

My name is Mindy Baccus. I currently live in Topeka but spent my childhood in Ottawa County. My family is still there. I am providing testimony today as a person who lives with bipolar disorder. One point I want to make right off the bat is that you allow but do not establish a PDL, so you really have no idea how restrictive it would be. Now that you've got that problem in mind... here's my story

I have what is often called a treatment-resistant bipolar disorder, meaning that very few medications actually work for me. Since my diagnosis in 2002, I have been prescribed over 38 medications to treat bipolar disorder and its effects. This includes 7 antipsychotics, 7 mood stabilizers, 13 antidepressants, and a smattering of other medication types. Many preferred drug lists barely include this many medications! I can almost guarantee that no preferred drug list would include all of the medications I have tried or even the ones I am on now. I needed to try all of these to eventually get to the point of stability. Although some meds are worthless for some people, I know other people who have responded to the medications that had no effect on me or have suffered even the opposite side effects; it really does vary from person to person what he or she will respond to and for how long. We currently do not know what one person will respond to and why others either do not or experience poop out. This is different from other classes of medical medications. We have a pretty good idea, for instance, which antibiotics work for certain infections, which have become resistant to certain antibiotics, etc.. We cannot say the same for psychotropic medication. This is the reason that psychotropics uniquely should not be on a PDL—medical science has very little idea why they work, so it really is based on educated guesses dependent on the specific symptoms and diagnosis for each person, what they have or have not responded to in the past, results doctors have seen from previous patients, etc. Doctors using the full information obtained through a history and psychological interview are the best judges of what to try. While it takes time to even find the right drugs without any limitations like a PDL, it would take way too much time to do a prescribed step therapy or having only the option of using a few drugs that do not fit the patient. We are often in a race against time, since suicide is a continual risk. While a PDL might save money (which I actually doubt since you will be paying more for hospitalizations), how much money is worth an increase in suicides? I was there or the verge of killing myself until the medications started working for me. If we hadn't had the option to finally get me on the right medications (which honestly are obscure and unlikely to be on any PDL), I would, at best, continue to be in and out of the hospital multiple times per year or, at worst, dead. I am not normal now, but am definitely better and staying alive and out of the hospital.

When you sign this blank check for a PDL which could require me to change medications after finally getting stable, I can guarantee that I will be back in the hospital or dead. If I go off of a medication, it does not work when I go back on it. If this PDL decides I need to try something different, you lose the very drugs that are keeping me sane and alive. This strange effect is likely due to the plasticity of the brain. To be honest, I'm running out of medications that may possibly work. I'm scared that I would never be stable again. You want to save money, but I hope my

life is worth more than a few dollars that would be saved. It took me 13 years to get a little more stable; would I have to go through another 14 years of hell? Suicide starts to sound like the best option if that happens. I beg that if you pass this bill, you somehow grandfather in the mediations that people are already on. It would just be cruel to make stable people miserable and psychotic again.