

Exhibit B

EXHIBIT 43

Documents regarding improving healthcare while spending less money, to prevent taking advantage of the sick by killing or concealing illness to serve business greed. More money is the problem not the solution. Just decrees, and justice in the courts are the solution.

1. Coastal Point, Guest Column, Representative candidate says health is wealth, By Meghan Kelly, Esq., Candidate Delaware House of Representatives, 38th District
2. Document, "Your Health is your Wealth You are Priceless. Not a price tag! Kelly seeks Federal Consideration of Health Care Proposal
3. Meghan Kelly's teaching certificate, credibility
4. Meghan Kelly's redacted law school transcript to show she took a course Health Care Finance and the course Law and Medicine while attending Duquesne School of Law

5. Meghan Kelly's redacted undergraduate college transcript to show she took relevant courses related to

a. History of Western Medicine

b. Economics

c. Medieval Philosophy

d. Psychology courses

6. Evidence of the surgery that inspired me to study healthcare issues.

Due to the surgery referred to therein, I am (self) required to drink water, rest, exercise and eat. So, I do not faint or die due to dehydration when I have my period. I lose five pounds of water weight every month. This is still a challenge. I must assert my right to live because many people serve Satan by hardness of heart. Many do not want to be inconvenienced to care, to adapt to safeguard the lives and health of others, including my own. I am a child of God. My body is not my own. I am commanded to be holy because God is holy, to care for and treasure my body, and the lives and health of others too. "I am not my own." Other people are loved by God too.

**Your Health is Your Wealth
You are Priceless. Not a price Tag!**

Kelly seeks Federal Consideration of Health Care Proposal

My name is Meghan Kelly. I am an attorney running in the November 6, 2018 race for the House of Representatives seat in the 38th District, which includes Bethany Beach, Fenwick, Millville, Frankford, Ocean View, Selbyville and parts of Dagsboro.

I am running, in part, because I discovered I had a deep passion to change the laws to better serve people. I have had the opportunity to review proposed laws for more than ten years, starting at Richards, Layton and Finger, PA. I have proposed comments on legislation to other attorneys in different bar sections, such as Corporate Law, E-Discovery, Personal and Real Property. Each section votes by majority. Unfortunately, I always get voted out since I tend to seek what serves Delawareans better, instead of what is convenient and profitable to our own practice. So, I continued to look at alternative ways to improve the laws.

I made calls to legislators, met with people, sent emails and letters in an attempt to amend the laws. Unfortunately, I was not successful. Yet, every time I observed corruption, abuse or misuse of power, my desire to improve the laws grew stronger. So, I found myself paying the filing fee to run for office. So, here I am.

I am running for a state legislative position. Nevertheless, the point of this letter is to discuss a suggestion relating to affordable health care that I submitted to our **federal legislators and President Trump's Delaware liaison, Councilman Rob Arlett**, in an attempt to gain their kind consideration at the federal level. Only the federal legislators will be able to address this issue, I will not. I am printing parts of some emails I sent to Rob Arlett in hopes the **federal officials** will reduce the price of health care instead of eliminating care to those who need it the most by rendering it unaffordable.

"...President Trump's initial idea was brilliant. Focus on reducing the cost of care instead of indirectly eliminating care, due to the astronomical cost. I understand your concern about appealing to emotion, but I believe people will die if they cannot afford care, just like many did prior to 1986.

Prior to 1986, Emergency Rooms ("ERs"), were turning away pregnant ladies and people in need of immediate care, due to their lack of insurance and inability to pay. Babies had complications, lots of pregnant moms died. It created public outrage.

So, Congress enacted Emergency Medical Treatment & Labor Act (EMTALA) in 1986, by using its power under Article 1 Section 8 of the Constitution, (the spending power), to require all hospitals with Emergency Rooms accept all patients regardless of their lack of insurance and inability to pay. Congress attached strings to such entities, by requiring the ERs accept all patients if they receive any Medicare or Medicaid, or be penalized financially.

Similarly, Congress can create price ceilings for drugs or health care for any entity receiving Medicare and Medicaid. This will extend to uninsured people as well.

The National Institute of the Health (NIH), is another vehicle the federal government may use to

implement President Trump's initial plan. This entity provides grants and subsidies for drug research. The Federal Government through basic contract law may condition the acceptance of such money upon the drug company's agreement to price ceilings. Should the drug company not honor such ceiling, they may draft a provision requiring the company to pay all such money back in addition to a penalty." (citation to email omitted). Medical providers may still choose to reduce the price of care to stay competitive. The price ceilings prevent entities from rendering people worthless or too expensive to care for.

"Instead of indirectly taking away care from people who cannot afford it, let's make it more affordable for people. So, like you said, Americans can assume more responsibility and autonomy in their own care.

Artificial entities without hearts care more about the bottom line than those they serve, unless caring will affect the bottom line. Congress has the ability to affect the bottom line to reduce the cost of healthcare instead of eliminating care indirectly by making it unaffordable.

Healthcare is an inelastic good, a necessity, meaning no matter how rich or poor you are, you would probably give all you had, including your home, to pay for care to save the life of your child, a loved one, or even your own life. The demand does not change with price. This is an exception to normal market theories of supply and demand dictating prices. Artificial entities will get as much money as they can, at the expense of lives.

The board members are far removed from those they serve. They most likely are thinking about how they can afford to pay for their kid's schooling instead of the individuals they serve. Since they are focused on the bottom line," please use your power federal legislators to affect the bottom. (citations to email omitted). Only you have the power to do so, I will not.

The federal legislators have Medicare, Medicaid, NIH and other mechanisms of federal funding to use as bargaining chips. They should use the bargaining chips to reduce the price of healthcare (and improve care), instead of threatening to reduce Medicare, Medicaid, or take those chips away. What will they have left to bargain with if they take everything away.

Thank you for your kind consideration.

LAW Transcript

DUQUESNE UNIVERSITY

600 FORBES AVENUE PITTSBURGH, PA 15282-0299

Record as of: 07/18/05

MS. MEGHAN M KELLY

DEGREE JURIS DOCTOR

MAJOR Juris Doctor - Day

MINOR

Student ID: 0800035

SEM	COURSE DESCRIPTION	DEPT	CAT	GRD	ATT	COMPL	G.PTS	SEM	COURSE DESCRIPTION	DEPT	CAT	GRD	ATT	COMPL	G.PTS
02/FAL	LEGAL PROCESS AND PROCEDUR SEMESTER GPA = 2.5000 CUMULATIVE GPA =	LAW	C256	LC	3.00	3.00	7.5000		COMMERCIAL TRANSACTIONS I APPELLATE PRACTICE & PROCE SEMESTER GPA = 3.1667 CUMULATIVE GPA =	LAW	C446	LC+	3.00	3.00	8.2500
	CONTRACTS	LAW	C13	LB	6.00	6.00	18.0000		CONFLICTS OF LAW	LAW	C32	LA-	3.00	3.00	10.5000
	PROPERTY	LAW	C14	LB+	6.00	6.00	19.5000		BANKRUPTCY	LAW	C65	LA-	2.00	2.00	7.0000
	TORTS	LAW	C105	LB	6.00	6.00	18.0000		FED COURTS & THE FED SYS ROMAN LAW	LAW	C01	LB+	3.00	3.00	9.7500
	CIVIL PROCEDURE I	LAW	C09	LB+	3.00	3.00	9.7500		COMMERCIAL TRANSACTIONS II SEMESTER GPA = 3.4231 CUMULATIVE GPA =	LAW	C144	LA	2.00	2.00	7.5000
	CRIMINAL LAW & PROCEDURE	LAW	C87	LC+	4.00	4.00	11.0000			LAW	C448	LB+	3.00	3.00	9.7500
	LEGAL RESEARCH AND WRITING	LAW	C129	LA	3.00	3.00	11.2500		TOTALS CRED CPT = 86.00 CRED CALC = 80.00 GRD PTS = 257.5000 GPA = 3.2188						
03/SPL	SEMESTER GPA = 3.1250 CUMULATIVE GPA =				28.00	28.00	87.5000								
	SEM CAUSE WRONGF CRIM CONV	LAW	C391	LA	2.00	2.00	7.5000								
03/SUL	SEMESTER GPA = 3.7500 CUMULATIVE GPA =				2.00	2.00	7.5000								
	LABOR LAW	LAW	C79	LB	3.00	3.00	9.0000								
	HEALTH CARE FINANCE	LAW	C204	LA	2.00	2.00	7.5000								
	EVIDENCE-SECT B	LAW	C335	LA-	3.00	3.00	10.5000								
03/FAL	SEMESTER GPA = 3.3750 CUMULATIVE GPA =				8.00	8.00	27.0000								
	LAW AND MEDICINE	LAW	C42	LA-	2.00	2.00	7.0000								
	CONSTITUTIONAL LAW -SECT B	LAW	C26	LB	5.00	5.00	15.0000								
	TAXATION	LAW	C10	LB+	4.00	4.00	13.0000								
	CORPORATIONS-SECT B	LAW	C336	LB+	4.00	4.00	13.0000								
	FAMILY LAW	LAW	C76	LA-	2.00	2.00	7.0000								
04/SPL	SEMESTER GPA = 3.2353 CUMULATIVE GPA =				17.00	17.00	55.0000								
	TRIAL COURT CLERKSHIP	LAW	C242	LP	3.00	3.00	0.0000								
04/SUL	SEMESTER GPA = 0.0000 CUMULATIVE GPA =				3.00	3.00	0.0000								
	PROFESSIONAL RESPONSIBLIT	LAW	C36	LP	3.00	3.00	0.0000								
	ESTATES AND TRUSTS	LAW	C429	LB+	3.00	3.00	9.7500								
	TRIAL ADVOCACY	LAW	C91	LA-	3.00	3.00	10.5000								

RAISED SEAL NOT REQUIRED
This official University transcript is printed on Secured paper and does not require a raised seal

ISSUED TO STUDENT
Gloria E. Jakub
University Registrar

MS. MEGHAN M. KELLY
29 SHAWNEE DRIVE
DAGSBORO, DE 19939

I studied healthcare law to prevent bad care like the care I received from happening to others.

Coastal Point

July 20, 2018

Guest Column

Representative candidate says health is wealth

By Meghan Kelly, Esq.
Candidate, Delaware House
of Representatives, 38th District

My name is Meghan Kelly, Esq. I am a candidate for the House of Representatives in the Nov. 6 race in the 38th District. I am running, in part, because I have a desire to draft laws to create better health care for Delawareans, and I want to persuade the federal legislators to draft specific legislation to reduce the price of care instead of eliminating care to those who need it most by rendering it unaffordable.

I am uniquely qualified to propose solutions in this area as an attorney who studied the history of medicine at University of Delaware, and health care finance and health care law at Duquesne School of Law School. I even received a small scholarship for healthcare law.

So, I thank you for your kind consideration, as I truly care about serving the people in the community I grew up in, and love and protecting their life and health.

This week, I will write about improving health care concerning the state of Delaware. Next week, I will submit a suggestion to our federal legislators regarding making health care more affordable. Instead of reducing the

amount of care, I respectfully urge our federal legislators to reduce the price of care. Only they have the power to do so, I will not.

In Delaware, I specifically want to draft legislation to improve the quality of health care, instead of merely getting massive bad care. Funding is more easily received when health care entities and professionals are researching cutting-edge techniques, which is dangerous for patients since they are still working out the kinks.

Think of the National Institute of the Health (NIH), charities who accept funding from the army and NIH, and private research or health care entities who make money on analysis. So they can use patient's records to sell alleged health care miracles in bulk, based on data. Part of the HIPPA waiver we sign at each doctor's visit allows our information to be used in this scientific research. So, patients may be lawfully used as lab rats.

I want to draft legislation to prevent the abuses we have seen by doctors like Dr. Earl Bradley, who allegedly molested hundreds of children; repeal the involuntary sterilization statute; and make it easier to prevent doctor and health care abuse of patients for a buck...

I want to prevent doctors from prescribing addictive drugs under the facade of benefiting the patient, but in truth to benefit their own pockets, to keep patients coming back for prescriptions for their addiction, not for good health.

I want to stop doctors like the local Delaware doctor who used cutting-edge treatments, hip replacements, on people, including my father. He said everything was fine for years, despite readily available information to the contrary, to cover his own back, instead of serving the patients like my father, the legendary retired teacher, lifeguard and coach Pat Kelly of Indian River High School.

No care is better than bad care. Thus, I desire to create legislation to ensure our health care providers are taking care of the patients, not taking advantage of the patients for profit. Our laws serve money — not people, not patients.

I want to create laws that penalize health care professionals for drugging the elderly at the elderly homes to make them easier to tend, like vegetables. We need to value and respect our elderly, (not keep them in an institution for our convenience). These institutions should

See KELLY page A15

Kelly

Continued from page A14

be developed to serve and respect the elderly, not take advantage of them for a profit.

Now is the time to value human life and health more than money. Now is the time to hold health care professionals accountable for their bad choices to harm instead of heal patients.

I desire to repeal the involuntary Sterilization statute in Delaware under Title 16, Chapter 57 of the Delaware Code. There is too much incentive to sterilize people to use their stem cells for profit and research, instead of a alleged need. Besides, the fact is sterilization is barbaric and arguably violates Delawareans' right to life, liberty and pursuit of happiness, despite the United States Supreme Court decision in Buck v Bell, 274 US 200 (1927).

I desire to amend the medical mal-

practice act. It is very difficult to correct doctors under this act. In Delaware, a patient has two years from the date of the medical provider's misconduct, if a patient is younger than 6, until the patient's sixth birthday. The time may be extended in limited circumstances — for instance, if a doctor left a foreign object in a patient's body.

In addition to the short statute of limitations, in Delaware, you also need to get another health care professional to give an expert opinion concerning the malpractice of the medical provider. This is very tough to get because doctors do not want to give an opinion against a peer when they know they are capable of mistakes or a sloppy job, too.

The requirements of the expert opinion are also hard to meet. So, a lot of lawsuits are kicked out for failure to adhere to the requirements. For instance, if an expert says the doctor's act was a substantial factor in causing the harm, the opinion will get kicked out. In

Delaware, the expert must state the "but for" the doctor's conduct the harm would not have occurred.

Overall, if a doctor messes up on you, you most likely will be out of luck. The longer you wait to pursue legal relief, the tougher it will be for the attorney to find an expert required to have a case.

It is important to correct doctors, as the treatment they provide may harm other people for life or kill them. Since it's so difficult to sue, it's hard to prevent further harm by showing how certain treatments make people worse off. That's why we must amend the medical malpractice act in Delaware. We must prevent further patient harm and deaths.

By electing me you will be electing a candidate that will fight for your life and health. You are priceless — more valuable than all the money in the world. By electing me, you will be electing someone who serves people, not greed.

BEEBE MEDICAL CENTER
424 SAVANNAH ROAD
LEWES, DELAWARE 19958
(302) 645-3300

DATE OF ADMISSION: 11-1-95
DATE OF DISCHARGE: 11-4-95

DISCHARGE SUMMARY

FINAL DIAGNOSIS: Serous cyst of the left ovary with torsion.

HISTORY: She is a 41 year old white female, Gravida 0, Para 0-0-0-0, whose last menstrual period was early October 1995. She was admitted for an exploratory laparotomy because of a large cyst in her left pelvic adnexa. She had abrupt onset of left lower quadrant abdominal pain on the morning of admission. She also had some nausea and vomiting.

PHYSICAL EXAM: She is a healthy white female in some distress. Blood pressure was 110/64. On the abdominal exam, the abdomen was flat, soft with hypoactive bowel sounds. Pelvic exam - The vagina showed normal mucosa. Cervix showed no inflammation. The uterus was midline and felt small. Adnexa on the right side was negative. The left side showed a large, irregular cyst. Rectal exam was confirmatory.

LAB DATA: Admitting CBC shows a hemoglobin of 15.2 gm/dl, hematocrit 43.3%. Serum pregnancy test was negative.

HOSPITAL COURSE: The patient had an exploratory laparotomy on 11-1-95 with excision of a large cystic left ovary plus the fallopian tube, both of which had torsion at their base. Postoperatively, the patient's hemoglobin was 12.9 gm/dl, hematocrit 35.5%. She had a normal postop course and was discharged on 11-4-95 to return to the office in two weeks.

Newell Washburn
Newell Washburn, M.D.

NW/nas
dictated: 11-14-95
transcribed: 11-15-95
cc: Dr. Washburn

DISCHARGE SUMMARY