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Statement in favor of SB 82
Public Health and Welfare Committee
February 13, 2017

Good afternoon Madame Chair and members of the committee. Thank you for the opportunity to share my comments and I ask that you please vote yes on SB 82.

I am an HIV Specialist credentialed by the American Academy of HIV Medicine, have practiced medicine in Kansas for 35 years and take care of more than 1200 HIV infected individuals currently.

SB 82 allows for the development of evidence based protocols based on well-developed scientific standards for any step therapy controls on medication. These protocols make it possible to be flexible and allow healthcare providers to select the most appropriate treatment for the patient.

In the case of HIV care, therapy is guided by the Department of Health and Human Services evidence based guidelines nationally developed by HIV experts. Which drugs patients are placed on depends on their treatment history, viral resistance, concurrent diseases and medications, the patient's immune status (CD4 count), the viral load (HIV-RNA) and the toxicity (side effects) of the drugs (which differ in individual patients.) Step therapy is not possible with HIV and could significantly harm patients, including leading to premature death. SB 82 would allow for flexible protocols that preserve the healthcare providers right to make treatment decisions in the best interest of the patient.

The same is true for Hepatitis C care. We have excellent medications now on the market that can actually cure Hepatitis C. However, if patients are forced to undergo ineffective treatment first, it can lead to progression of disease and premature death.

Effective HIV and Hepatitis C treatment not only is in the best interest of the patient, but is also in the best interest of the public for if the most effective treatment is given to suppress the virus, then this effectively reduces the patient's ability to transmit the virus to others. Forcing the healthcare provider to give less than optimum treatment places not only the patient at risk for premature death, but also could place others at risk due to inadequate suppression and spread of disease. Thus step therapy not only negatively affects patient care but also drives up healthcare costs. Suboptimum treatment utilizing step therapy would lead to increased cost due to additional doctor visits and/or hospital visits that could be avoided if patients are not forced to use less effective medications.

Please do not restrict our ability as providers to do the best for these patients and give them the same care you would expect for your family. Second class, inferior care for HIV and Hepatitis C infected patients will lead to increased loss of life and increased disease progression in the patients given inferior care. In the case of HIV, where we know treatment is prevention and an undetectable viral load is protective for the contacts of that patient, inferior care will lead to increased spread of the disease.

Thank you

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Senate Public Health and Welfare

Date 2.13.17

Attachment 15