronts and knows how many pills are in the State. Mr. Gilbert states he knows we can treat people that have tested positive and understands that we cannot treat prophylactically, meaning in advance. Patients who believe that they have it should definitely be tested, as well as those patients who are coming in and the doctors are not sure what it is, but the patients look really bad. Mr. Gilbert says, "I do not know what we are waiting for anymore, and again, I know there is more supply coming. I know there is." Mr. Gilbert

continues "I think that this is reckless, and unconscionable to send someone home that has a positive coronavirus test and you are telling them "well, you haven't really hit that level of suffering yet; come back when you can't breathe," when you know that 80 percent of those patients put on a ventilator do not come off with COVID."

Mr. Gilbert continues by stating he does believe NRS 639.070 grants statutory authority to the BOP to adopt regulations necessary for the protection of the public, appertaining to the practice of pharmacy and the lawful performance of its duties, so long as those regulations are not inconsistent with existing Nevada law. The BOP exceeded this grant of authority by adopting emergency regulations which are both inconsistent with, and directly violate, the statutory provisions of NRS 233B.110 and 441A.200.

Mr. Gilbert continues stating that all these doctors are trying to say is who better than a prescribing physician who knows their patients and knows they need should not be sent to the hospital to be told to come back once their symptoms worsen. If that patient comes back, they are coming back in an ambulance and may not be going home. Mr. Gilbert states "I'm just going to say this one more time if patients continue to be turned away and there was hydroxychloroquine in that hospital now it is not going to be good. It is just not fair that it is not being used." Mr. Gilbert asked Mr. Wuest what we are doing with the medicine that is expiring in the next couple weeks will it just be taken off the shelves or will there be a special exception for it. Mr. Gilbert continues by asking Mr. Wuest what they have done in regard to patients having auto refill on the drug have those all been shut down. Mr. Gilbert states he knows pharmacist that on their own accord saved 500 pills by talking to patients and asking them if they needed AR or Lupus medication. The patients said no they were good this month. So, the question that Mr. Gilbert asked Mr. Wuest is what is being done to make sure that we are giving the medication to everybody who really needs it.

Mr. Wuest responded to Mr. Gilbert by saying "if we can deal with this just like the Tamiflu years ago, we will work with the FDA to see if we could extend that date since the decision was made that it would be better to have expired drugs than no drugs at all."

A supply of hydroxychloroquine exists; we need action to bring it to Nevada patients.

Dr. Bleyberg proceeds to ask Mr. Wuest if there is a supply issue then why not try obtaining more medication. Dr. Bleyberg states there has been many patients going from Reno, Nevada to California to obtain this medication.

Mr. Wuest responds to Dr. Bleyberg that they are trying to expand as much as they can the quantity that the pharmacy has where, they did the limit the AR and Lupus patients to a 30-day supply instead of a 90-day supply. The rule by the BOP was made so that the medication went to the hospitals and the next influx of order volume of the medication will be through the national stockpile.

Dr. Bleyberg responded by stating the answer Mr. Wuest just gave was basically how they are attempting to take stock of what we currently have in the State of Nevada.

Mr. Wuest stated that President Trump is working on getting more medication into the country.

Mr. Gilbert continued by asking Mr. Wuest how he can justify denying the COVID-19 patients with progressive symptoms the medication.

Mr. Wuest responded to Mr. Gilbert by stating it is the hospitals that do not want to use it the way that they are allowed to use it.

Dr. Fong responded by stating if the hospitals have a policy and they are not using the drugs than maybe we have to take it up with them, but that does not limit the choice of the patient to be able to obtain this. Dr. Fong continues that again this goes back to the original issue that himself and his patient have made the decision to do this and can not receive the medication. Dr. Fong states he sent a patient to the hospital last week and they never used the medication on the patient, and he was really hoping to get it.

Mr. Wuest asked Dr. Fong if he called the hospital to talk to them about it.

Dr. Fong stated he did call, and they said maybe they can do something for him and that was the last he heard from anyone since no one talked to him after the patient was admitted.

Mr. Wuest responded to Dr. Fong by saying that is very unfortunately and a standard with the follow-up from hospitals following up with the primary care doctors. Mr. Wuest then stated, "I don't know what to tell you, but that is where the drug is in its majority and they are allowed to use it."

What about chloroquine?

Dr. Fong proceeding by asking Mr. Wuest about chloroquine and if there was really a reason for the BOP to limit chloroquine. The only thing it is used for is malaria.

Mr. Wuest responded by saying "We made it very clear in our declaration that hospitals ER doctors could dispense the medication."

The wording of the April 7th Declaration stands as a barrier to it's intended implementation.

Dr. Fong stated that the Declaration from the 7th was kind of confusing, because it stated that a director of the emergency department can dispense, but only they can dispense. Dr. Fong continues by stating this also assumes that the director of the emergency department has a dispensing license to be able to dispense the medication.

Mr. Wuest responded to Dr. Fong by stating this is very different from a dispensing license.

Dr. Fong says that is what he is trying to say here: that was not put in the statement that he read - it needs to be made clear. Dr. Fong believes that something like that needs to be clear because right now most of the ER doctors would be scared to do this because the declaration specifically states the director of emergency department is the only one that can dispense.

Attorney Kandt in representation of the BOP states they need to revisit the guidance on the Declaration that was issued on April 7th and put more clarification into it. Mr. Kandt states he does not believe they will have any problem and can certainly review that.

Mr. Wuest continues by stating there is only so much that the law allows them to do and, in his opinion, they are operating within the law. Mr. Wuest states there is no reason to not be clear. Mr. Wuest says "as previously stated, we do not really know if this treatment works. I think we have to use what we have."

Combined action with other Agencies/Boards is needed to avoid confusion.

Mr. Kandt states he believes there needs to be a call as quickly as possible with the medical boards.

Mr. Wuest states there should not be a problem with that, but he believes that it may be difficult for the hospitals to get on a call right now because they are busy.

Mr. Gilbert responded by stating he would be able to get the CEO of Renown on the phone in about 15 minutes. He proceeds to say that at the end of the day this needs to be an order from the top. If there is a positive coronavirus patient with progressive symptoms they need to be put on hydroxychloroquine. Period.

Mr. Gilbert says why should one more person die because some doctors give some antidotal evidence when there have been thousands of studies now across the United States. "At what point in time do we sit there and say ok we will just wait and let 50, 60 or a hundred more die then we will start to introduce it early" stated Mr. Gilbert.

Mr. Wuest responded by saying it is available to used right now.

Mr. Gilbert responds to Mr. Wuest by stating that there are doctors that don't know that. Mr. Gilbert says he has spoken to them all day and they ask him if he will represent these doctors if the BOP comes after them for writing a script.

There are more issues with the Emergency Regulation.

Mr. Gilbert stated that he believes according to NRS 233B.100 provides that an emergency regulation may be effective for a period not longer than 120 days. The Emergency Regulation is inconsistent with and directly violates the statutory provisions of NRS 233B.100 because it is made effective for 185 days.

Mr. Kandt responds to Mr. Gilbert by stating there was a typo on the regulation that was filed with the Secretary of State that says the regulation is in effect until September 23rd it should have stated July 23rd. It was just a typo, and Mr. Gilbert is correct; it cannot be effective for more than a hundred and twenty days so by operation of law it will expire on July 23rd. Mr. Kandt continues in regards to NRS 441A.200 the BOP does not believe that the emergency regulation directly conflicts with the Statutory Authority with passing any regulation restricting the dispensing of a dangerous drug.

Mr. Gilbert responds by questioning Mr. Kandt in calling this a dangerous drug. Mr. Gilbert states we will just let a judge make that decision. Mr. Gilbert continues by stating hopefully they can find a balance somewhere in between. Mr. Gilbert states he will advocate for his clients and patients who are suffering across the State sitting in their homes hunkered down holding out waiting for these medications that are not going to come.

How do we increase and utilize the hydroxychloroquine supply?

Dr. Fong asked Mr. Wuest if he thinks there is a way to get more of a supply. When and how does Mr. Wuest think he can get more.

Mr. Wuest responded to Dr. Fong by stating they do not have complete control of that. "There is not an unlimited supply to us" states Mr. Wuest. Mr. Wuest states that he is currently the person working on the supply and on the FEMA website it states that the hospitals can use this on moderate and severe patients. Mr. Wuest stated that the hospital supply is unrelated to the stockpile and can be used.

Mr. Gilbert asked Mr. Wuest if the State is in position to purchase the medication itself.

Mr. Wuest responded by stating the BOP is not, but he believes the State probably is.

Mr. Gilbert mentions that in doing his due diligence he came across a warehouse in South Carolina that has about 4 million doses of the medication. Mr. Gilbert was wondering if there was a way to tap into them.

Mr. Wuest stated that if we would put him in touch with them, he could certainly have the State's purchasing agents try.

States that don't regulate hydroxychloroquine save more lives.

Lastly, Mr. Gilbert wanted to mention that looking into states with similar COVID-19, including South Carolina, Alabama, Mississippi, Utah and Rhode Island, Nevada has the worst mortality rate. The same day that the Governor Sisolak signed his Emergency order prohibiting doctors to prescribe the medications outside of hospitals, the Utah Governor did the opposite and said once the patient filled out an online questionnaire they could get the hydroxychloroquine dispensed outside of a hospital setting.

Mr. Gilbert continued by saying in Salt Lake City, Utah they passed an online screen where you are able to get the malaria drug out of Pharmacy to treat the new coronavirus under a scanning order currently drafted by Utah Health and Deputy Director. The Director states that he has seen enough evidence and the benefits are worth trying. He continues by stating he doesn't agree with critics that say that there haven't been enough studies done on the use of hydroxychloroquine to treat the symptoms in a situation like today. He disagrees with his academic colleagues and states "if we weren't in a major crisis and this wasn't a major concern - worldwide pandemic - I would say you know what, let's wait, let's find people who have this and do the double-blind Placebo controlled study." Mr. Gilbert continues by saying in Utah they went a step further and actually purchased 1 million dollars' worth of raw chemicals to make hydroxychloroquine back on March 23rd. In Mississippi the board restricted it and the mortality rate is now close to Nevada's. In Rhode Island they left it up to the doctors and they have an extremely low mortality rate, and in Alabama same thing; they left it up to the doctors – low mortality rate. Mr. Gilbert states that currently in Nevada there are 102 dead (this was the statistic on Monday when we had this call, however, by today's end, it will be above 140 and climbing quickly).

Mr. Gilbert continues by stating all he is trying to say is the studies, doctors and survivors of the CoronaVirus disease all have now stated and provided proof, that the quicker this drug is introduced into the Therapeutic Window as Dr. Fong has said is the least amount of death and destruction we are going to see and again, we cannot reverse the course of this disease once patients progress to a certain point, which is different for each person. Mr. Gilbert says that for the BOP to say this is a dangerous drug he actually gets excited/annoyed about that.

Mr. Wuest jumps in by saying it was just a statutory word.

Mr. Kandt says it just means that it is a prescription drug.

Mr. Gilbert responds by saying he understands, but the dangerous part is silly, as people are more worried about dying of COVID than a skin rash. Mr. Gilbert continues by saying all he is trying to say is that if you have a patient with a positive test and progressing symptoms you should be able to get those pills. Mr. Gilbert believes there is enough for that and we need to get more, and he will be helping as much as he can with his outlets. Mr. Gilbert states he is trying to get the President to send us 250,000 doses although

Mr. Gilbert believes we will not need them. Mr. Gilbert states the models are predicting 70 percent of the population will get the virus which is never going to happen as New York never went above 42 percent.

Mr. Wuest responds by stating if 70 percent of the population needs this treatment, we would need about 25 million doses.

Mr. Gilbert responds by stating he knows, and we will not need all of that, not by a long stretch. He does not believe it will even come close to that and said we need to use/dispense what we have now and use what is on hand immediately.

The BOP will coordinate more calls with other Boards/Agencies to comprehensively address the need to use hydroxychloroquine.

Lastly, the call ends with Mr. Kandt stating once again if Dr. Fong would like the BOP to get another meeting with the other boards and other practitioners, they were happy to get that together. This is to ensure that everyone is working on the same page and with the correct information.

Dr. Fong responded to Mr. Kandt by stating he believes that would be extremely helpful and he would make himself available.

The final disposition of the call was that although there would be no change to the rule at this time the BOP was going to be working with Dr. Fong in regards to getting the other boards as well as other practitioners on the same call so that everybody would be working on the same page with the correct information. The BOP also stated they would be issuing clear instruction so that everyone can be on the same page. At the same time, they would keep checking on the number of meds and looking at the possibility of getting more meds. Mr. Gilbert also stated he would be making phone calls regarding locating medicine or reaching out directly to the President and asked if Governor Sisolak had done the same.

Post-call impressions and action needed:

Ultimately, no change was affected, which disappointed us. We were hopeful that we could effectuate efficient change, but we remain hopeful that we can soon get people the lifesaving medication their doctors and their condition determines is necessary and proper, under the circumstances.

In closing, we are simply sending this to document the conversation we had, as well to ensure that nothing falls through the cracks with regards to getting all these groups on the phone and finding additional hydroxychloroquine medicine, powder, and doses, as well as making sure a clear Declaration is issued to all hospitals on how this drug can be used. Our only goal here is to save the lives of Nevadans and those who have obviously contracted the deadly coronavirus and experienced or who are currently experiencing progressive/deadly symptoms. Please let me know how we can push through these conversations so all appropriate parties can come together to protect the lives and reduce the stress of Nevadans who need help right now.