Greetings. my name is c. eric harkness.

my family has been in kansas since territorial days.
we've been in farming, business, health care, and education.
one of my great uncles even sat where you are sitting today.

role as pharmacist:
like my grandfather, i am a kansas pharmacist. i was in the same pharmacy class as our most recent secretary of kdhe.
my most interesting service was as a psychiatric pharmacist with one of topeka's largest health care centers.
when i started that position i began to notice that occasionally i would see a patient bring me a prescription to switch their psychiatric medication. many of the patients continued to fare well, but there were occasionally some who would suddenly appear on the inpatient roster. they had not fared well at all from the change of medication. after seeing this sort of problem arise several times, i began to occasionally call the doctor and discuss with them the rationale for switching medication for a patient who was actually doing just fine. of course, many times the doctor had a very solid explanation for the change but when the explanation centered on a desire to switch to a less expensive medication, i would try to discuss with the doctor how the patient had been pretty stable for a lengthy time and that this switch could result in some difficulties. i believe that these discussions saved several patients from the disruption of spending two or three weeks in the hospital because of an ill-advised medication change.

role as patient:
Now, I too take one of the medications we're talking about with this bill. In fact, I've taken six of them over the last twenty years. One of them didn't help at all, another, though it helped, caused some difficult side effects, and three of the remaining four have each worked well for several years only to gradually fail me. I have been taking the current medication for several years and expect to continue with it for a few more. I do expect it to fail as well. At that time I will either begin a smooth transition to a fifth antidepressant, enter the hospital in such a depressed state as to defy description, or die of suicide. This phenomenon of a medication working well for several years only to fail, leaving the patient in great jeopardy is well recognized in the psychopharmacological literature. If the medication I turn to next is not available to me in a timely manner, the likelihood that I will either spend a lengthy time in the hospital or suffer suicide. Please keep the current medications available for me and others who will need to turn to them each over time.

thank you.